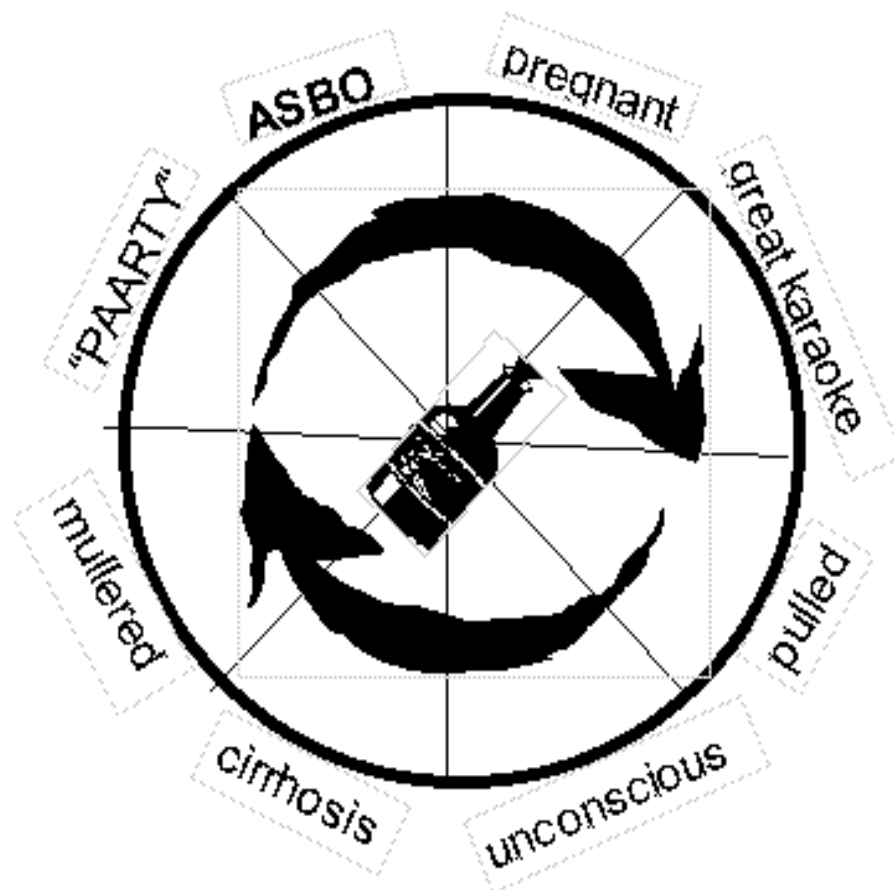


# **Spin the Bottle: Ensuring Positive Outcomes for Young People When They Drink**

**24 April 2006**



**Presentations and Feedback from Participants  
about concerns and gaps in provision**

## Presentations

**Jo Tonkin - YP Service Development Officer, KDAAT** - began by introducing herself and informing everyone that this is the first meeting of a series of 'Themed' meetings that DAAT will be holding this year.

The next meeting, which will be held on the 17<sup>th</sup> July, will be focussed on 'Cannabis' and invitations will be sent out to notify relevant people of the event. The idea of these meetings is to draw professionals together and see what we understand as 'the needs' of YP Drug and Alcohol problems throughout Kent.

A pack has been put together around Alcohol and Alcohol Concerns. Please complete the Audit Tool and Evaluation form and leave it with us today. We will put the results on our Website. It is inevitable that with such a short time, you will leave feeling dissatisfied. We hope you will contact our Speakers after the meeting to try to find solutions.

To set the scene, Jo Tonkin presented information on Trends in YP Alcohol use and Statistics from a survey undertaken with YP – ongoing since 1998. According to the survey 23% of YP had used alcohol in the last week. 4% of 11 year olds and 45% of 15 year olds. Average consumption of Alcohol is 10.7 units, most are consumed on Friday or Saturday. JT covered the reasons for YP using Alcohol. Main reasons seemed to be building social confidence; forgetting problems, boredom. We need to introduce effective Prevention & Treatment of YP who use alcohol; reduce risk factors and build on protective factors; build robust evaluation – this presents us with opportunity.

### **Paul Barron – Intervention in Ashford – Area Youth Officer Ashford and Shepway**

Paul Barron discussed an idea he has had – funding is not in place at the moment.

About a year ago I was walking around Tenterden and there were something like 40 people slowly getting drunk – thought it was interesting and discovered it was the last day of their exams. Later I saw a large group of people at the picnic area getting drunk. When you say 'Why do people drink'. A lot was being said and now research can prove it. A Professor from a University said detached Youth Working is fantastic. If you do intervention work then pre-sentencing is far more effective. My idea is :

We use a team of qualified people, people trained in both youth work and substance misuse. Its about education and making a positive impact.

Process :

1. Contact YP - engaging with YP where they are – start building a relationship.
2. Diagnosis – Assess in Alcohol misuse
3. Intervention period

It is important to get intervention by their people, PCSOs, give them an alternative. Get together with a group :

- ♦ Run exciting programme on a Friday, i.e. basketball, and include Drug Awareness. YP has to be aware this will take 3-6 months

- ◆ Hopefully YP will have learned something from the Youth Workers and the Youth Workers will be able to get the YP to be part of the group to educate the new group who are being brought in
- ◆ Thursday night, train the first group – Friday night the first group deliver the training to new group

PB has set up meetings with various people in the near future. He emphasised this does not have to be led by Ashford and Shepway but can be run in any area. It is not a short term project, it will take about 3-4 years. Cost will be ± £55 000 per year.

### **Karl Love – Schools Drug Education Advisor (SDEA) – Kent KCC Schools**

SDEAs work in KCC schools, however, KL said there are something like 200 private/independent schools in Kent and we have little or no idea what they are doing in Drug Education. This is an identifiable gap. The National Healthy Schools scheme is a useful tool in education because it provides a framework on which to deliver drug education. We (SDEAs) take care and encourage others to 'mind the gap' between what we think YP know and need to know and what the community know and need to do to progress. We want schools to identify and respond to local issues.

A slide showing an Iceberg – this demonstrates that much of what we do/teach in mainstream drugs education is masked, hidden or in the background but nevertheless it does make a valuable contribution. There is good news from the Government (Ofsted) which reports that drug education in schools is improving. The SDEAs did some research recently and this confirms that all schools are doing alcohol education; we cannot quantify how good this education is. In primary schools, alcohol education is being covered in 'Science'. However, we want to ensure a full integration within the PHSE curriculum, in all schools. Some teachers think alcohol education is about abstinence, it is actually about harm reduction. There is no such thing as 'sensible drinking'. Once you have a drink of alcohol, sensibility diminishes but 'safer drinking' can be enhanced through education. Research shows that most YP prefer to drink at home where it's safer. Most don't actually want to drink on the streets but, in some cases, have no alternatives. Of course there are many other reasons why YP drink and these have to be addressed. SDEAs are currently trying to get teachers to focus and concentrate on the emotional aspects of learning. This supports factual information received and empowers YP to make informed responses to real life experiences. How and what makes a 'good decision' for instance.

There are lots of initiatives in schools including Theatre in Education productions; a peer drama education competition which, featured an 'Alcohol Exposed' presentation. Life Education is also very good project but it is not county wide because of funding issues. We have many alcohol projects within education but these do not always receive a high public profile. It would be easy to assume that alcohol education issues are not being addressed when in fact they are.

Modular, Inset and PHSE training certification are currently being carried out with school personnel to support school improvement and classroom practice. It is difficult to co-ordinate drugs education across the county because Kent is so large and one module does not fit all. We have also been working with Trading Standards to develop a key stage 4 alcohol education pack – 'Does Age Matter'. Sadly its implementation could have been better received!

The biggest problem for schools is 'time'. We are looking for programmes to fit in across the whole curricular. Every school in Kent must have a Drugs Policy; the difficult thing is making sure it is active. Our biggest plea, to you and others, is that we all work together and keep each other informed as best we can. There are many challenges ahead and include the high profile

marketing of so called 'legal' drugs. YP will always look for excitement and instant gratification via quick fix solutions. It's our job to educate and help YP make positive, informed choices.

### **Helen McAndrew – Community Safety Officer, Connexions / Trading Standards**

Reason for talking today is that many are not familiar with Trading Standards, but others know all too well what Trading Standards do. We do not come in on the treatment side, we try to tackle it from the preventative side. How are the YP getting hold of alcohol? On 'Does age matter' curriculum we are trying to encourage the schools to work on this with us.

There was a survey to try to see how easy it is for YP to access Alcohol and where they are getting it from. Education would not allow us to post the forms into the schools so it was difficult obtaining responses. The returns that were returned highlighted significant outcomes.

- ◆ 13% Supermarkets
- ◆ 22% Off Licence
- ◆ 22% Pubs and Clubs
- ◆ 22% Corner shops
- ◆ 13% News agencies
- ◆ 8% Garages

Can we limit their access by proof of age scheme? A Connexions card 2000 was devised which has a pin in it which can establish how many times YP are going into schools. It is primarily targeted at 16-19 year olds and can provide reward points e.g. discounts in stores; can spend time working on a TV 'set' or a diving tank. We saw benefits of using it as proof of age. We spoke to Capita and asked them to come up with a device we could give to retailers. The card reader they designed only 'reads' the age of the YP, it does not pick up any other personal information. It allows instant recognition that this is a valid card it is not a fake. Originally 8000 cards when they were first introduced, today we have 45 500 cards. Card readers have been distributed to 2000 outlets. When we first launched these, efforts were concentrated on pubs and clubs but now the machines are in various establishments – for instance where knives and other restricted items are sold. David Williamson has provided all the premises in his area with these card readers. Shepway, Ashford and other areas are also putting money into this scheme. We are trying to limit the access of alcohol to YP. The card is available through various outlets, including schools, [connexionscard.com](http://connexionscard.com); voluntary organisations. YP can get further discounts from Arriva, Blockbusters, various high street shops and cinemas. We enforce the law that restricts the sale of certain products; e.g. lottery tickets, solvents, fireworks.

We need to have intelligence. We can only do tests where there is a problem. We need Agents to tell us where we should go to do the test purchases. If you have information of where YP are obtaining these products, please let us know. We cannot enforce the law if we do not know where the problem is. YP are used to do the test purchasing. If you have any YP you are working with who would like to go out with Trading Standards to do test purchasing please contact me at [Helen.mcandrew@kent.gov.uk](mailto:Helen.mcandrew@kent.gov.uk).

Smart Card Readers cost £16 each; they are not expensive. In some circumstances the readers are provided free of charge so that the store owner can have no excuse for selling to underage people. It is in their interest to take up this scheme.

Trading Standards are also trying to push 'Does Age Matter' through schools.

### **Sergeant Ady Poole, County Licensing Co-ordinator, Kent Police**

There was new legislation last year – Licensing Act 1993, National Alcohol Harm Reduction Strategy. The main issue for the Police is enforcement. Need to concentrate on education but we have a bit to play in all parts. The Offences are roughly the same : Police Powers are roughly the same. It is still illegal to drink and purchase Alcohol under the age of 18.

The police have always done to the people what they think they need instead of seeing what the people need. All cases are being dealt with by local councils. We will not really see the benefits or the harm of the '24 hour drinking' until the summer months. It is certainly not about 24 hour drinking; it allows 24 hour sales but you can drink 24 hours anyway. You can purchase alcohol and drink it at home if you want to drink 24 hours. We only have 57 premises in the whole county who have a 24 hour licence. YP obtain alcohol from shops and supermarkets. Police Officers are trying to get people to recognise their social responsibility. Alcopops are the worst things produced; they are very high in Alcohol content. Sociable drinking is fine – we cannot blame them for wanting to try. We *can* blame them for night-time anti social behaviour and they become the victims or offenders.

With National Alcohol Campaigns we achieved reductions in alcohol related violence – reason for this was high visibility and early intervention. Recently posters have been displayed around Maidstone saying 'Its OK to drink but don't over do it'. Alcohol is used to boost social confidence – to make it easier to talk to people. Simple messaging will get it across – for example "If he is seeing double make sure he stays single!". We have to look at things together – Police and Education.

### **Martin Carter, Force Youth Crime Reduction Officer, Kent Police**

Points already made by Ady - there is no one agenda here, that has the answers. We are trying to put across to young people the consequences of their actions. YP think they are invincible but I know, from personal experience, what it is like being on the other side, as a father.

We are trying to tackle this problem by prevention. Alcohol Intervention Support Programme is a partnership project. We are trying to support YP to get away from the point where they cannot think. To get them to think of the consequences. We are looking at the wider problem within the community. How can you make a rational decision, e.g. about sex, if you have been drinking, you cannot make a conscious decision. We remind them of the law and how it will affect them. There is a role to play and the Police hope they can play a part in the partnership.

### **Ruth Herron – Teenage Pregnancy Co-ordinator -Reducing Pregnancy and Alcohol & Sexual Health**

There are big links between Alcohol and risky sexual behaviour. "It makes you more up for it", "Choreography of Condom Use" are 2 new pieces of research recently released. Most early start sexual relationships are 14 – 15 yr old YP who regularly get drunk – it is getting earlier. Most common group is in white females. 1 in 5 females consented to more sex than they wanted. Condom use is far less likely if you are drunk. 30% of those who do not use condoms were too drunk or drugged.

Being under control and negotiation skills. Its well documented that YP do not have the skill to say 'no' in a way that is acceptable. Alcohol reduce negotiation skills. They often say to their friends 'don't let me get off with him'. There is an unrealistic expectation for friends to look after

you, instead of setting your own boundaries. Males get egged on by their friends to have sex. Friday nights seem to be the night to get drunk and have sex – emergency contraception is in high demand on Saturday. Issues presented are YP enjoy the confidence alcohol brings. If issues are going to be dealt with we need to give them activities that give them the same 'buzz' as alcohol. Relationship skills need to be worked on so they do not need to drink to be confident. Give them someone to talk to so they don't have to drink to forget their problems. We still need to give them knowledge and information so that if they choose to have sex they are still safe.

The best way forward is having a spiral curriculum of high quality SRE. A broader context of PSHE. This needs to be every week – teachers need to make time to do this. We need to arrange activities like horse riding or sailing to get them interested. We need to increase support to children with problems.

We have done a lot of work with KCC and with school clusters to improve PSHE. We need to speak to young people in school settings and do them out of school settings. KCA workers attend a one day training session so that they are qualified to distribute condoms. We support any agency who wants to support YP.

### **Sarah Mills - KCA YP Services**

There has been a recent report on Adult drinking called 'Cheers'. Published by the Mental Health Foundation In a recent opinion poll Adults stated alcohol made them feel less inhibited, happy, relaxed. Adults and Society are giving different messages.

Development work "Working With Young Substance Misusers" is being carried out. This is a course being run at UKC. KCA have been working with YP, Alcohol and Drugs, for eight years in Kent. The term 'drugs' collectively includes alcohol as well. The majority of YP don't get into treatment – most will just experiment or use recreationally. Preventative services play a part. The DUST form has been in use about two years in Kent. We are funded by KDAAT to work with young drinkers, fast track people at high risk - engage them as soon as possible. There are various techniques. If you cannot engage YP they will not come back (they don't like lots of forms to fill in). We talk about what interests them, football or girlfriends, that's OK. We set up Care Plans – YP will set these up themselves. A surprising number of YP don't know anything about units or quantities. They are often not in school so are not getting drug education in school. Some YP say 'I am not an alcoholic'. They are not alcoholic, they may just not be able to talk to people without having a drink Their alcohol use needs to be looked at in context. We have to use different terminology. We work with the YP and focus on positive areas of their life, much of our work is based on Motivational Interviewing and Solution focused therapy. We encourage them to see the skills they have. We continuously talk about safe drinking. Work with YP around their health; work with their GPs. We get them assessed by their GP in terms of their drinking. We encourage screening around blood borne viruses. KCA Policy is going to the Quality Assurance Board and once this has been passed staff should be able to hand out condoms. A lot of YP coming into the service come from a family where one or both of the parents are heavy drinkers. A Family Therapy Service has recently been introduced by KCA adult services. KCA are working with Grey Zebra who are commissioned to work with parents and carers. YP often don't know how to help themselves so they get taken to job centres, get a CV prepared for them, etc. We assess YP suitability for residential placement. We are working closely with KDAAT in this Here is a typical case – Kelly has been released from Prison under PRISE, re-offenders are supported and introduced back into the community. Kelly agreed to come for another four sessions. She is still in the service. What is the workers plan and how does this translate to a care plan? Often it just feels like crisis management as issues for her change week on week. She has been involved in domestic violence, has lacked accommodation, has physically been unwell,

she's been in prison. Overall goal is to reduce the harms that Kelly experiences, one of which being her use of alcohol, bingeing in large quantities and often using cocaine at the same time. It is very complicated. YP have a lot of issues. Kelly has within the past month identified wanting to talk about what she describes as 'her feelings inside'. She has been with our service for over a year and now feels ready and safe enough in this relationship to talk. She is keen to use art work to explore what she feels. It takes a long time to build up relationships with YP and its important that we have the time and skills to make those connections, particularly with those young people who are isolated from family/ friends and other services.

There was an article in the 'Independent' by Rod Morgan, Chair of the Youth Justice Board "No increase of level of youth Offending over 10 years but there has been an increase of Youth Offenders appearing in Court".

Systems potentially become overloaded so there is not enough time to deal with the YP who are most in need. As a society we need to think about how we are treating young people and look at the messages we send them.

Sarah Mills finished by saying that today has been a really good opportunity to get all the services together.

### **Charlie Manicom: Strategic Health Authority**

Charlie was unable to attend the meeting but sent on this input:

#### **Strategic and operational involvement by health services in alcohol prevention and services**

The Alcohol Harm Reduction Strategy and then the Choosing Health White Paper both contained guidance for the NHS on alcohol prevention and treatment. In November 2005 the Department of Health published "Alcohol Misuse Interventions: Guidance on developing a local programme of improvement".

Despite these publications alcohol has not featured very highly on the local NHS agenda, partly because it is not subject to performance management scrutiny in the way that other health and even public health activities are. There is nobody in the public health network (outside of KDAAT) with particular expertise in alcohol.

In addition to the services well known to KDAAT:

- The Kent and Medway Public Health Network is producing a generic alcohol strategy for the new PCTs to adapt and adopt. Young people's particular needs will be a separate component of this document. Stephen Cochrane (Canterbury and Coastal PCT) is the lead for this and a draft will be considered in mid May.
- The Safer Kent Group is part of the delivery mechanism for the Kent Agreement (Local Area Agreement in Kent). Reducing alcohol related violence is one of the objectives of this group. Efforts have been made to enhance the detail of information available from ambulance and health services to enable the police better to target their efforts at times of high risk. This has had limited success to date.

- The health promotion services are involved in various degrees with alcohol education in schools in support of the Kent drug and alcohol team.
- Each PCT has a statutory duty to contribute to the work of its local CDRP. Reducing alcohol related crime is a formal strand of many of these. PCTs' contribution/leadership varies but is strong in some.
- There are formal links between the PCTs and KDAAT to harmonise drug and alcohol treatment services.

### **Feedback from Participants about Concerns and Gaps**

#### **What is already happening across Kent? What are participants around young peoples alcohol use and what do they see as the gaps in provision and activity?**

An audit tool was provided to all those in attendance at the alcohol themed meeting 'Spin the Bottle: Ensuring positive outcomes for young people when they drink' organised by the Young Person's Kent Drug and Alcohol Action Team. This document provides a summary of the concerns, and activities which participants reported.

#### **Activity that is already happening in Kent and undertaken by participants of the themed meeting:**

Supply: Joint operations with trading standards  
Enforcement including removal of alcohol from young people  
Planning of joint initiative to intervene at street level

Prevention: Healthy Schools, Campaigns such as Safe Safe, Connexions Christmas Campaign, Safety In action, Cascade, Educative activity in and outside schools including PHSE for young people outside school, development of a residential alcohol education project,

Early intervention and targeted prevention: DISP and newly developing alcohol DISP, development of a Choosing Health bid to include alcohol provision and assessment at Tier 1/2, youth diversionary activity,

Intervention: advice, information and counselling for young people

Multi agency planning and delivery: Consortia, CDRPs and Clusters, CDRP funded substance misuse worker,

Provision for Vulnerable groups: ARC Provision, links with Power Projects, Children and Families, Connexions, Freespace alcohol workshops,

Strategic planning and associated tasks: collecting data from a and e at hospitals and minor injury units, developing PCT area alcohol strategy, KDAAT,

### **Participants concerns around young people's alcohol use:**

Consequences of alcohol use: Participants were most concerned with the effects of young people's alcohol use (21), unplanned pregnancy, sexual activity, truanting leading to unemployment and being vulnerable as a result of alcohol use. But of most concern was the link between alcohol use, crime and anti social behaviour. It was pointed out that alcohol use fuels low level offending which means that young people come to the attention of the criminal justice system perhaps leading to an ASBO. A particular concern were young people who were not in school or in alternative curriculum provision (5). Alcohol misuse was also not seen as a problem by young people ( 2).

Supply: Concerns were expressed about the ease with which young people were able to buy alcohol (5) and the promotion of drinks by bars and clubs in particular drinks which are styled to appeal to young people ( 2).

Amount of alcohol consumed: Concerns were expressed around the amount of alcohol consumed by young people (7) and in particular by young women (2).

Lack of alternative activity for young people: Participants were concerned about the lack of youth provision and alternative activities for young people (4).

Prevention: In terms of prevention there is a concern about drug and alcohol education being effective and robust.

### **What Participants see as gaps in provision and activity?**

Multi Agency Planning and Delivery: Participants most reported gap was the lack of joined up working (5) and failure to co ordinate alcohol education, prevention and intervention. There was a need to have policies about how to joint work. Where activity was joined up the point was made that this was 9-5 whereas alcohol use amongst young people was 24 hour. Participants reported not having information about local services. A need was identified with the Kent Drug and Alcohol Action Team to be more involved in CDRP's, Consortia and Clusters.

Alternative Activity for Young People: Particular needs for youth provision was identified including mobile units able to engage young people in activities with the involvement of other agencies (2). A need for outreach work was also identified. A

lack of funding for alternative activities for young people was reported. Instead of the focus on pubs there should be promotion of café culture.

Education: The need for a focus on PHSE was identified particularly in secondary schools but also in alternative curriculum sites, with more teachers trained and more training opportunities for teachers. There also needs to be a focus on emotional literacy and assertiveness. There is also a need to promote good mental health as the norm and alcohol misuse as self harming. It was suggested that the police should be more actively visiting schools and youth settings and working with young people.

Early Intervention and Targeted Prevention: The need for specialist services for young people who are looked after and those who are not in school was reported. Again reference was made to young people who are in alternative curriculum settings and getting information to young people who are NEET. The need for training for foster carers was identified. The need for alcohol awareness groups was identified. Getting young people to attend activities and interventions was noted as a challenge.

Treatment: A gap in Tier 4 treatment was identified.

Supply: There was a need to clamp down on advertising and promotions of alcopops.

Resources: The need for educational games around alcohol for use in one to one work was identified.

Knowledge: The need to cascade information down to local services not directly working around addiction was reported.

Strategic Planning: A need for better data was identified, being able to separate drugs from alcohol. A knowledge of KDAAT strategies and plans was requested.

### **Actions:**

**Education:** Speak to Tier 1 group about the co ordination of, an ensuring the quality of alcohol and drug education as part of PHSE.

**Alternative Activity for Young People:** Seek to get this raised as an item at Communities Directorate meeting.

**Joined Up Working:** Feedback to Strategic Health Authority and Co ordinator of PCT local plans for alcohol and KDAAT Joint Commissioning Group. KCAAT to contact CDRPs and Consortia regarding needs for data.

**Early intervention:** Review targeted prevention Service Level agreement and prioritise these concerns.

**Treatment:** Respond directly to concern.

**Supply:** Refer to Trading Standards.

**Strategic Planning:** Dividing data to show alcohol misuse has already been developed with young people in treatment. See also GOSE Partners report on sharing and acting on A and E data on alcohol related violence. KDAAT to ensure that substance Misuse plan is disseminated widely.

**Resources:** Respond directly to concern.

**Knowledge:** Ensure consultancy service that KCA can provide for workers is incorporated into new publicity. This includes the DUST from which is currently being redesigned.