Appendix B
Consultation Responses from Environmental Health team, North Yorkshire Police and North Yorkshire Public Health

Para	**Observations / Comments from Environmental Health**
4.6	States that "*all premises which are subject of an application, should have the benefit of planning permission, or be deemed permitted development.*" I would recommend that the word "should" is replaced with "must". Whist different, the Planning and Licensing regimes do overlap to some extent, in particular, in relation to noise. Planning should be a prerequisite to a premises licence application as it is entirely feasible that a Premises Licence could be issued where Planning consent would not. This could create confusion and ambiguity for the applicant and create unnecessary double handling in enforcement terms. Making it clear which regime takes president would also reduce the chance of duplicitous conditions. The above recommendation appears to be in line with para 4.8
	Response: Licensing and planning authorities are separate. Planning are consulted with on a licensing application It would be down to planning to enforce any breach of planning
4.12	States that "*The policy is not intended to duplicate existing legislation and regulatory regimes*" and provides examples including the Environmental Protection Act 1990 and the Noise Act 1996. If reliance on an alternative legislative regime is relied upon either wholly or in part, it is important to understand that regime to ensure it is capable of achieving the licensing objective. The relevant section of the Environmental Protection Act 1990 is section 79 which lists a number of matters which are considered to be a statutory nuisance, the most relevant is section 79(g) which gives noise the potential to be a statutory nuisance, in addition sections 79(d) and 79(fb) include odour and light respectively. To be considered a statutory noise nuisance, noise that is a nuisance or prejudicial to health must be emitted from a premises and must affect an individual's enjoyment of a separate premises. The relevant licensing objective is "*the prevention of public nuisance*". Nuisance in this case is a civil tort, public nuisance is a nuisance that affects a number of people and can be a criminal offence. Therefore, statutory nuisance is narrow when compared to public nuisance. It is also worth noting that statutory nuisance regime exists to act where a statutory nuisance exists or is likely to exist and does not prevent a nuisance from happening. In view of the above the statutory nuisance regime does not achieve the licensing objective of preventing public nuisance on two counts, firstly the definition is two narrow and secondly it is not preventative. So, whilst there may be overlaps between the two regimes it would be unwise relying on The Environmental Protection Act 1990 to achieve licencing objectives. The Noise Act 1996 gives the LA powers to issue fixed penalty notices in very specific circumstances. The LA may decide to use those powers to relevant circumstances where appropriate but again it would unwise to expect that The Noise Act 1996 to achieve licensing objectives. The above Acts, particularly the Environmental Protection Act 1990, could be used to demonstrate that a licensing objective is not being achieved and could provide justification for review. The existence of a statutory nuisance would in itself by definition imply that a public nuisance exists, however, the existence of a public nuisance may well not constitute a statutory nuisance.
	Response: Our policy is stating that we do not duplicate what is already in law.
5.3	States that "*…and not seek to manage the behaviour of customers once they are beyond the direct management of the licence certificate holder and their staff*" Whist I would agree that it is difficult to manage customer behaviour once they have left the premises I do think that the Licensing Authority should expect reasonable attempts should be made so far as practicable. To fail to do so would fail in the licensing objective of preventing public nuisance.

	This paragraph also appears to be juxtaposed of para 3.2 and 4.9. Para 3.2, albeit concerned principally with cumulative impact, does recognise that "*serious problems of nuisance and disorder may arise outside or some distance from the premises.*". Para 4.9 states that "*The Licensing Authority shall expect every licence/certificate holder or event organiser to minimise the impact of their activities on the surrounding area and any anti-social behaviour created by their customers in and within the vicinity of their premises by taking appropriate measures and actions consistent with that responsibility.*".
	Response: The policy already states, as above that we do not expect licence holders to manage the behaviour of customers beyond their direct management.
9.1	Refers to contact details in Annex 3. The "Environmental Control" should be changed to Environmental Health and the contact email should be given as info@selby.gov.uk
	Response: As agreed verbally with Environmental Health the original email of 'ehdutyofficer@selby.gov.uk' should remain Annex 3 has been updated to Environmental Health
10.4	Environmental Protection should be changed to Environmental Health.
	Response: We have updated this
13.1	Accurately makes clear the effect of deregulation brought about by the introduction of the Live Music Act 2012. The effects of this deregulation has caused complaints of noise nuisance, this is particularly in the case where a large car park area is included within the licensed premises boundary. Where this scenario occurs, it is possible for an outdoor concert to take place, up to 2300, for up to 500 people next door to a residential receptor without any means of noise control. I would question whether this was the intention of the 2012 Act, or whether the intention was allowed for live and amplified music performances to take place within the building of the premises rather than outside in a carpark. I would therefore recommend that a premises licence does not include large outdoor spaces within their defined area, such as carparks, unless that is necessary and can be justified for licensing purposes, ie, the supply of alcohol.
	Response: In terms of the policy we will not be amending to recommend that outdoor spaces cannot be licensed. We must welcome all application and consider on its individual merits. If a Responsible Authority disagreed or had concerns with an application, they would need to make representation under the licensing objectives.
27.10	Directs the applicant to the enforcing authority in order to seek guidance on how to conduct risk assessments. This implies that Environmental Health as the enforcing authority for Health and Safety legislation at certain business premises are available to provide guidance. This has the potential to create unrealistic expectations, the Environmental Health team will, where appropriate, comment on particular queries an operator may have but compliance with the law remains the responsibility of the applicant, Environmental Health do not have the capacity or the duty to provide this service. This responsibility needs to be made clear, should assistance be required it should be sought from an independent specialist. Furthermore, it is worth noting that Environmental Health are not the Enforcing Authority for all premises, the enforcement of Health and Safety Regulations are split with the Health and Safety Executive (HSE). So far as I am aware the HSE do not currently offer an advisory service, and if they do it is likely to be chargeable on a commercial basis.
	Response: This sentence has been removed, and a sentence added to seek independent specialist advise.
29.3	I would recommend the word "independent" is inserted in front of "professional experts"
	Response: This word has been inserted
36.1	Directs complaints to the "Lead Officer for Enforcement", is this correct?

	Response: This has been updated to the 'Enforcement Team'.
34.3	Community Officers are now called Neighbourhood offers. Neighbourhood officers are not "in Environmental Health" and in any event do not deal with noise complaints relating to commercial premises. The paragraph also advises that complaints regarding "unlicensed" premises should be raised with the Licensing Authority, should this be amended to "licensed".
	Response: This should be 36.3 We have amended the name of the officer to Environmental Health and removed the sentence about other complaints as this is addressed in 36.1
	Observations / Comments from North Yorkshire Police
2.0	"This Policy was reviewed in 2019 following consultation". I did respond to a consultation on 02/07/19 but I am assuming that this should be changed to 2020 and the 2019 consultation period has not been factored?
	Response: The policy was reviewed in 2019. There was a delay with the consultation progressing earlier in the year due to the COVID 19 pandemic. The date mentioned in the consultation response has been updated to 2020 to show the work updating the policy in 2020.
4.1	"this Guidance;" Should this read the Section 182 Guidance?
	Response: The guidance issued under section 182 of the 2003 Act has been defined as 'the Guidance' under section 2.3 of the policy and will be referred to as this throughout the rest of the policy.
18	**Immigration Matters** In relation to the points highlighted in this section all off which are highly relevant can consideration also be given to adding information in relation to the fact that the Licensed Trade needs to be on guard against exploitation under the Modern Slavery Act 2015. UK businesses with an annual turnover above £36 million must fulfil certain requirements under The Modern Slavery Act 2015. This Act requires a company to, provide policies and procedures on modern slavery, human rights, ethical trading and whistleblowing. Those larger companies or events management companies (I am thinking of Live Nation and other national event companies) applying for Premises licences should consider this in relation to the operating schedule and how their policies and procedures promote the Prevention of Crime and Disorder.
	Response: The Modern Day Slavery Act 2015 has been added the list of other relevant legislation and a bullet point added under section 29.4 of the policy, to consider as part of the operating schedule
30.4	"the Licensing Authority will consider further sanctions, either by way of a review, formal caution, prosecution or serving of a s19 Closure Notice, under the Anti-Social Behaviour Crime and Policing Act 2014." A S19 Closure Notice is a notice under the Criminal Justice and Police Act 2001. A closure notice under the Anti-Social Behaviour Crime and Policing Act is a separate notice which results in immediate closure for up to 48 hrs where upon further closure for a period of up to three months has to be applied at the Magistrates Court. Both are enforcement tools but very separate pieces of enforcement and under different legislation.
	Response: The above has been amended
N/A	In conclusion I found the document free following, informative and easy to read.
	Response: No response required.
	Observations / Comments from Public Health

	In 2012 the Police and Social Responsibility Act 2011 introduced Public Health as a responsible authority under the Licensing Act 2003. While the protection of public health is not a discrete licensing objective, it can permeate each of the licensing objectives to contribute to reducing health harms associated with alcohol. In terms of a Public Health challenge, the misuse of alcohol remains a significant national and local concern. The following key messages outline the national picture in relation to alcohol impact and licensing: Alcohol is more readily available and accessible than ever before. It is a prominent commodity in the UK marketplace, is widely used in numerous social situations and for many it's associated with positive aspects of life. However, there are currently over 10 million people drinking at levels which increase their risk of health harm. Among those aged 15 to 49 in England, alcohol is now the leading risk factor for ill-health, early mortality and disability and the fifth leading risk factor for ill health across all age groups. Since 1980, sales of alcohol in England and Wales have increased by 42%, from roughly 400 million litres in the early 1980s, with a peak at 567 million litres in 2008, and a subsequent decline. This growth has been driven by increased consumption among women, a shift to higher strength products, and increasing affordability of alcohol, particularly through the 1980s and 1990s. Over this period, the way in which alcohol is sold and consumed also changed. In 2016 there were 210,000 license premises in England and Wales, a 4% increase on 2010. There has been a shift in drinking location such that most alcohol is now bought from shops and drunk at home. Although consumption has declined in recent years, levels of abstinence have also increased. Consequently, it is unclear how much of the decline is actually related to drinkers consuming less alcohol and how much to an increasing proportion of the population not drinking at all. In recent years, many indicators of alcohol-related harm have increased. There are now over one million hospital admissions relating to alcohol each year, half of which occur in the lowest three socioeconomic deciles. Alcohol-related mortality has also increased, particularly for liver disease which has seen a 400% increase since 1970, and this trend is in stark contrast to much of Western Europe. In England, the average age at death of those dying from an alcohol-specific cause is 54.3 years. The average age of death from all causes is 77.6 years. More working years of life are lost in England as a result of alcohol-related deaths than from cancer of the lung, bronchus, trachea, colon, rectum, brain, pancreas, skin, ovary, kidney, stomach, bladder and prostate, combined. The public health burden of alcohol is wide ranging, relating to health, social or economic harms. These can be tangible, direct costs (including costs to the health, criminal justice and welfare systems), or indirect costs (including the costs of lost productivity due to absenteeism, unemployment, decreased output or lost working years due to premature pension or death). Nationally, alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Harms can also be intangible, including those assigned to pain and suffering, poor quality of life or the emotional distress caused by living with a heavy drinker. Crucially however, the financial burden which alcohol-related harm places on society is not reflected in its market price, with taxpayers picking up a larger amount of the overall cost compared to the individual drinkers. Despite this burden of harm, some positive trends have emerged over this period, particularly indicators which relate to alcohol consumption among those aged less than 18 years, and there have been steady reductions in alcohol-related road traffic crashes. In terms of support at a District level, the local Public Health team works across the North Yorkshire County covering the seven Local Authorities of Selby, Harrogate, Scarborough, Ryedale, Hambleton, Richmond and Craven. As a responsible authority (RA), the public health team can: • submit a representation against an application for a new or existing premises if it is considered to pose issues or potential harm and a priority for Public Health in that locality • negotiate conditions with an applicant • support or apply a review of a premises licence or club premises certificate where there are problems with one or more of the licensing objectives • help develop and review a cumulative impact assessment (CIA) • help to develop and review the SLP and have an important role in identifying and interpreting health data and evidence • build relationships with other RAs and support their representations by providing them with public health evidence North Yorkshire has a countywide alcohol strategy which recognises that we need to promote

responsible safe drinking as the norm for those who use alcohol, while working together to reduce the harms of alcohol misuse. Alcohol can have a wide range of negative impacts on health if consumed above the recommended levels; this can have a range of consequences including hospital admissions and ultimately an increase in morbidity and mortality. The available data shows that for the population in Yorkshire and the Humber the main conditions for alcohol related admissions are hypertensive disease, mental disorders, cardiac arrhythmias and epilepsy.
The strategy acknowledges that alcohol is a complex social issue which forms part of our everyday social fabric, is a source of pleasure and enjoyment to many; but is also a potentially addictive substance which is promoted by powerful commercial forces, especially to young people. It identifies that in North Yorkshire the vast majority of people who drink alcohol, do so responsibly. However, around a quarter of all people who drink are estimated to be drinking at harmful or hazardous levels with approximately 200 people dying each year as a result. Alcohol misuse continues to be present in our communities, putting additional pressure on our emergency departments and police services. Selby District Council supports the North Yorkshire Alcohol Strategy and will, where possible, work in partnership for dealing with both actual and potential harms from alcohol.
In addition to North Yorkshire's alcohol strategy, the Director of Public Health Annual reports 2013-2018 all identify the need to prevent health and social harms caused by high levels of alcohol consumption as does the Joint Health and Wellbeing Strategy 2015 – 2020.
https://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Alcohol%20strategy.pdf
https://www.nypartnerships.org.uk/dphreport2018
https://www.nypartnerships.org.uk/jhws
The Public Health Outcomes Framework (PHOF) can be used to identify both national trends in terms of alcohol related harm and local issues specific to Selby District, and track developments over time. This data can be particularly relevant to the protection of children from harm, and may also assist in the prevention of crime and disorder, public nuisance and to public safety. An interactive web tool makes the PHOF data available publicly which allows local authorities to assess progress in comparison to national averages and provide a means for benchmarking progress. https://fingertips.phe.org.uk/profile/public-health-outcomes-framework
For a specific focus on alcohol harms, the Local Alcohol Profiles for England (LAPE) provides information for local government, health organisations, commissioners and other agencies to monitor the impact of alcohol on local communities, and to monitor the services and initiatives that have been put in place to prevent and reduce the harmful impact of alcohol.
The indicators are split into 7 domains; Mortality, Alcohol Related Conditions, Hospital Admissions, Other Impacts, Hospital Admissions by Age-Group, Treatment, Consumption and Availability and they are updated quarterly in February, May, August and November (provided new data are available).
Health data can be used to illustrate the extent to which alcohol related harm differs across the country, therefore enabling Selby to compare itself with other local authority areas.

The main findings for England:

- between 2015 to 2017 there were an estimated 58,200 new alcohol-related cancer registrations. This equates to approximately 19,400 new cancer cases each year
- the rate of new alcohol-related cancer has increased gradually between 2004 to 2006 and 2011 to 2013 for both males and females. However, since 2012 to 2014 there have been minor reductions in the incidence rate for both genders
- in 2017 to 2018 there were 164,857 premises across England licensed to sell alcohol
- the density of licensed premises largely mirrors population density, meaning London and the major cities have the greatest number of licensed premises per km²
- there is an ongoing downward trend in alcohol consumption among those aged under 16. However, by the age of 17, half of all girls and almost two thirds of boys report drinking alcohol every week
- young White populations are much more likely to drink than those from a Black and Minority Ethnic group background.
- young people in the least deprived areas are more likely to drink and more likely to drink regularly at the age of 15
- hospital admissions for alcohol-specific conditions, particularly intoxication, are declining the under 18s
- girls are more likely to be admitted to hospital for alcohol-specific reasons than boys, and are

admitted at younger ages

- the number of young people accessing specialist substance misuse services for alcohol problems is at its lowest level, following a peak in 2008-09. However, these young people have a range of related risk factors and vulnerabilities that should be addressed in tandem with their substance misuse
- there is some evidence that the alcohol-harm paradox as seen among adults is also present for young people living in the most deprived areas.
- there is a strong relationship between smoking and drinking, with current smokers much more likely to drink alcohol frequently than non-smokers

*The alcohol-harm paradox is the term used to describe the observation that deprived populations that apparently consume the same, or a lower level of alcohol, suffer greater alcohol-related harm than more affluent populations.

The main findings for Selby:

Mortality rates

The trend in alcohol-specific death varies between the North Yorkshire district areas. For males, Craven district has the highest (worst) rate of alcohol specific morality in 2016-18 with a rate of 15.1 per 100,000 population and Harrogate district has the lowest rate of alcohol mortality with a rate of 8.4 per 100,000 population; the rate in Harrogate is significantly lower than England. As can be seen from the table below, Selby also sits below the England average with a rate of 9.0 per 100,000 but the difference is not statistically significant due to Selby having a wider confidence interval compared with Harrogate.

*Alcohol-specific deaths only include health conditions where each death is a direct consequence of alcohol misuse, such as alcoholic liver disease.

Compared with benchmark: Better | Similar | Worse | Not compared

Alcohol-specific mortality (Male) 2016 - 18 — Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	11,367	14.7	14.5	15.0
Yorkshire and the Humber region	–	-	1,296	17.0	16.1	17.9
North East Lincolnshire	–	-	53	23.1	17.3	30.2
Sheffield	–	-	148	20.6	17.4	24.2
Kingston upon Hull	–	-	71	20.6	16.0	26.0
Leeds	–	-	192	20.0	17.2	23.0
Kirklees	–	-	123	19.9	16.5	23.8
Wakefield	–	-	100	19.8	16.1	24.2
Calderdale	–	-	58	19.0	14.4	24.6
Barnsley	–	-	68	18.6	14.4	23.6
Bradford	–	-	123	18.5	15.3	22.1
Rotherham	–	-	60	15.8	12.0	20.4
Craven	–	-	13	15.1	7.8	26.2
Scarborough	–	-	26	14.6	9.5	21.6
Doncaster	–	-	67	14.6	11.3	18.6
York	–	-	38	14.3	10.1	19.6
North Lincolnshire	–	-	35	13.0	9.1	18.1
Hambleton	–	-	16	11.1	6.3	18.2
East Riding of Yorkshire	–	-	57	10.7	8.0	13.9
Selby	–	-	12	9.0	4.6	15.8
Harrogate	–	-	21	8.4	5.2	12.8
Richmondshire	–	-	9	*	-	-
Ryedale	–	-	6	*	-	-

For females, Selby has the highest (worst) rate of alcohol-specific mortality in 2016-18 in North Yorkshire, with a rate of 10.5 per 100,000 compared to Scarborough at 10.2 and Harrogate at 4.0. It is also considerably higher than both the England average of 7.0 per 100,000, although the difference is not statistically significant. In Selby, the rate for female alcohol-specific mortality is higher than that for males – in other districts rates for females are about half those of men.

Appendix B
Consultation Responses from Environmental Health team, North Yorkshire Police and North Yorkshire Public Health

Compared with benchmark: Better Similar Worse Not compared

Alcohol-specific mortality (Female) 2016 - 18 — Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	5,677	7.0	6.8	7.2
Yorkshire and the Humber region	–	-	638	8.1	7.5	8.8
Selby	–	-	15	10.5	5.9	17.4
Sheffield	–	-	80	10.5	8.3	13.1
Rotherham	–	-	41	10.5	7.5	14.3
Scarborough	–	-	18	10.2	5.9	16.2
Leeds	–	-	97	9.5	7.7	11.6
North Lincolnshire	–	-	25	9.5	6.1	14.0
Kirklees	–	-	59	9.4	7.1	12.1
Kingston upon Hull	–	-	32	8.9	6.1	12.6
Wakefield	–	-	45	8.8	6.4	11.7
Calderdale	–	-	28	8.7	5.8	12.6
North East Lincolnshire	–	-	21	8.6	5.3	13.2
Doncaster	–	-	35	7.7	5.4	10.8
Barnsley	–	-	25	7.2	4.6	10.7
Bradford	–	-	51	7.1	5.3	9.4
East Riding of Yorkshire	–	-	25	4.2	2.7	6.2
Harrogate	–	-	11	4.0	2.0	7.1
Craven	–	-	3	*	-	-
Hambleton	–	-	6	*	-	-
Richmondshire	–	-	8	*	-	-
Ryedale	–	-	5	*	-	-
York	–	-	8	*	-	-

Hospital admissions

Overall, the rate of admission episodes for alcohol-specific conditions (Persons) in Selby District is lower than England at 493 per 100,000 population compared to 626 for England, however LAPE figures do highlight that Selby is seeing an increasing trend in terms of admission episodes for alcohol-specific conditions, particularly for males.

When we look at people admitted for alcohol-related conditions (Broad) (Persons), Selby District is lower than England (2,151 per 100,000 population compared to 2,367). As with the alcohol-specific conditions, Selby is also seeing an increasing trend, particularly in males. The manifestation of a wide range of health problems may point to more alcohol-related harm being due to prolonged use. It is important to also look these broader health conditions where alcohol may have had a role, including both physical and mental health.

When we specifically look at hospital admissions by age group, Selby District is higher than England in 2016-18 with a rate of 855 per 100,000 population compared to 679 for the over 65 age group (Narrow) (Female). Selby is also higher than other Districts in North Yorkshire, although there is no significant change in overall trend.

Appendix B
Consultation Responses from Environmental Health team, North Yorkshire Police and North Yorkshire Public Health

Compared with benchmark: Better Similar Worse Not compared

Admission episodes for alcohol-related conditions (Narrow) - Over 65s (Female) 2018/19 — Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	37,586	679	672	686
Yorkshire and the Humber region	→	3,976	720	697	742
Barnsley	→	237	935	819	1,063
Craven	→	74	908	712	1,140
Wakefield	→	304	867	772	970
Selby	→	82	855	680	1,063
Sheffield	→	429	848	769	932
Rotherham	→	229	822	719	936
Harrogate	→	163	807	687	943
Doncaster	→	246	775	681	878
North Lincolnshire	→	149	774	654	909
York	→	158	737	626	863
Bradford	→	312	719	641	804
Kingston upon Hull	→	146	696	587	820
Scarborough	→	110	690	567	832
Richmondshire	→	41	680	488	923
North East Lincolnshire	→	118	678	561	813
Calderdale	→	142	667	562	787
East Riding of Yorkshire	→	299	633	563	709
Kirklees	→	256	608	536	688
Leeds	→	382	558	503	617
Ryedale	→	39	502	357	687
Hambleton	→	61	481	367	619

Alcohol-related conditions
Admission episodes for alcohol-related unintentional injuries (Narrow) (Male) are higher in Selby than England at 241.7 per 100,000 population compared to 228.8 but slightly lower than Yorkshire and Humber at 244.7.
Alcohol liver disease (Broad) (Persons) in Selby sits significantly below the England average with a rate of 122.2 per 100,000 compared to 131.2. However, the overall trend is that this figure is increasing/getting worse.
Incidence rate of alcohol related cancer (Persons) for Selby is 40.13 per 100,000 population. This is worse than both the England and Yorkshire and Humber rates at 37.82 and 38.39 respectively, and significantly higher than other North Yorkshire district areas. Recent trend data is not available.
In terms of Alcohol related Road Traffic Accidents, Selby has the second highest rate in North Yorkshire of 35.6 per 100,000. Craven District is higher with a rate of 46.4 and Scarborough is the lowest at 13.3. Both Selby and Craven are significantly higher than the England average of 26.4.
For more information go to: https://fingertips.phe.org.uk/profile/local-alcohol-profiles

Reducing Impact:
Alcohol misuse can be a contributing factor in a wide variety of diseases. Early identification, harm minimisation, treatment and rehabilitation are all key to reducing misuse and the damage associated with alcohol in our communities. The LAPE figures highlight some areas of concern on which additional support could be focussed; specifically, females in terms of alcohol-specific mortality and the hospital admissions in the over 65s age group and males in terms of hospital admissions for alcohol-specific conditions.
North Yorkshire County Council Public Health currently commissions North Yorkshire Horizons to deliver substance misuse (drugs and alcohol) services for adults in North Yorkshire drinking at dependent levels. Horizons is a partnership of Humankind, Changing Lives and Spectrum CIC with the aim of helping as many people as possible to recover from and be free from drug and alcohol dependency. Horizons help to reduce the harm that is caused to individuals, families and communities by offering support throughout an individual's treatment and help to develop a Recovery Plan that's built around the person.https://www.nyhorizons.org.uk/
The Public Health team also have an alcohol awareness campaign called "Wake Up North Yorkshire" which is intended to encourage and inspire people to think about their drinking habits and enjoy alcohol safely. Wake Up features real stories from North Yorkshire people about how and why they manage their alcohol intake. The campaign is based on research about drinking habits in North Yorkshire as well as the opinions of local people. It is specifically designed for people who are drinking at increasing risk levels which is over the Chief Medical Officers guidelines of 14 units/week but less than 35 units/week

	(for women) or 50 units/week for men. The website contains many helpful hints, tips and links to useful information. http://wakeupnorthyorks.co.uk/about-wake-up/ Going forward it is important that we work together to further prevent: • Sales to those who are intoxicated • Non-compliance with any other alcohol licence condition • Irresponsible drinks promotions and illegal imports of alcohol • Alcohol related Road Traffic Accidents And that we continue to work, invest and have a positive impact on: • Influencing where and when alcohol is sold • Enforcing laws on underage sales • Ensuring licensed premises operate responsibly and collaborate to reduce alcohol-related crime
	Response: The above has been updated in section 12.1