



Taking an alcohol free childhood approach to licensing: A toolkit Five recommendations May 2022

Alcohol is no ordinary commodity. Alcohol use is harmful and is a significant cause of health inequalities. In the short term, the risks of alcohol use include accidents and injuries, violent behaviour, risk-taking behaviour and alcohol poisoning. In the long term, alcohol use increases the risk of serious health conditions including heart disease, stroke, liver disease and a number of cancers including liver, bowel and breast cancers. Children in particular are susceptible to the harms of alcohol use.

The North East of England has adopted a vision of working towards an alcohol free childhood for every child growing up in the region to help de-normalise alcohol in families and communities so they can have the best start in life. This is a vision that every child can grow up:

- free from the impact of other peoples' drinking
- free from commercial, social and environmental pressure to drink
- free from health and social harms caused by drinking alcohol themselves
- supported and encouraged to make healthy positive lifestyle choices as they enter adulthood.

The Licensing Act 2003 requires local authorities to promote the objective of 'the protection of children from harm' within their licensing decisions and while the scope of the Act is clear and bound in law, there are ways in which the vision of an alcohol free childhood can be reflected in these decisions and the discussions that lead up to them. Local licensing processes can be a key strategic and practical means of securing an alcohol free childhood for young people within their communities.

Statements of Licensing Policy (SLPs) are a key part of local licensing infrastructure and set out how local authorities, working with partners, will meet the requirements of the Licensing Act. They are updated, as a minimum, every five years and opportunities exist within the formal timetable to revise the policy if needed.

Local authority public health colleagues take the lead locally on the implementation of measures to secure an alcohol free childhood within their localities. They also play a key role in the local licensing process including responding to licensing applications and reviewing SLPs. This document outlines five recommendations that public health colleagues can consider when working with licensing colleagues to ensure that messages around an Alcohol Free Childhood can be embedded and that licensing can form part of an overall strategic approach towards achieving the vision.

In summary, these recommendations are:

- 1. Make the case for specific reference to the Alcohol Free Child vision – and the local authority's commitment to it – within the SLP.**

2. **Actively encourage a strategic partnership approach to the fourth licensing objective of protecting children from harm**
3. **Recognise that availability is a key driver in alcohol related harm among children and engage with licensees to raise awareness of this issue**
4. **Request that licensed premises adopt specific measures that support an Alcohol Free Childhood approach and frame this in the SLP**
5. **Caution against the inclusion of any messages that might support the objectives of the alcohol industry.**

These recommendations are explained in more detail below.

1. Make the case for specific reference to the Alcohol Free Childhood vision – and the local authority’s commitment to it – within the SLP

The simplest way of communicating a commitment to embedding messages around an alcohol free childhood approach within licensing is by referencing it clearly and meaningfully within the SLP, recognising that the local authority has made a commitment towards the vision. All local authorities within the North East have endorsed this vision, therefore widespread strategic support already exists and this is a key opportunity to refresh this support and remind partners of its importance.

The number one message to communicate is the UK Chief Medical Officers’ guidelines that an alcohol-free childhood until the age of 18 is the healthiest and best option. This approach was adopted by [Durham County Council](#) when its SLP was reviewed in 2019. The information in the box below is an extract from the renewed SLP and features within the appendix relating to public health information. [South Tyneside Council](#) has also reflected the vision in its recently-reviewed SLP.

Local authorities could consider including the following text as a minimum within the main body of the SLP within the primary section covering the ‘protection of children from harm’ objective.

An alcohol free childhood

The medical advice for children and young people is clear; an alcohol-free childhood until the age of 18 is the healthiest and best option. For young people who do drink alcohol, the implications could be life changing. For example:

Young brains continue to develop and change until the mid-twenties.

Drinking alcohol before adulthood can change or delay the development of the logical, thoughtful part of the brain.

Alcohol can affect a child’s mental health and wellbeing. *It is linked to stress, depression and self-harming behaviour.*

Children are smaller, which means alcohol’s effects work more quickly.

Alcohol poisoning can result in young people being admitted to hospital or worse.

Alcohol can lead to other risky, impulsive behaviour. *Young people who drink regularly are four times more likely to smoke and three times more likely to take*

other, illegal drugs. They are more likely to get hurt due to an accident or because of violence.

Children's bodies are still developing through the teenage years. We know that drinking alcohol can affect their liver, bones, hormones and their growth.

2. Actively encourage a strategic partnership approach to the fourth licensing objective of protecting children from harm

As well as making clear reference to the Alcohol Free Childhood vision within the SLP, there are many opportunities to put this into practice through local licensing processes, including:

- Ensuring that elected members making decisions on applications or reviews – or otherwise engaged in licensing – are briefed on the alcohol free childhood vision. Balance have developed a slide set to support this recommendation.
- Working closely with organisations whose core priority is the protection of children from harm e.g. children's services or the local safeguarding children's board, and sharing information as needed.
- Exploring whether an 'Alcohol Free Childhood' could be a standing agenda item on meetings of the responsible authorities and at strategic Licensing Committees so that there is always the opportunity to discuss progress.
- Ensuring that the AFC vision is taken into account in the following scenarios and consider adopting the following policies relating to the availability of alcohol:
 - Events aimed primarily at families – particularly those organised by the local authority – will not be granted licenses for the sale of alcohol or, at the least and in relation to non-council events only, that alcohol sales would be confined to a small area of the event site
 - Licences would not be granted for places frequented mainly by children and aimed at meeting their needs including schools, youth centres and indoor play areas.
- Featuring summaries of and references to up to date research and data in the SLP and other licensing papers on the impact of alcohol on children. Examples include the [Smoking, Drinking and Drug Use survey](#), research from alcohol charities such as [Alcohol Change](#), regional data from [Balance](#) and, really importantly, any local data from partners within your locality. This will provide context and can help make the case for having a particular focus on children.
- Emphasising the importance of protecting children from [child sexual exploitation](#) which has known links with alcohol use. It is important to recognise this issue within SLPs as well as during meetings relating to alcohol licensing. An extract from Southwark Council is included below.

Child sexual exploitation

Sexual exploitation is when a child under the age of 18 is manipulated into having sex or engaging in sexual activities, usually in return for something. It is a form of abuse and a crime. This Authority and its partners are committed to tackling and preventing the sexual exploitation of children and young people.

London Safeguarding Children's Board

The London Safeguarding Children's Board provide advice and guidance for licensed premises operators and their staff in their policy 'Safeguarding Children Policy for Licensed Premises.' All operators are advised to display a copy of the procedure and accompanying poster available upon the premises.

Operators writing the policies and procedures for their premises staff may also include appropriate measures / training covering how staff would deal with unsupervised very young children being on the premises, or children causing perceived problems on / around the premises.

To view the full SLP, please click [here](#).

3. Recognise that availability is a key driver in alcohol related harm among children and engage with licensees to raise awareness of this issue.

The availability of alcohol is a key factor in the impact of alcohol related harm among children. For example, nearly 10% of under-18 alcohol-specific hospital admissions are directly attributable to off-license density (ref: One on every corner: The relationship between off-licence density and alcohol harms in young people, Alcohol Concern 2011). National figures suggest that there has been an increase in licences issued. Nationally (England and Wales) as at 31st March 2018, compared with the previous year, there were:

- 723,800 personal licences, a 5% increase (35,600)
- 212,800 premises licences, a 1% increase (1,100)
- 8,100 premises with 24-hour alcohol licences, a 6% increase

And while underage sales legislation exists to protect young people, there has been a shift towards increased drinking at home compared to drinking in pubs and bars. There is also growing concern around the methods by which young people get hold of alcohol, with [tighter rules being called for around online alcohol orders to protect under 18s](#). A recent report from [Alcohol Change UK](#) highlights the issue and makes various recommendations to address the problem. It is crucial that SLPs reflect this and state how these risks are being mitigated.

One of the key practical steps that local authorities can take – both within licensing and public health teams – is to liaise with licensees so that they understand the facts that an alcohol free childhood is the safest option; that they understand why underage sales and proxy purchasing laws are vital; and so that they are vigilant around any suspicion that alcohol sold from their premises will find its way into the hands of young people.

Balance have developed a suite of materials for use within licensed premises to support publicans and retailers in their compliance with age of sale and proxy purchasing laws. The materials communicate messages to the public that the Chief Medical Officer's guidelines states that an alcohol free childhood until the age of 18 is the healthiest and best option. The intention is that parents visiting the premises will see the materials and will feel less inclined to buy alcohol that may be consumed by their children.

In addition, local authorities are making a concerted effort to engage with businesses that sell alcohol and other age-restricted products. For example, Sunderland City Council is working towards providing retailers with information packs on complying with a range of underage sales legislation and features resources from Balance's 'What's the Harm' campaign which highlights the risks of underage drinking.

4. Recommend that licensed premises adopt specific measures that support an Alcohol Free Childhood approach and frame this in the SLP

Along with the mandatory conditions relating to protecting children from harm, such as age verification systems, there are a number of measures which local authorities can recommend licensees implement to support the alcohol free childhood vision as a whole and the Chief Medical Officer's advice that under 18s do not consume alcohol at all.

Licensees can be asked to commit to the following measures, many of which are already in place in some local authorities:

For off-licences

- Remove external alcohol advertising – for example pavement boards or posters that are visible from outside – in locations close to schools or other children-focused premises.
- Avoid placing alcohol products in areas that will excessively promote its availability.
- Create distance between alcohol products and products aimed at children.
- Maintain clear visibility through windows so that staff can clearly observe if alcohol purchased by adults is provided to young people i.e. proxy purchasing.

For the on-trade

- Restrict alcohol consumption to those aged 18 or over, regardless of whether they are accompanied by an adult and eating a meal.
- Set aside 'alcohol free' spaces for families.

For all licensed premises

- Refuse to serve marketed 'alcohol free' drinks to under 18s, particularly those which are brand stretched e.g. Heineken 0.0, given the strong links between alcohol brand advertising and youth susceptibility to drinking
- Implement the 'Challenge 25' proof of age scheme to show commitment to the prevention of underage sales.

- Display point of sale information highlighting CMO guidelines for children (available from Balance).

Such measures can help progress towards achieving an alcohol free childhood and promote a culture where children are protected from alcohol-related harm.

5. Caution against the inclusion of any messages that might support the objectives of the alcohol industry.

The objectives of those working in public health and those working to further the interests of the alcohol industry are in direct conflict. The sole aim of the alcohol industry is to increase its profits by increasing its customer base which includes the need to attract young people as consumers. Their public profile however often belies this fact.

The alcohol industry give the impression that they are part of the solution to the problem of young people drinking too much, claiming not to target them in advertising and allocating significant resources to developing campaigns highlighting the risks of underage drinking. However, research into alcohol industry tactics prove that young people continue to be an advertising target and that industry-generated anti-youth-drinking campaign materials usually – and intentionally – have the opposite effect.

An [analysis of internal industry advertising documents](#) reveals the shortcomings of the commitment not to advertise to young people. Market research data on 15 and 16 year olds has been used by industry to guide campaign development; there is clear acknowledgement that particular products appeal to children (Lambrini for instance being referred to as a 'kids' drink'); references are made to the need to recruit new drinkers and establish their loyalty to a particular brand e.g. WKD wanting to attract 'new 18 year old lads' and Carling has taken a particular interest in becoming 'the first choice for the festival virgin.'

A recent report on [alcohol industry behaviour in relation to corporate social responsibility](#) reveals that industry 'efforts' to discourage youth drinking usually point to the causes of alcohol harms in this age group as being variously 'peer pressure', 'parents', and 'culture', but generally do not mention alcohol advertising or alcohol industry activities. Examples of this omission can be seen in alcohol industry-funded Drinkaware materials on young people's drinking, where lists of reasons point to a range of individual-level factors and the influence of parents and peers, but do not mention the role of industry.

One clear initiative that local authorities and other partners are encouraged to steer clear of are Community Alcohol Partnerships. CAPs are funded by the alcohol industry, seemingly with the purpose of reducing alcohol harm in local communities from drinking by young people under 25 with a particular emphasis on preventing underage drinking. However, evidence of their effectiveness is far from clear and academics conclude that they are part of industry corporate social responsibility strategies. For these reasons – and many more – local authorities are urged to maintain clear separation between the local licensing process and the alcohol industry in order to secure an alcohol free childhood.

An independent review of Community Alcohol Partnerships can be found [here](#) and a summary is as follows:

Local initiatives to reduce alcohol harms are common. One UK approach, Community Alcohol Partnerships (CAPs), involves partnerships between the alcohol industry and local government, focussing on alcohol misuse and anti-social behaviour (ASB) among young people. This study aimed to assess the evidence of effectiveness of CAPs.

Methods

We searched CAP websites and documents, and databases, and contacted CAPs to identify evaluations and summarize their findings. We appraised these against four methodological criteria: (i) reporting of pre–post data; (ii) use of comparison area(s); (iii) length of follow-up; and (iv) baseline comparability of comparison and intervention areas.

Results

Out of 88 CAPs, we found three CAP evaluations which used controlled designs or comparison areas, and further data on 10 other CAPs. The most robust evaluations found little change in ASB, though few data were presented. While CAPs appear to affect public perceptions of ASB, this is not a measure of the effectiveness of CAPs.

Conclusions

Despite industry claims, the few existing evaluations do not provide convincing evidence that CAPs are effective in reducing alcohol harms or ASB. Their main role may be as an alcohol industry corporate social responsibility measure which is intended to limit the reputational damage associated with alcohol-related ASB.