

WEST LINDSEY DISTRICT COUNCIL

LICENSING ACT 2003

Licence Number: 32UHB50013

Hearing Type: Review of a Premises Licence

Applicant: Lincolnshire Police

Premises: 2 Strafford Street, Gainsborough, Lincolnshire DN21 1DU

Premises Licence Holder: Mr Ramesh Patel

1 The Application for Review

- 1.1.1 An application for review of the Premises Licence for Strafford Street Corner Shop Ltd, 2 Strafford Street, Gainsborough, Lincolnshire DN21 1DU has been made by Lincolnshire Police which was received on 03 September 2015. Lincolnshire Police are a Responsible Authority, as defined by Section 13(4) of the Licensing Act 2003 and are therefore entitled to apply for a review of a licence when of the opinion a premise is failing to operate with a view to promoting one or more of the licensing objectives. A copy of the application, outlining the grounds for review is attached at Appendix 1A.
- 1.1.2 From the information detailed in the application for review, Lincolnshire Police have concluded that there is evidence that all four licensing objectives are being undermined – these being, prevention of crime and disorder, the prevention of public nuisance, the protection of children from harm, and public safety.
- 1.1.3 Lincolnshire Police visited the premises on Thursday 13 August 2015 where two underage volunteers working with Lincolnshire Police carried out test purchasing. Further information detailing this and the reasons for the review application can be found in Appendices 1A and 1B.
- 1.2.1 Supporting information in the form of statements from Police Officers will be made available for Members of the Licensing Sub-Committee, however as this information is marked as “restricted” it will not be made available in the public domain. This restricted information is referred to as Appendix 1B.
- 1.2.2 Additional information detailing the dangers and health impacts of alcohol consumption in young people is also supplied by Lincolnshire Police at Appendix 1C.
- 1.1.4 Section 51(3)(a)(b) of the Licensing Act 2003 requires the applicant of a premises review, to notify each Responsible Authority by way of a Notice containing details of the review application. The Licensing Authority must also advertise the review application and invite representations to be made by Other Persons and Responsible Authorities. No other representations have been received from Responsible Authorities or Other persons.

2 The Premises

- 2.1 Strafford Street Corner Shop Ltd holds a licence authorising the provision for the sale of alcohol for consumption off the premises. This was issued in June 2005 under the current licensing regime (Licensing Act 2003) and a copy of the premises licence including any attached conditions is enclosed at Appendix 2.

3 Representations – Responsible Authorities

- 3.1 There have been no representations from other Responsible Authorities within the statutory timescale.

4 Representations – Other persons

- 4.1 There have been no representations received from any Other Persons within the statutory timescale.

5 Considerations

- 5.1 With respect to the review application, Members of the Licensing Sub-Committee must satisfy themselves whether or not the licence holder is satisfactorily promoting the licensing objective in relation to the prevention of crime and disorder, the prevention of public nuisance, the protection of children from harm, and public safety.

- 5.2 In considering the application for review and making its decision the Licensing Sub-Committee must do so in line with:

- The Licensing Act 2003
- The Section 182 Guidance made under the Act
- The Licensing Authority's Statement of Licensing Policy

- 5.3 When considering the application and representations received, attention is drawn to the Licensing Authority's Policy which can be found at the link below by clicking on the Download Tab, then downloading the Policy:

<http://www.west-lindsey.gov.uk/businesses/licensing/licensing-and-gambling-policies/licensing-policy/104810.article>

- 5.4 Attention is also drawn to the contents of the section 182 statutory guidance which can be found at the link below:

<https://www.gov.uk/government/publications/explanatory-memorandum-revised-guidance-issued-under-s-182-of-licensing-act-2003>

6 Options

- 6.1 The Licensing Sub-Committee (in its capacity as licensing authority) must, having regard to the application for review, take such steps, if any, it considers appropriate and proportionate for the promotion of the licensing objectives.

- 6.2 The steps available are:

- to modify the conditions of the licence
- to exclude a licensable activity from the scope of the licence
- to remove the designated premises supervisor from the licence
- to suspend the licence for a period not exceeding 3 months
- to revoke the licence

(For the avoidance of doubt, the conditions of a licence are modified if any of them is altered or omitted or any new condition is added).

- 6.3 Any action the Licensing Sub-Committee resolve to implement must be appropriate and proportionate to the promotion of the licensing objectives in the circumstances that gave rise to the application for review.
- 6.4 **N.B.** Whatever decision the Members of the Licensing Sub-Committee arrive at, they are reminded that with regards to decision making, "*the fuller and clearer the reasons they give, the more force they are likely to carry*". Therefore, Members are strongly advised to give good, clear, justifiable reasons in relation to their decision, which will have more chance of being upheld, should the decision be appealed against.
- 6.5 If the Licensing Sub-Committee resolve to implement any of the steps set out at 6.2 above, the action will not take effect until the end of the period for appeal (21 days) or if the decision is appealed against, until the appeal is disposed of.

7 List of Associated Papers

Appendix 1A	Application for Review
Appendix 1B	Statements from Lincolnshire Police officers
Appendix 1C	Information about the Impact of Alcohol on Young People
Appendix 2	Premises Licence for Trafford Street Corner Shop Ltd

8 Background Papers

Licensing Act 2003
Section 182 Government Guidance
WLDC Statement of Licensing Policy

This review of reviews relating to the impact of alcohol consumption on young people was undertaken between May and October 2008 by a research team based at the Institute of Health and Society at Newcastle University. The work was commissioned by the Department for Children, Schools and Families (DCSF)

Summary of Findings

- Early exposure to drinking alcohol may increase the risk of problematic drinking in adolescence and adult life. Indeed delaying the time of a young person's first drink may reduce the risk of harmful drinking later in life
- Drinking by young people can lead to a mechanism for coping with stress or anxiety
- Adolescents who misuse alcohol are more likely to suffer from side effects including appetite changes, weight loss, eczema, headaches and sleep disturbance
- Young people are not immune to the chronic diseases and conditions associated with excess alcohol consumption in adults, and deaths from liver disease are now occurring at younger ages
- Young people who drink alcohol are more likely to sustain an injury, often as a result of an assault
- Alcohol abuse in adolescence, during a developmentally sensitive period, poses a particular danger to the emerging brain faculties of functioning and long term memory
- There is a relationship between adolescent alcohol use and mental health problems
- Alcohol consumption during an evening may affect a child's performance at school on the following day, since it takes time to metabolize alcohol and this process varies depending on the dose of alcohol that was consumed and differing metabolic capacity
- Alcohol consumption can have a detrimental effect on young people's short term educational performance
- Students are more likely to miss classes because of drinking
- Alcohol consumption by young people is more likely to make them vulnerable to being the victims of crime
- Alcohol may make some young people more likely to display aggressive behaviour,
- In relation to sexual health and behaviour, the evidence confirms that alcohol consumption is associated with:
 - not using a condom during a young person's first sexual encounter
 - an increased likelihood of having sex and at a younger age
 - unprotected sex
 - teenage pregnancy
 - the likelihood of contracting sexually transmitted diseases

UK Chief Medical Officers Recommendation

In 2009 the UK chief medical officers recommend that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol underage, it should not be until at least the age of 15 years.

If young people aged 15 to 17 years consume alcohol, it should always be with the guidance of a parent or carer or in a supervised environment. Parents and young people should be aware that drinking, even at age 15 or older, can be hazardous to health and that not drinking is the healthiest option for young people.

If 15 to 17 year olds do consume alcohol, they should do so infrequently and certainly on no more than one day a week. Young people aged 15 to 17 years should never exceed recommended adult daily limits and, on days when they drink, consumption should usually be below such levels.

Alcohol Concern – Facts on YP and alcohol

- In 2012, 43 per cent of school pupils (aged 11-15) said that they had drunk alcohol at least once
- 193 males and 121 females between 15 and 34 years of age died from alcohol-related causes in 2011 in the UK
- The number of alcohol-related hospital admissions of 15 to 24 year-old male patients increased by 57%, from 18,265 to 28,747 from 2002 to 2010
- The number of hospital admissions of 15 to 24 year-old female patients increased at faster rate [76%], from 15,233 in 2002 to 26,908 in 2010
- In a sample of over 2000 15-16-year-olds from the UK, 11% had had sex under the influence of alcohol and regretted it
- Almost one in ten boys and around one in eight girls aged 15 to 16 have unsafe sex after drinking alcohol
- Every year in the UK, more than 10,000 fines for being drunk and disorderly are issued to young people aged 16 to 19
- Almost half of young people excluded from school in the UK are regular drinkers
- Just 12% of 11 to 15-year olds said they had drunk alcohol in the previous week in 2011 – down from 26% a decade earlier

Young People and Smoking

Smoking Prevalence

It is estimated that each year around 207,000 children in the UK start smoking.¹ Among adult smokers, about two-thirds report that they took up smoking before the age of 18 and over 80% before the age of 20.² The 2011 General Lifestyle Survey of adult smokers revealed that almost two-fifths (40%) had started smoking regularly before the age of 16.³

Among children who try smoking it is estimated that between one third and one half are likely to become regular smokers within two to three years.⁴

The annual Government survey of smoking among secondary school pupils in England defines regular smoking as smoking at least one cigarette a week. However most pupils smoke considerably more than this and in 2014 pupils classified as regular smokers smoked an average (mean) of 31.1 cigarettes a week. Occasional smokers consumed on average 5 cigarettes a week.⁵ The number of cigarettes smoked by regular smokers has fallen significantly since 2007.

The proportion of children who have ever smoked continues to decline. In 2014, 18% of 11-15 year olds (22% in 2013) had smoked at least once, the lowest proportion since the survey began in 1982 when 53% had tried smoking.⁵ In the past decade, the proportion of children who had ever smoked has more than halved from 42% in 2003 to 18% in 2014.⁵ The prevalence of regular smoking increases with age, from 0% of 11 year olds to 8% of 15-year olds.⁵

Percentage of regular smokers aged 11-15 by sex: 1982 – 2014, England⁵

Years	1982	1986	1990	1994	1998	2002	2006	2010	2012	2013	2014
Boys	11	7	9	10	9	9	7	4	4	3	3
Girls	11	12	11	13	12	11	10	6	4	4	4
Total	11	10	10	12	11	10	9	5	4	3	3

Note: ONS estimates that in 2014 around 90,000 children aged 11-15 were regular smokers (CI=80,000-110,000); about 10,000 fewer than in 2013.

The decline in smoking has been most marked among older pupils. The proportion of 14 year olds who smoked regularly fell from 13% in 2006 to 4% in 2013 (and 2014); among 15 year olds, 8% smoked regularly in 2014, compared with 20% in 2006.⁵

Percentage of 15 year old regular smokers: 1982 - 2014, England⁵

Years	1982	1986	1990	1994	1998	2002	2006	2010	2012	2013	2014
Boys	24	18	25	26	19	20	16	10	10	8	6
Girls	25	27	25	30	29	26	24	14	10	8	9
Total	25	22	25	28	24	23	20	12	10	8	8

Exposure to secondhand smoke

In 2014, nearly two thirds (64%) of pupils reported being exposed to secondhand smoke indoors or in a car. Of these, 59% experienced secondhand smoke in their own or other people's homes and 34% were exposed to smoke in a car.⁵

Use of electronic cigarettes

In 2014, the Smoking, Drinking & Drug Use survey included, for the first time, questions on children's knowledge of, and use of electronic cigarettes. In common with other surveys⁶ this survey found that regular use of e-cigarettes to be negligible (1%) and use to be strongly linked to smoking behaviour: 89% of regular smokers reported having tried e-cigarettes compared to only 11% of children who had never smoked. For further information about e-cigarette use among children in Great Britain see [ASH Fact Sheet: Use of electronic cigarettes among children in Great Britain](#).

What factors influence children to start smoking?

Smoking initiation is associated with a wide range of risk factors including: parental and sibling smoking, the ease of obtaining cigarettes, smoking by friends and peer group members, socio-economic status, exposure to tobacco marketing, and depictions of smoking in films, television and other media.⁷

Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households.⁸ It is estimated that, each year, at least 23,000 young people in England and Wales start smoking by the age of 15 as a result of exposure to smoking in the home.⁷

Smoking, alcohol and drug use

There is a strong association between smoking and other substance use. As in previous years, the 2014 secondary school survey found strong overlaps of substance use. Based on those who gave valid responses, among 15-year olds, 10% reported smoking in the week before the survey, including 9% who had also drunk alcohol or taken drugs recently, or had done both.⁵

Other factors associated with smoking

As in previous surveys, the 2014 survey found that young people who played truant from school or who had been excluded from school in the previous 12 months were almost twice as likely to smoke regularly compared to those who had never been truant or excluded.⁵

Attitudes to smoking

The proportion of pupils who think it is acceptable to try smoking has decreased significantly since the question was first asked in 1999. In 2014, 26% believed it was acceptable to try smoking to see what it is like compared with 54% in 1999, while 10% thought it was OK to try smoking once a week.⁵

Children's beliefs about why people their own age smoke differed according to their own smoking behaviour. Smokers were more likely to believe that young people smoked because of its effects: for example, it helped them cope with stress or relax, or it gave them a positive feeling or helped them stay slim. Non-smokers were more likely to believe that people their age smoked because of social pressures: to look cool in front of friends, because it was exciting to break rules, or because their friends pressured them into it.⁵

Smoking and children's health

The younger the age of uptake of smoking, the greater the harm is likely to be because early

uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.⁷

Child and adolescent smoking causes serious risks to respiratory health both in the short and long term. Children who smoke are two to six times more susceptible to coughs and increased phlegm, wheeziness and shortness of breath than those who do not smoke.⁹ Smoking impairs lung growth and initiates premature lung function decline which may lead to an increased risk of chronic obstructive lung disease later in life. The earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease.¹⁰

Children are also more susceptible to the effects of passive smoking. Parental smoking is the main determinant of exposure in non-smoking children. Although levels of exposure in the home have declined in the UK in recent years, children living in the poorest households have the highest levels of exposure as measured by cotinine, a marker for nicotine.¹¹

Bronchitis, pneumonia, asthma and sudden infant death syndrome (cot death) are significantly more common in infants and children who have one or two smoking parents.¹¹

For more information see the ASH Research Report: [Passive smoking: the impact on children](#), ASH Factsheets: [Secondhand smoke in the Home](#), and [Smoking in Cars](#) .

Addiction

Children who experiment with cigarettes can quickly become addicted to the nicotine in tobacco. Children may show signs of addiction within four weeks of starting to smoke and before they commence daily smoking.¹² One US study¹³ found that smoking just one cigarette in early childhood doubled the chance of a teenager becoming a regular smoker by the age of 17 and a London study suggests that smoking a single cigarette is a risk indicator for children to become regular smokers up to three years later.¹⁴

In the 2014 survey of school-children in England, 53% of young people who had smoked for under one year say they would find it difficult to stop for one week compared to 85% for those who have smoked more than one year.⁵ The survey also found that 29% of regular smokers said that they wanted to give up smoking, while 56% reported that they had tried to give up. During periods of abstinence, young people experience withdrawal symptoms similar to the kind experienced by adult smokers.^{9,15}

Smoking prevention

Research suggests that knowledge about smoking is a necessary component of anti-smoking campaigns but by itself does not affect smoking rates. It may, however, result in a postponement of initiation.¹⁶ High prices can deter children from smoking, since young people do not possess a large disposable income: studies suggest young people may be up to three to four times more price sensitive than adults.¹⁷

In Canada, when cigarette prices were raised dramatically in the 1980s and the early 1990s youth consumption of tobacco plummeted by 60%.¹⁸ An American study has shown that while price does not appear to affect initial experimentation of smoking, it is an important tool in reducing youth smoking once the habit has become established.¹⁹

The National Institute for Health and Care Excellence (NICE) has issued guidance on school-based interventions to prevent the uptake of smoking among children.²⁰

Children, smoking and the law

On 1 October 2007 the legal age for the purchase of tobacco in England and Wales was raised from 16 to 18. The measure was designed to make it more difficult for teenagers to obtain

cigarettes, since, despite the law, children still succeeded in buying tobacco from shops and vending machines.

In 2008, the first time data were collected after the change in the law, 39% of pupils who smoked said they found it difficult to buy cigarettes from shops, an increase of 15% from 24% in 2006.²¹ There has also been a drop in the proportion of regular smokers who usually buy their cigarettes from a shop: from 78% in 2006 to 57% in 2014.⁵

Other measures designed to deter children from smoking include a ban on the sale of cigarettes from vending machines which entered into force in England on 1 October 2011 and a ban on the display of tobacco products in retail outlets.²²

During 2013 there were 98 prosecutions in England and Wales for underage tobacco sales, with 78 defendants being found guilty.²³ An amendment to the Criminal Justice and Immigration Act includes banning orders for retailers who persistently sell tobacco to persons under the age of 18. This measure came into force in April 2009.

In February 2014, Parliament passed an amendment to the Children and Families Bill allowing the Government to introduce regulations making it an offence to smoke in a private vehicle carrying children. This measure will enter into force on 1 October 2015 and will apply to England and Wales.

Three other amendments were passed enabling the Government to introduce regulations:

- requiring standardised packaging for tobacco products (throughout the UK),
- making it an offence to sell e-cigarettes to children under 18 - (England and Wales)
- making it an offence for an adult to buy cigarettes for anyone under 18 - proxy purchasing (England and Wales).

Standardised packaging is due to enter into force in May 2016 and the regulations on proxy purchasing and prohibiting the sale of e-cigarettes to under 18s will commence on 1 October 2015.

Legislation alone is not sufficient to prevent tobacco sales to minors. Both enforcement and community policies may improve compliance by retailers but the impact on underage smoking prevalence using these approaches alone may still be small.²⁴ Successful efforts to limit underage access to tobacco require a combination of approaches that tackle the problem comprehensively.

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A commitment from
The Children's Plan

Youth Alcohol Action Plan



Department for Children,
Schools and Families,

The Home Office,

Department of Health

Youth Alcohol Action Plan

Presented to Parliament by
the Secretary of State for Children, Schools and Families,
the Secretary of State for The Home Office,
Secretary of State for Department of Health
by Command of Her Majesty

June 2008

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Ministerial foreword

There is growing public concern about how much alcohol young people are drinking in their teenage years. The evidence set out in this Action Plan, which we committed to produce in last year's Children's Plan, shows that there is reason to be concerned.

The proportion of teenagers who drink regularly is falling. But those who do drink are drinking a lot more – and many young people start drinking from a very young age. Young people who drink too much not only put their own health at risk, but are more likely to get involved in anti-social behaviour and contribute to insecurity on our streets.

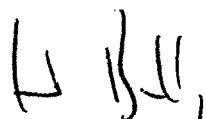
These issues are not just about young people illegally buying alcohol – though that is an important dimension – but more broadly about access to alcohol and its use by young people. We therefore need to take determined action to tackle these problems, working closely with parents, schools, health services and the police.

This Action Plan sets out what the Government will do to address drinking by young people in three main ways.

First, we need to be clear that unsupervised drinking by young people under 18 in public places – which has the closest links to crime and anti-social behaviour, as well as putting young people at risk in other ways – is unacceptable. This Action Plan sets out how we will work with the police and the courts to stop it.

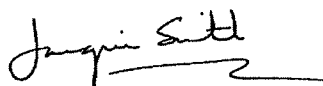
Second, drinking by young people in the home is clearly the responsibility of parents and families, not the Government. But there are things we want to change. We believe there is a need for clearer health information for parents and young people about how consumption of alcohol – particularly at an early age – can affect children and young people. That is why we have asked the Chief Medical Officer to produce clear guidelines on the issue. We will also ensure that parents who fail to take their responsibility seriously will be made to do so.

Finally, we need industry to play more of a part, not just in refusing to sell alcohol to young people under the age of 18, but also more generally in marketing and promoting alcohol in a more responsible way. So we will work with the industry to strengthen the standards that currently govern these issues with a view to making them mandatory.



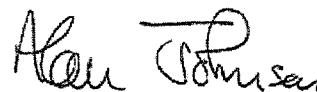
Ed Balls

Secretary of State for Department
for Children, Schools and Families



Jacqui Smith

Home Secretary



Alan Johnson

Secretary of State for
Department of Health

1. Introduction

1. The Government made a commitment in the Children's Plan, published in December 2007, to look at what more might be done to reduce excessive drinking by children and young people under the age of 18. This document sets out the Government's conclusions and the action we will take.
2. For many people in Britain, drinking alcohol is an important part of life and culture. The majority of adults drink alcohol to some extent. This may be in connection with special occasions, to celebrate, to relax or simply as part of their everyday activities. Learning how to drink sensibly is, for most people, part of growing up.
3. While the majority of people do not drink in a way that puts themselves or others at serious risk, it has long been recognised that the excessive consumption of alcohol can be damaging. It can cause accidents and injuries, as well as serious or even fatal illnesses. Drinking too much can also contribute to behaviour that impacts on wider society – through drink-driving, anti-social or unacceptable behaviour, or alcohol-related violence, including domestic violence.
4. For all these reasons, the Government has for centuries regulated the sale and consumption of alcohol. It has also sought to influence drinking behaviour in other ways, through public information and education campaigns for example, and through enforcement campaigns to reduce under-age sales.
5. Government regulation and other activity has been driven in particular by concerns – which are widely shared by the public and by parents – about the negative consequences of excessive drinking by children and young people. These can be more serious than for adults, because young people are physically and emotionally less able to cope with the effects of drinking alcohol; and because their level of maturity means they are more likely to engage in risky or unacceptable behaviour as a result of drinking.
6. There are a number of particular risks which may arise when young people drink too much:
 - Alcohol can contribute to unacceptable behaviour by young people that can be a significant problem for the rest of the community, for example through anti-social behaviour or crime.
 - Drinking at an early age can cause serious health problems, both in the short and the long-term. There is also new evidence that drinking too much alcohol can impair adolescent brain development.
 - Drinking too much alcohol is strongly associated with a wide range of other problems which adversely affect the welfare of teenagers, for example, unprotected sex,

teenage pregnancy, failing at school and the use of illicit drugs.

7. The proportion of 11–15-year-olds who drink regularly is *falling* (from 28 per cent in 2001 to 21 per cent in 2006). While that is good news, at the same time, the average weekly consumption among young people who *do* drink has increased very sharply. The number of units consumed by young people in that age group has doubled between 1990 and 2000 and has remained at the same level since. In addition, there have been a number of worrying changes in where and how young people drink alcohol, which are set out in more detail in Chapter 3. Despite some progress in tackling under-age sales, many young people continue to be successful in illegally purchasing alcohol. And most alcohol consumed by young people is obtained from their own home, with or without the consent of their parents.

8. The Government's view is that there is a compelling case for more action to reduce drinking by young people and to tackle the associated problems. We need an approach which distinguishes sharply between what is acceptable and what is not. Our view is that unsupervised drinking by young people in public places like parks, and illegal purchases of alcohol, are unacceptable, and we will take tough action to stop them. Drinking by young people in the home is for families and parents to decide, not the Government. But our view is that there is a need for better and clearer information for both young people and parents about the risks associated with drinking alcohol.

9. This Action Plan sets out how the Government will address these problems, through a strong partnership with parents, industry, criminal justice and law enforcement agencies and communities.

2. Government policy on alcohol to date

10. Over the past decade, the Government has introduced a number of measures in response to drinking by young people from education to enforcement.

11. The main features of the Government's approach to young people and alcohol to date have been:

- A prohibition on the *purchase* of alcohol by under-18s, backed by tough enforcement to identify and take action against retailers who are selling to under-18s, as well as enforcing laws around adults purchasing on behalf of others who are under-age.
- The exercise of *confiscation and dispersal powers* to stop children and young people from drinking in public places.
- *Alcohol education in schools* – as part of wider drugs education – begins in the primary phase, well before patterns of regular drinking become established.

12. Voluntary and mandatory agreements on the marketing and advertising of alcohol have also been negotiated with industry, specifically to address its potential appeal to young people. This includes:

- **Social Responsibility Standards** for the *Production and Sale of Alcoholic Drinks in the UK* apply to all alcoholic drinks produced and sold

within the UK. The standards are intended to provide a comprehensive statement of the rules, regulations and additional commitments that the various parts of the alcohol industry have agreed to adhere to. The standards are based around a set of social responsibility principles (see text box opposite) that should apply to all activities relating to the production, distribution, marketing and retailing of alcoholic drinks. Some of the principles relate specifically to young people.

- **Product labels and packaging.** The Portman Group, a self-regulatory body funded by the alcohol beverage industry, has developed a voluntary code of practice on the naming, packaging and merchandising of alcoholic drinks.
- **Non-broadcast advertising.** This is controlled through industry self-regulation, which is policed by the independent Advertising Standards Authority (ASA). The ASA enforces the Committee for Advertising Practice non-broadcast advertising codes through complaints-based action and, increasingly, through proactive monitoring.

- **Broadcast advertising.** The statutory Ofcom/ ASA broadcast advertising codes stipulate that televised alcohol adverts should not be directed at people under 18 and should not be of 'particular appeal' to them.
 - renewing efforts to reduce under-age sales by better targeting of irresponsible retailers who sell to under-18s;
 - setting up an 'Expert Panel' of medical experts to consider the latest UK and international evidence on the effects of alcohol consumption on young people's health and development. The conclusions of this work will
13. *Safe. Sensible. Social.* The Government's updated Alcohol Harm Reduction Strategy, which was published in June 2007, set out proposals to build

Alcohol Social Responsibility Principles

Member companies agree:

1. To promote responsible drinking and the 'Sensible Drinking Message'.
2. To avoid any actions that encourage or condone illegal, irresponsible or immoderate drinking such as drunkenness, drink driving or drinking in inappropriate circumstances.
3. To take all reasonable precautions to ensure people under the legal purchase age cannot buy or obtain alcoholic drinks.
4. To avoid any forms of marketing or promotion which have particular appeal to young people under the age of 18 in both content and context.
5. To avoid any association with violent, aggressive, dangerous, illegal or anti-social behaviour.
6. To make the alcoholic nature of their products clear and avoid confusion with non-alcoholic drinks.
7. To avoid any suggestion that drinking alcohol can enhance social, sexual, physical, mental, financial or sporting performance, or conversely that a decision not to drink may have the reverse effect.
8. To ensure their staff and those of companies acting on their behalf are fully aware of these Standards and are trained in their application in their own areas of responsibility.
9. To ensure that all company policies work to support these standards.

on these activities. For the first time, this strategy identified under-18s as a priority group for Government action on alcohol as well as setting out the reduction of drinking by young people as a Government objective. It also committed the Government to specific actions relating to young people's alcohol consumption, these are:

- be used as a basis for developing guidance for young people and their parents; and
- developing a social marketing campaign, aimed at changing young people's attitudes towards alcohol consumption.

14. More recently, the Government has formalised its commitment to tackling alcohol-related problems among young people in a new Public Service Agreement to 'increase the numbers of children and young people on the path to success'. For the first time, this introduced a national indicator on reducing young people's use of alcohol and drugs that will be measured in all local authority areas. This was followed by a new ten-year Drugs Strategy, published in February 2008. This prioritises prevention of harm from substance misuse – including alcohol – through early intervention with vulnerable young people and families at risk or where a parent misuses substances.

15. The Government's approach to date has had an impact on young people's drinking in two main ways:

- tougher enforcement means it has become harder for young people under the age of 18 to buy alcohol. Several alcohol misuse enforcement campaigns have been conducted in recent years, which have reduced the test purchase failure rate – that is, the number of retailers that sold alcohol to a child or young person under 18 years – from around 50 per cent to about 20 per cent. The latest campaign, in July 2007, reduced it yet further to around 15 per cent. However, it remains the case that under-18s overwhelmingly say that they are able to purchase alcohol from outlets which *will* sell to them; and
- the overall proportion of young people regularly drinking alcohol is falling. Between 2001 and 2006, the proportion of 11–15-year-olds who say they *never* drink rose from 38 per cent to 46 per cent¹.

16. In addition, we know that young people are exposed to fewer alcohol advertisements on television (a decline of 31.1 per cent and 39.0 per cent in 16–24 and 10–15-year-olds respectively between 2002–06²) and young people are now less likely to describe the adverts as being aimed at them. However, at the same time, evidence suggests that young people *are* more likely to say that adverts make alcohol look appealing and that they *will* encourage young people to drink.

17. Despite some positive changes, a number of serious and worrying problems remain, with indications that some are getting worse. The case for change is covered in the next chapter.

¹ Fuller, E. (ed) (2006): *Drug use, Smoking and Drinking Among Young People in England in 2005*. Leeds: the Information Centre.
² Based on research conducted by ASA and Ofcom in November 2007.

3. Young people and alcohol – the case for change

18. The Government believes there are five key reasons why we should take more action on young people and alcohol:

- there have been significant changes in recent years in how much young people are drinking, where and how they drink, and where they obtain alcohol;
- there is compelling evidence about the negative impact of drinking by young people, not only on their own short- and long-term health, but it is also known to be a major contributory factor, and in some cases the sole motivation for much of the crime and anti-social behaviour carried out by young people;
- there is growing public and parental concern about teenage drinking, both in itself and because of the wider problems to which it can contribute;
- beyond the current law on the age at which alcohol can be purchased, there is a lack of clarity – and consensus – about the age at which young people can start drinking, how much it is sensible for them to drink, and under what circumstances; and
- while there has been a strong focus in government on tackling under-age sales of alcohol, some retailers continue not to comply

with the law. Additionally, there has been much less emphasis on measures which seek to address why young people drink, and to support them and their parents to make more informed decisions about alcohol. In short, to date we do not have a single, co-ordinated government approach to addressing young people's alcohol consumption – tackling wider forms of unacceptable drinking as well as considering *why* young people drink and the role their *parents* can play.

(i) How and why young people drink

19. Whilst some adults and young people do not drink alcohol at all – for religious, cultural or other reasons – drinking alcohol is a normal activity for many adults in Britain. And young people drink for much the same reasons as everyone else does – to have fun, to relax, to socialise and to feel more outgoing³. Evidence also suggests that young people's exposure to alcohol advertising is linked to an increased propensity for them to drink.

20. There have been a number of notable changes in recent years in how young people drink alcohol and how *much* they drink. First, while there has been an overall fall in the proportion of young people drinking, there has been a sharp increase in the alcohol consumption of young people who

³ Hibell, B; Andersson, B; Bjarnason, T; Ahlström, S; Balakireva, O; Kokkevi, A. & Morgan, M. (2004): *The ESPAD Report 2003: Alcohol and Other Drug Use Among Students in 35 European Countries*. Stockholm: Swedish Council for Information on Alcohol and Other Drugs.

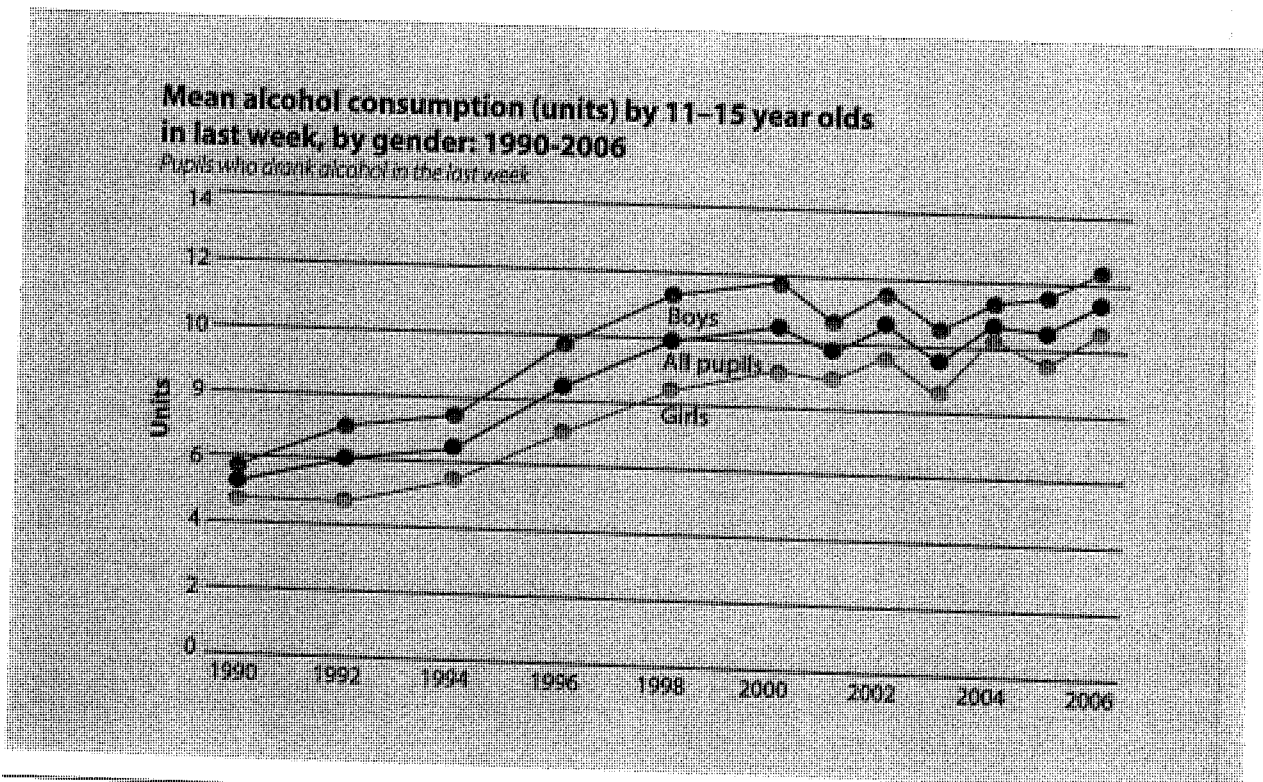
do drink (see graph below). The average weekly consumption of alcohol for 11–15-year-olds increased from 5 units in 1990 to more than 11 units in 2006. There are differences in patterns of consumption between girls and boys. In a recent study, 47 per cent of 15-year-old girls had been drunk at least once in the past four weeks compared with 37 per cent of boys of the same age⁴.

21. At the same time, there is evidence of an associated increase in 'drinking to get drunk' – the latest evidence on drinking by 11–15-year-olds suggests that 35 per cent of those who had drunk alcohol in the previous four weeks had done so deliberately to get drunk. Heavy episodes of drinking where five or more drinks are consumed on a single occasion⁵ is common amongst young people and is a rising trend. 56 per cent of 15–16-year-olds report having drunk heavily in the last 30 days and 30 per cent report having done this three or more times in the past 30 days.

22. Second, there is evidence that young people increasingly favour higher strength alcoholic drinks – stronger brands of beer, cider and lager, as well as spirits.

23. Third, over the past six years it has been younger teenagers who have been drinking more. While levels of alcohol consumption by older adolescents who drink have remained consistent, younger adolescents' consumption has steadily increased. A recent study describes 11–13-year-olds as less likely to have had a drink in the previous week (14 per cent in 2001 to 9 per cent in 2006), but of those who were drinking, their level of consumption had risen from 5.6 units a week in 2001 to 10.1 in 2006⁶.

24. Fourth, there is evidence of a trend towards increased unsupervised drinking by young people in open-air public places – in parks, at bus stops, and in shopping areas, for example. The proportion of 11–15-year-olds who drink on the street, in a park or somewhere else outside has



4 Fuller, E. (2006): *Smoking Drinking and Drug Use Among Young People in England in 2006*. London: NCSR and NFER.
 5 British Medical Association (2008): *Alcohol misuse: tackling the UK epidemic*. London: BMA.
 6 Fuller, E. (2006): *Smoking Drinking and Drug Use Among Young People in England in 2006*. London: NCSR and NFER.

increased from 21 per cent in 1999 to 31 per cent in 2006⁷. Drinking by young people in public places is the form most likely to be of concern to the public – over half the people who said they had witnessed drunken or rowdy behaviour claimed it was due to young people drinking in public places⁸. This can turn parts of our town centres and public spaces into intimidating or unpleasant places, and can lead to anti-social behaviour and crime, including violence. In addition, drinking in public places is the kind of drinking that is most likely to put young people at risk of being victims of crime. A recent study in the North West suggests that 40 per cent of young people who drank outside in public had experienced alcohol-fuelled violence either as victims or perpetrators⁹.

25. Finally, alcohol consumed by young people is increasingly likely to be obtained from the home. Of the 11–15-year-olds who drank 14 or more units in the previous week, 48 per cent claim to have been given alcohol directly by their parents whilst 42 per cent claim to have taken it without their parents consent¹⁰. Much of the alcohol obtained from the home by young people is also consumed there, under the supervision of parents, but a good deal is not¹¹. Increased consumption of alcohol in the home is consistent with some broader developments among adults. More alcohol is being consumed at home by them too, partly because it is available there in greater quantities – a development possibly linked to the low-price of alcohol from retailers offering substantial discounts and cross-channel shopping.

(ii) The consequences of drinking for young people

26. It is widely understood that drinking to excess can lead to a range of health problems in adulthood, yet it is less clear exactly how much drinking significantly increases the risk of these problems and at what ages. The Expert Panel recently set up by the Department for Children, Schools and Families is overseeing a review of the evidence base to make a judgement on harms associated with alcohol consumption and how they relate to young people.

27. However, there are strong reasons to believe that there are particular risks for young people who consume alcohol and those who drink heavily in particular. For example, based on medical and other evidence, the Australian Government recently concluded that there is no amount of alcohol that can be said to be safe and that young people under the age of 18 should not drink to become intoxicated. There is disturbing evidence from the UK of:

- a sharp increase in liver cirrhosis among people in their 20s – almost certainly linked to heavy alcohol consumption in the teenage years;
- a strong association between alcohol consumption and accidents involving young people. This is particularly the case for road traffic accidents – but also related to accidents and injuries more generally. Thirteen children a day are admitted to hospital as a result of drinking alcohol¹²; and
- rising deaths among young people linked to alcohol – there has been a 57 per cent

7 Fuller, E. (2006): *Smoking Drinking and Drug Use Among Young People in England in 2006*. London: NCSR and NFER.

8 Hughes, S; Bellis, M.A; Hughes, K; Tocque, K; Morleo, M; Hennessey, M. & Smallthwaite, L. (2008): *Risky drinking in North West school children and its consequences: A study of fifteen and sixteen year olds*.

9 *Safe. Sensible. Social*. The next steps in the National Alcohol Strategy for England (2007).

10 Fuller, E. (2006): *Smoking Drinking and Drug Use Among Young People in England in 2006*. London: NCSR and NFER.

11 Valentine, G; Holloway, S.L; Jayne, M. & Knell, C. (2007): *Drinking places: where people drink and why*. York: Joseph Rowntree Foundation.

12 Rogers Review (2007): National enforcement priorities for local authority regulatory services.

increase in alcohol-related deaths amongst young people aged 15–34 between 1991 and 2006.

28. In addition to individual health harms, teenage consumption of alcohol is linked with wider and serious problems that impact on society more generally. In particular:

- alcohol consumption is one of the key factors associated with young people committing offences. Evidence suggests that 10–15-year-olds who have been drunk once a month or more in the past year were over twice as likely to commit an offence than those who had not¹³;
- more specifically, drinking by young people is associated with violence. In a recent study, only 15 per cent of respondents aged 10–17 drank once a week or more; yet they were responsible for 34 per cent of all violent offences committed by this age group;
- young people who drink are significantly more likely also to take drugs of all kinds than young people who do not drink. Among 15-year-olds who first drank alcohol at 10 years or younger, 17 per cent had taken Class A drugs at the age of 14, compared with 2 per cent of those who first drank when they were 14 years old¹⁴;
- young people who drink are more likely to be absent from school. Young people who had been excluded from school in the past 12 months were more likely to have had an alcoholic drink in the last week (45 per cent) than those who had never been excluded (21 per cent)¹⁵; and

- teenagers are significantly less likely to use contraception when drunk and, therefore, risk pregnancy or sexually transmitted infections. They are also much more likely to regret having sex in the first place.

(iii) Public reaction to young people drinking

29. Drinking by young people is a significant and growing concern for the public, with some polling evidence showing that:

- many adults think alcohol misuse is a bigger problem than illicit drug use;
- 75 per cent of adults think young people drink more than they did when they were younger; and
- most adults think drinking in the street and in other public places by young people is strongly associated with anti-social behaviour.

30. Most parents think it is an important part of their responsibility – and not that of the authorities – to introduce their teenage children to alcohol and to help them learn how to drink responsibly. Many parents will themselves have drunk alcohol during their teenage years, often at home in a family setting but also sometimes in pubs and restaurants. But parents tell us they are concerned not that teenagers sometimes drink but about *how much and how they drink*. They sense that something has changed in the culture of teenage drinking and that this is linked to a wide range of other teenage problems.

31. The evidence presented in this chapter suggests that the patterns of teenage drinking are, indeed, changing and that parents and the public are right to be concerned.

¹³ Wilson, D., Sharp C. & Patterson, A. (2005): *Young People and Crime: Findings from the 2005 Offending, Crime and Justice Survey*. London: Home Office Statistical Bulletin 17/06.

¹⁴ Advisory Council on the Misuse of Drugs: *Pathways to Problems* (2006).

¹⁵ Youth Justice Board (2002): *Youth Survey 2002*.

(iv) Views about how much young people should drink – and at what age

32. Patterns of alcohol consumption by young people differ significantly by age.

- At age 11 the majority of young people do not drink and those who do tend to drink at home with their parents.
- At age 13, just over half of young people have had a drink while nearly a third drink once a month or more. Young people are usually aged 13 or 14 when they had their first alcoholic drink without their parents' knowledge.
- At age 15, almost 90 per cent have tried alcohol while over a third drink once a week or more. The overwhelming majority of 15-year-olds usually drink with their friends. The most common drinking location is still at home or someone else's home but drinking in unsupervised outdoor locations, which is closely linked with harms, peaks in this age group.
- Amongst 16–17-year-olds, about half drink at least once a week and the most popular drinking location is in pubs.

33. There is strong public support for the current law on the age at which alcohol can be purchased from pubs and off-licences. A recent poll suggested that 82 per cent of people thought it was right, with only limited support for raising – or lowering – the age of purchase.

34. Although most people agree that those under the age of 18 should not legally be able to *buy* alcohol, there is much less agreement about the extent to which young people should be able to *consume* it. The current law allows anyone over

the age of 5 to consume alcohol and in practice this is a matter for parents to decide.

35. We know that the great majority of alcohol consumed by young people is obtained in the home. Nevertheless, practices in different families – the 'house rules' governing when and how much young people can drink – appear to vary greatly.

36. Of course, some families – for religious, cultural or other reasons – do not drink alcohol at all. But even amongst families who do, there are very different practices. Some parents believe drinking by their teenage children should be restricted to special occasions and in all cases to family settings, yet others think that young people under the age of 18 should not drink at all. Some feel that young people should only be allowed to drink at home from a certain age – 16 years old, for example. And others attempt to introduce their children gradually to alcohol by helping them learn to manage their drinking, often with the expectation that it is consumed with food (often referred to as a 'continental model' of drinking). However, police evidence and recent research¹⁶, also tells us that some parents provide significant quantities of alcohol to their teenage children – either for consumption at home or outside it, for example at parties, in parks and in the street.

16 Valentine, G; Holloway, S.L; Jayne, M. & Knell, C. (2007): *Drinking places: where people drink and why*. York: Joseph Rowntree Foundation.

(v) How the Government has tackled young people's drinking

37. Government policy to date has focused heavily on stronger enforcement of the existing law on sales of alcohol to young people, on confiscation, and on tackling alcohol-related disorder and crime. But, it is clear that more needs to be done. Firstly, there is evidence that, whilst there has been progress in tackling under-age sales, some retailers continue to act in a way that is in breach of the law. Secondly, existing enforcement efforts need to be complemented with further powers and actions that take into account the changes in young people's drinking habits and the public's concern – namely the rise in young people drinking, unsupervised, in public places.

38. In addition, however, there has been little focus on how to influence the decisions young people and parents make about alcohol and drinking in the home. While alcohol education in schools and general information campaigns have aimed to influence young people's attitudes, there has been no specific social awareness campaign aimed at younger teenagers (11–15 years old) and no specific advice about low risk drinking by young people. The Department of Health's guidance about sensible levels of 'alcohol unit' consumption was designed with adults in mind.

39. In part, this approach has reflected the view that, beyond the existing law on consumption, decisions about drinking alcohol, as opposed to buying it, are a private matter for young people and parents where the Government should not normally intervene. Additionally, alcohol has historically been seen as less worrying or risky than illegal drugs. Yet, as this chapter demonstrates, of all substances, the use of alcohol has shown the greatest growth and causes the most widespread problems among young people¹⁷.

¹⁷ Advisory Council on the Misuse of Drugs (2006): Pathways to Problems Report.



Guildhall
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DN21 2NA

Tel: 01427 676676
Fax: 01427 675159

Licensing Act 2003

32UHB50013

Premises Licence

Part 1 - Premises Details

POSTAL ADDRESS OF PREMISES, OR IF NONE, ORDANCE SURVEY MAP REFERENCE OR DESCRIPTION

Strafford Street Corner Shop Ltd

2 Strafford Street, GAINSBOROUGH, Lincolnshire, DN21 1DU.

Telephone 01427 614933

WHERE THE LICENCE IS TIME LIMITED THE DATES

Not applicable

LICENSABLE ACTIVITIES AUTHORISED BY THE LICENCE

- the sale by retail of alcohol

THE TIMES THE LICENCE AUTHORISES THE CARRYING OUT OF LICENSABLE ACTIVITIES

Activity (and Area if applicable)	Description	Time From	Time To
M. The sale by retail of alcohol for consumption OFF the premises only	Monday to Saturday	8:00am	11:00pm
	Sunday	10:00am	10:30pm

THE OPENING HOURS OF THE PREMISES

Description	Time From	Time To

WHERE THE LICENCE AUTHORISES SUPPLIES OF ALCOHOL WHETHER THESE ARE ON AND / OR OFF SUPPLIES

- M. The sale by retail of alcohol for consumption OFF the premises only

Part 2

NAME, (REGISTERED) ADDRESS, TELEPHONE NUMBER AND EMAIL (WHERE RELEVANT) OF HOLDER OF PREMISES LICENCE

Ramesh Patel

2 Strafford Street, GAINSBOROUGH, Lincolnshire, DN21 1DU.

REGISTERED NUMBER OF HOLDER, FOR EXAMPLE COMPANY NUMBER, CHARITY NUMBER (WHERE APPLICABLE)

NAME, ADDRESS AND TELEPHONE NUMBER OF DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES THE SUPPLY OF ALCOHOL

Ramesh PATEL

2 Strafford Street, GAINSBOROUGH, Lincolnshire, DN21 1DU.



Licensing Act 2003

Premises Licence

32UHB50013

PERSONAL LICENCE NUMBER AND ISSUING AUTHORITY OF PERSONAL LICENCE HELD BY DESIGNATED PREMISES SUPERVISOR
WHERE THE PREMISES LICENCE AUTHORISES FOR THE SUPPLY OF ALCOHOL

Licence No. LEI0RS0814

Issued by Leicester

ANNEXES

Mandatory Conditions Supply of alcohol (Off-Licensed Premises)

1. No supply of alcohol may be made under the premises licence:
 - (a) at a time when there is no designated premises supervisor in respect of the premises licence or,
 - (b) at a time when the designated premises supervisor does not hold a personal licence or his personal licence is suspended.
2. Every supply of alcohol under the premises licence must be made or authorised by a person who holds a personal licence.
3. Any supply of alcohol for consumption off the premises must be in sealed container.

Embedded

PERMITTED HOURS

Alcohol shall not be sold or supplied except during permitted hours.
In this condition, permitted hours mean:

- a. On weekdays, other than Christmas Day, 8 a.m. to 11 p.m.
- b. On Sundays, other than Christmas Day, 10 a.m. to 10.30 p.m.
- c. On Christmas Day, 12 noon to 3 p.m. and 7 p.m. to 10.30 p.m.
- d. On Good Friday, 8 a.m. to 10.30 p.m.

CONSUMPTION

Alcohol shall not be sold in an open container or be consumed in the licensed premises.





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Licensing Act 2003

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Premises Licence Summary

Premises Details

POSTAL ADDRESS OF PREMISES, OR IF NONE, ORDANCE SURVEY MAP REFERENCE OR DESCRIPTION

Strafford Street Corner Shop Ltd

2 Strafford Street, GAINSBOROUGH, Lincolnshire, DN21 1DU.

Telephone 01427 614933

WHERE THE LICENCE IS TIME LIMITED THE DATES

Not applicable

LICENSABLE ACTIVITIES AUTHORISED BY THE LICENCE

- the sale by retail of alcohol

THE TIMES THE LICENCE AUTHORISES THE CARRYING OUT OF LICENSABLE ACTIVITIES

Activity (and Area if applicable)	Description	Time From	Time To
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	Sunday	10:00am	10:30pm

THE OPENING HOURS OF THE PREMISES

Description	Time From	Time To

WHERE THE LICENCE AUTHORISES SUPPLIES OF ALCOHOL WHETHER THESE ARE ON AND / OR OFF SUPPLIES

- M. The sale by retail of alcohol for consumption OFF the premises only

NAME, (REGISTERED) ADDRESS OF HOLDER OF PREMISES LICENCE

Ramesh Patel

2 Strafford Street, GAINSBOROUGH, Lincolnshire, DN21 1DU.

REGISTERED NUMBER OF HOLDER, FOR EXAMPLE COMPANY NUMBER, CHARITY NUMBER (WHERE APPLICABLE)

NAME OF DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES THE SUPPLY OF ALCOHOL

Ramesh PATEL

STATE WHETHER ACCESS TO THE PREMISES BY CHILDREN IS RESTRICTED OR PROHIBITED

Not Applicable

