

# ***A Question of Culture..?***

## **A Scrutiny Report about Alcohol and Drug Misuse by Young People in County Durham**



**Health Scrutiny Sub-Committee**

**21 May 2007**



Making a difference where you live

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## Section One - Foreword



Alcohol and drugs misuse by young people (those under 18 years of age) is something that most parents worry about. We not only worry as parents for the impact that it might have on the health of our children, but alcohol and drugs misuse by young people can also affect us, either as individuals, or collectively, in other ways, such as the anti-social behaviour and crime and disorder that can result from excessive drinking.

The irony is that alcohol consumption is an accepted part of our western culture. We associate alcohol with having a good time - whether it be celebrating special occasions; at social events with family and friends; or simply relaxing at the end of a hard day at work. We should not be surprised that young people grow up to share a similar approach to alcohol. Although at the outset of the project, there was a desire on the part of members to look at misuse of both alcohol and drugs, it soon became clear that the key challenges for agencies lie in tackling alcohol misuse and accordingly, our investigation has focused primarily on alcohol issues.

One of the messages that came through very strongly during the course of this project is that we cannot simply tell young people to say no to alcohol and drugs, because they will ignore this advice. We have to be aware of the strong cultural influences and peer pressure that young people are subjected to and accept that, being young people, they learn through experience and experimentation. What we can do, though, is to make sure that young people are informed and have full access to advice about the consequences of alcohol and substance consumption and how they can minimise risks to themselves, as well as others, associated with this behaviour.

The project provided a valuable insight for Health Scrutiny members into various aspects of alcohol misuse and its consequences, ranging from late night observations in Accident and Emergency at University Hospital, Durham, to a late evening/early morning weekend visit to nightclubs and other licensed premises in Durham City with the police. I would like to thank all of the witnesses who willingly gave up time to speak to us about the issues; to the County, District and Borough Council members of the Health Scrutiny Sub-Committee who fully participated in the process and to the officers who supported us in our work

**Councillor Rita Carr**  
Chair of the Working Group

*If you require this information summarised in other languages or formats, such as Braille, large print or talking tapes, contact: (0191) 383 3149*

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## **Section Two - Terms of Reference and Membership of the Working Group**

### **Terms of Reference**

2.1 The following terms of reference were adopted by the working group:

### **Focus**

2.2 The Working Group reviewing “Alcohol, Drugs and Young People” will take evidence from key witnesses involved directly and indirectly in tackling alcohol and drugs misuse by young people up to the age of 18 in our local communities.

2.3 The review will want to consider in particular:-

- Whether value for money is being delivered in the provision of services
- The extent and nature of alcohol and drugs misuse by young people in County Durham
- The consequences of alcohol and drugs misuse by young people in relation to:
  - Health
  - Crime and Disorder
  - Education/Employment
  - Family and Society
- Which agencies provide services and how, where and when are they delivered
- Whether closer working of partner agencies can be developed
- The arrangements for informing young people about the consequences of alcohol and drugs misuse and particularly peer education initiatives
- What is being done to promote parental responsibility
- What Policies and Strategies are in place in relation to tackling alcohol and drugs misuse
- The respective roles of the County Council and District/Borough Councils in relation to tackling alcohol and drugs misuse by young people (i.e. illicit sale and distribution of alcohol and licensing arrangements)
- Treatment facilities for young people involved in alcohol and/or drugs misuse
- Best practice in tackling alcohol and drugs misuse amongst young people nationally.

### **Approach**

2.4 The working group will receive correspondence, organise visits, meet with relevant parties to ensure it has fully understood and received evidence on this matter before reaching its conclusions and making any recommendations for service improvements. The views of young people will be an important aspect of this project.

## Reporting

- 2.5 The working group will report in the first instance to the Health Scrutiny Sub-Committee on its findings. It will then report to Corporate Management Team and Cabinet with its recommendations, requesting Cabinet to respond to these recommendations via an action plan.

## Timescale

- 2.6 The Working Group will begin in September 2006 and conclude in February 2007.

## Membership of the Working Group

- 2.7 **All members of the Health Scrutiny Sub-Committee were members of the Working Group as follows (District/Borough Council Members indicated in brackets):**

Ian Agnew	(Derwentside District Council)
Geoff Armstrong	(Chester-le-Street District Council)
Richard Bell	
Peter Campbell	(District of Easington Council)
Rita Carr (Chair)	
Jean Chaplow	
Vince Crosby	(Sedgefield Borough Council)
Andrew Gray	(Sedgefield Borough Council)
Margaret Hamilton	(Teesdale District Council)
Peter Harker	(Wear Valley District Council)
Ralph Harrison	(Chester-le-Street District Council)
Edna Hunter	
June Lee	(Wear Valley District Council)
Morris Nicholls	
June Maitland	(District of Easington Council)
Dr Edward Mason	
Sue Pitts	(City of Durham District Council)
George Porter	
John Priestley	
Mamie Simmons	
Maureen Smith	(City of Durham District Council)
Keith Stansfield	(Teesdale District Council)
Anne Taylor	(Derwentside District Council)
Watts Stelling	
Paul Stradling	
Paul Trippett	
Norman Wade	

- 2.8 **Additional Members who participated in the work of the Group** included Councillor Ken Holroyd and Sarah Iveson.

**2.9 The following were co-opted members of the working group:**

Helen McCaughey (MIND)  
Councillor Malcolm Iveson (Durham Association of Local Councils)

**2.10 The following County Council officers supported the project:**

Tom Bolton (Senior Scrutiny Support Officer, Corporate Services)  
Barry Charlton (Committee Administrator, Corporate Services)  
Grace Wali (Health Policy Officer, Adult and Community Services)

## Section Three – Executive Summary

### Introduction

- 3.1 The initial aims of this scrutiny investigation were to look at both alcohol and drugs misuse by young people under the age of 18. However, it became apparent early in the project, in evidence from practitioners such as Dianne Woodall from the PCT (County Durham Primary Care Trust) and from the DAAT (County Durham Drugs and Alcohol Action Team), that the misuse of alcohol by young people will have far more serious long-term effects than drug misuse. In particular, alcohol misuse by young women carries the most significant long-term health consequences.
- 3.2 Alcohol is a legal drug. It is part of our culture; widely used in socialising; as part of celebrations and for relaxation. It should not surprise us that young people drink alcohol for much the same reason as adults – because it makes them feel good. This was the message from all of the young people who spoke with the Working Group.

### Data

- 3.3 It is a concern amongst professionals working in this field that consumption of alcohol by young people has doubled over the last 10 years, with 23% of 11-15 year olds saying they drink. Young people's drinking patterns tend to mirror those of adults, with beer, lager and cider being the main drinks consumed, although girls drink more spirits and alco-pops than boys. In a survey of schools in Easington and Derwentside, 9% of year 10 boys and 5% of girls said they drank more than 28 units per week, which is more than the maximum recommended weekly level for adult males. Over 20% of young people said they drank at home, but many also drank outside on the street.
- 3.4 Although witnesses were able to provide some data about alcohol and drugs misuse by young people to the Working Group, members heard that comprehensive data about alcohol and drugs consumption by young people across County Durham is non-existent. Consideration needs to be given as to how such data can be gathered and a baseline established, perhaps via the commissioning of a countywide lifestyle survey of young people (with resourcing, by the County Council and its partners). Only then will it be possible to more accurately address the issues and effectively target resources.

### Key Issues

- 3.5 Many, but not all, young people consume alcohol. Simply telling them to stop has little or no effect. Because it is not possible to ban or remove alcohol from society, it is important to address the risks and reduce or eliminate the harms which can result from use of alcohol and particularly use by young people. As a society, we have decided that the legal age to drink alcohol in licensed premises is 18 years. However, as was pointed out to the Working Group, young people cannot be expected to abstain from alcohol for 17 years and 364 days and then begin to drink alcohol safely and sensibly on attaining the age of 18.

3.6 What is most important is to develop sensible messages about alcohol and alcohol consumption, including harm minimisation, which can be delivered from childhood onwards. The Working Group was told that prevention of harm can be achieved through:

- **Education**
- **Prevention, regulation and enforcement**
- **Support/Treatment**

3.7 The Working Group also felt that there were a number of issues around co-ordination, leadership, funding and partnership working linked to the above that it wished to consider as part of the project.

3.8 The recommendations of the Working Group concentrate on the following areas:

- **Data about young people's lifestyles**
- **Regulation and Enforcement**
- **Education and Information**
- **Support and Treatment**

### **Data Issues**

3.9 It is impossible to properly plan and deliver services and target substance misuse resources without a full picture of the lifestyles of young people in County Durham. The Working Group recommends that:

**The County Council should consider (with its partners) the resourcing and commissioning of a comprehensive Countywide study about young people's lifestyle issues, with particular emphasis on young people's attitudes to alcohol and drugs.**

### **Regulation and Enforcement**

3.10 One of the commonest means by which young people obtain alcohol is from adults purchasing it for them from off-licences. The Working Group recommends:

**That the Police, and District Licensing Committees be asked to consider whether any additional actions can be undertaken to prevent the purchase of alcohol by adults for those under 18 and how greater publicity can be given to prosecutions of adults who purchase on behalf of, and those licensees who sell to, under-age drinkers.**

### **Education and Information**

3.11 Parents, carers and young people need access to timely information about the consequences of alcohol and drugs misuse and organisations that provide support. The Working Group recommends that:



- (a) The County Council and District Councils (via the Crime and Disorder Reduction Partnerships) should continue to strongly support the “Whose Fault is it Anyway?” programme in schools. The DAAT should also consider with DISC whether opportunities exist to further enhance the “Outthere” Project.
- (b) The DAAT, Children and Young People’s Service and DISC should be asked to consider how the effectiveness of the above interventions can be better measured. The DAAT should also consider how better evaluation of all commissioned young people’s alcohol and drugs interventions can be achieved.
- (c) The Children and Young People’s Service, DAAT and partners should consider how greater consistency in the messages given to young people in our Schools and Youth Clubs about alcohol and substance issues can be achieved, with the primary focus being on harm minimisation, and noting that messages based on safe “units” of alcohol do not work for young people.
- (d) In developing messages aimed at young people, particular focus should be given to targeting young women, as research indicates that alcohol consumption by this group is rising rapidly.
- (e) The DAAT should consider with its partners how a communications strategy and information about young people’s alcohol misuse can be developed, specifically targeted at parents and carers.
- (f) The County Council discuss with its partners (including GONE – Government Office North East) whether a regional conference to share good practice and effective interventions in the field of young people’s alcohol and substance misuse should be held.
- (g) The County and District Councils investigate whether opportunities exist to better publicise the issues surrounding young people’s alcohol misuse, and the role of agencies that provide support, via use of their free newspapers and websites.
- (h) Given that research indicates a high proportion of unprotected sex between young people is drink or drugs related (and across County Durham teenage pregnancy rates remain high), the findings of this report should inform the Countywide Teenage Pregnancy Strategy and Action Priorities.

## Support and Treatment

- 3.12 Tackling alcohol and drugs misuse by young people requires a multi agency approach. **Members were impressed by the commitment of providers and particularly the work undertaken by CDYES and XS.** The Local Area Agreement provides an ideal opportunity to promote more joined up working and

pooled funding. The DAAT also plays a key role as commissioner of many relevant services. The Working Group recommends that:

- (a) The DAAT considers how, in future, it can raise its profile amongst partner organisations and the public, play a stronger co-ordinating role and be more transparent in relation to its aims, objectives and effectiveness.**
- (b) The DAAT consider, with the PCT and its partners, how the issues raised at the mapping event held in October 2006 can be progressed including:**
  - **The development of a Countywide directory of alcohol/substance misuse services**
  - **How alcohol prevention work can be developed across the County**
  - **The means by which 24 hour provision can be implemented**
  - **The development and roll-out of a universal screening tool for use Countywide (perhaps based upon the XS model)**
  - **How consistent multi-agency training can be introduced.**
- (c) The County Council consider whether it can provide support in connection with (b) above.**
- (d) The DAAT should review the current allocation of resources between adult services and young people's services, given the need to address urgently the alcohol misuse issues amongst young people highlighted in this report.**
- (e) The DAAT and its partners should consider whether further opportunities exist to develop more diversionary activities for young people along the lines of those in COSIP.**
- (f) The Children and Young People's Service should consider how the issues raised in this report can be adequately addressed in terms of support and effective interventions in the Family Support Strategy.**
- (g) The County Council is a corporate parent in relation to Looked After Children. The Corporate Parenting Panel should consider whether the above findings and recommendations have any implications in relation to the way in which young people and their carers are supported.**

## **Review**

- 3.13 A key element of scrutiny is reviewing recommendations to determine whether (if accepted) they have made a difference.

**It is recommended that a review of the recommendations in this report be undertaken 6 months after their consideration by Cabinet.**

## **Section Four – Methodology**

### **Project Plan**

- 4.1 Initial scoping by the Working Group at meetings on 25 July and 5 September 2006 resulted in a Project Plan (see Appendix 1). This was designed to break down the project into manageable areas of focus for each meeting of the group and allow relevant witnesses to be invited to provide evidence as appropriate.

### **Evidence**

- 4.2 The majority of the evidence was provided at sessions of the Working Group in the form of presentations by expert witnesses, followed by question and answer sessions. Information was also provided to the group about issues raised at national and local conferences. Members also viewed a video (“Point Blank”), used (together with other supporting documentation) to provide information to young people in schools and youth groups about alcohol misuse, together with extracts from the DVD forming part of the “Whose Fault is it Anyway?” teaching resource pack. Details of the evidence sessions are set out in Appendix 1 of the report.

### **Engagement and Consultation**

- 4.3 Engagement and consultation for this project took the form of:
- Late evening weekend visits to the Accident and Emergency Unit at University Hospital, Durham
  - A late night/early morning weekend visit to licensed premises in Durham City
  - Meetings with groups of young people from:
    - Bishop Auckland
    - Gilesgate Secondary School
  - A questionnaire circulated to young employees of the County Council at a health and safety event
  - A similar questionnaire circulated to young people’s groups by the Youth Service

The findings are set out in Section Nine of the report.

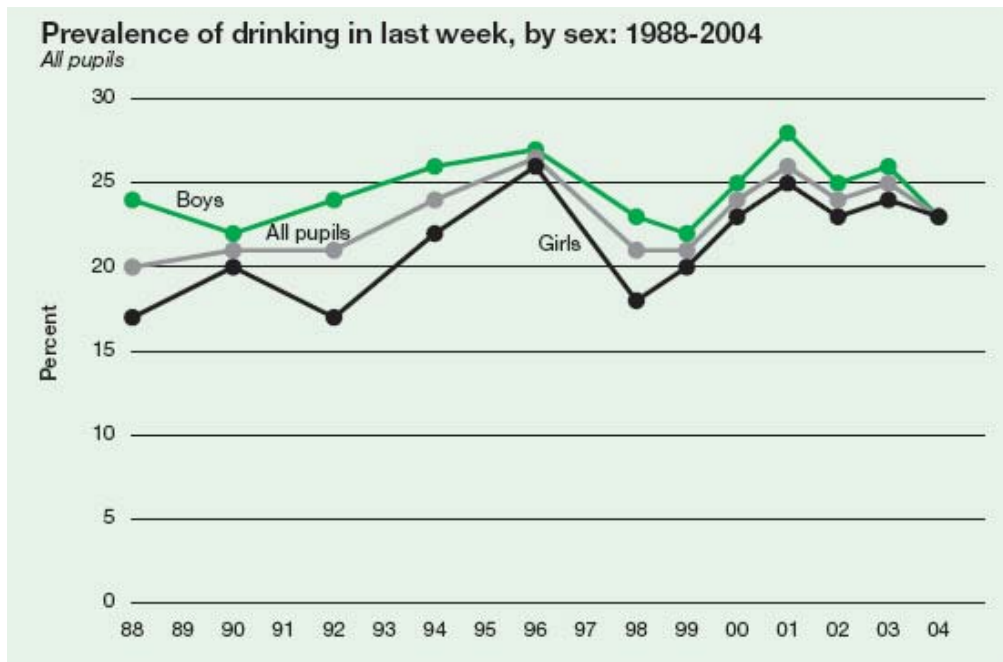
### **Best Practice**

- 4.4 Northumbria University was commissioned to undertake research about best practice in addressing alcohol and drugs issues. The findings are contained in Section Ten of the report.

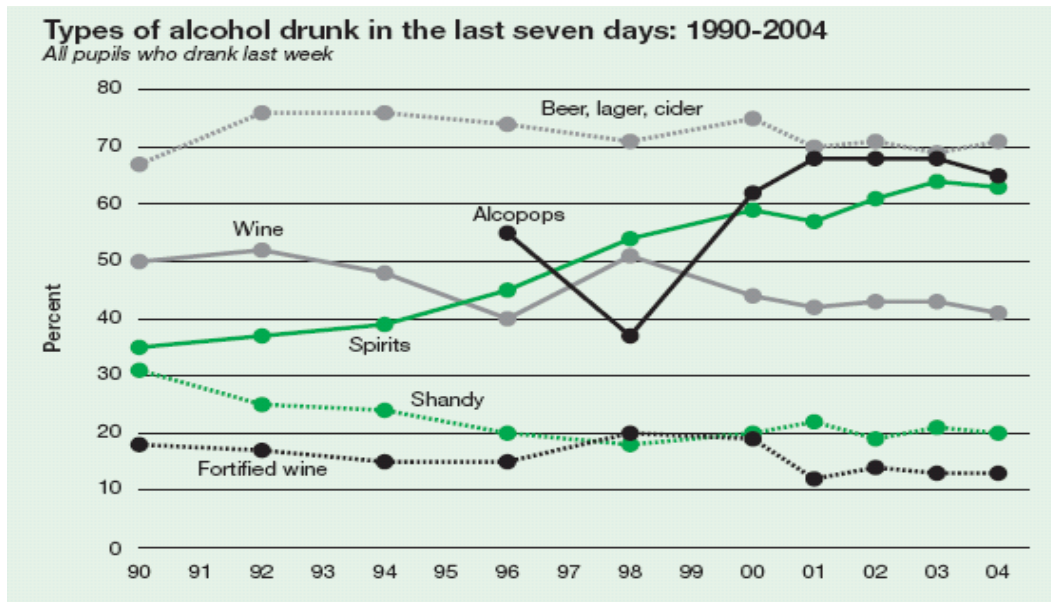
## Section Five – What is Alcohol and Drugs Misuse and how widespread is it amongst Young People?

### Introduction

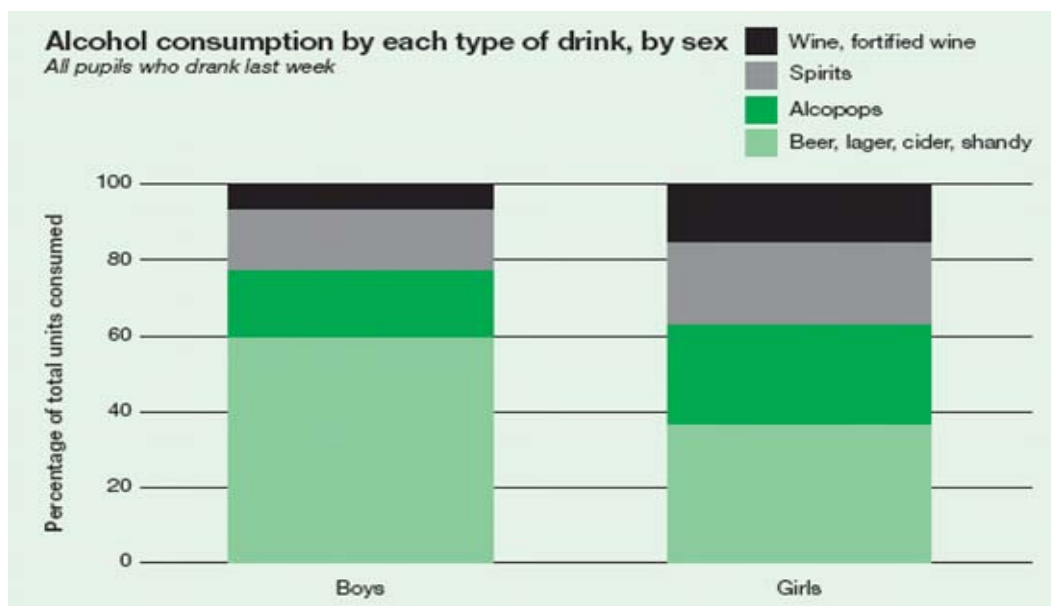
- 5.1 Alcohol is a legal drug. Whilst there are restrictions around its use, it is part of our culture and is used in socialising; as part of celebrations; and for relaxing by millions of people on a regular basis. Misuse of alcohol by young people, i.e. under-age drinking, can be defined as what **society** has **legally** limited. Thus, it is against the law to drink in licensed premises under the age of 18 years; to sell alcohol to those under 18; or to purchase alcohol to pass on to those under 18. It is not, however, illegal to drink alcohol under the age of 18 in your own home. There are similar laws in relation to cigarettes and tobacco. In relation to other substances, the classification attached to differing drugs determines whether or not they are legal or illegal.
- 5.2 Data about the extent of Alcohol and Drugs misuse by young people was provided by Dianne Woodall, Lead Officer for Tobacco and Alcohol Control for County Durham and Darlington Primary Care Trusts. The primary data had been obtained from a survey undertaken by the National Centre for Social Research/National Foundation for Educational Research, the latest data being from the 2004 survey on smoking, drink and drug use in young people in England. The survey covered the age group from 11 to 15 years old.
- 5.3 Drinking patterns from 1988 in the survey showed a steady increase in consumption by young people up to 1996. Since that date there had been no clearly discernable pattern, with numbers rising and falling year on year.



5.4 The latest survey data showed that 23% of all young people had drunk alcohol within the last week. The percentage of drinkers increased by age, with over 40% of 15 year olds drinking alcohol in the last week. The days of greatest consumption were Friday and Saturday, and to a lesser extent, Sunday, reflecting adult patterns. In 1990 average consumption by unit was just over 5 units weekly. Since then there had been an increase to over 10.7 units by 2004.



5.5 The most popular drinks were beer, lager and cider. Since 1998 Alco-pops had become very popular and these were heavily marketed. Wine was a popular drink but consumption had been in decline or was static. One area of concern was the consumption of spirits, which had increased from 35% of young people's preferred drink to over 60% with the trend continuing upwards. Boys preferred to drink beers, lager and cider whilst girls seemed to prefer Alco-pops and spirits.

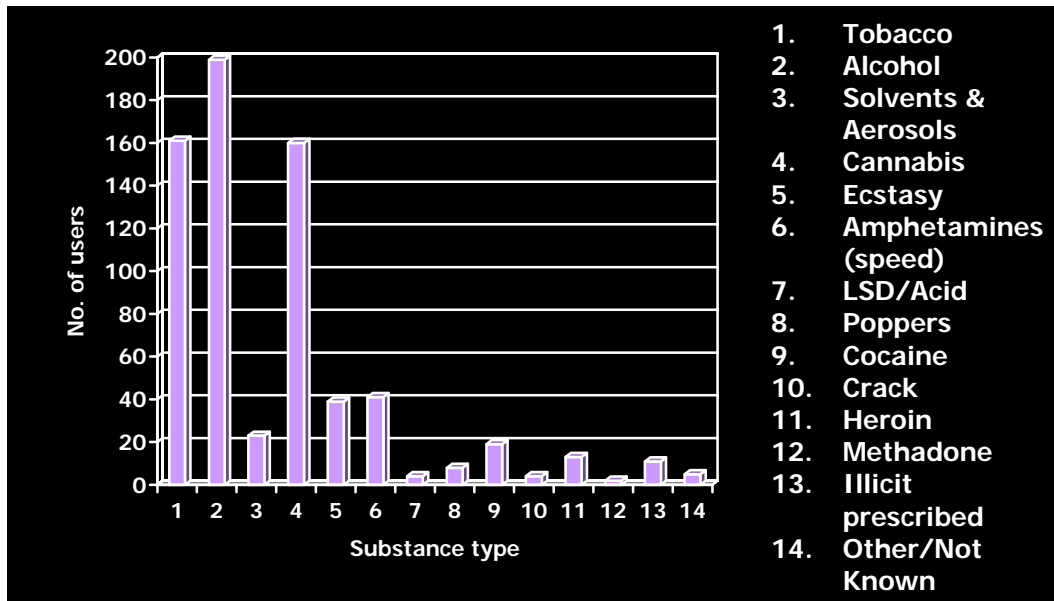


- 5.6 The School Health Education Unit also carried out surveys for Primary Care Trusts in Easington and Derwentside in 2005 on lifestyle issues, including alcohol consumption, involving a sample of 1700 pupils. The data obtained showed a correlation with data obtained from the national surveys, indicating that the older the pupils, the greater the numbers were drinking. There was concern that 9% of Year 10 boys had indicated that they were drinking more than 28 units per week.

	Year 8		Year 10		All
	Male	Female	Male	Female	
None	73%	66%	47%	40%	59%
One unit	5%	7%	3%	8%	6%
Two units	4%	7%	4%	6%	5%
Three	2%	4%	2%	5%	3%
4-6 units	6%	6%	7%	13%	8%
7-10 units	5%	4%	8%	12%	6%
11-14 units	2%	1%	7%	3%	3%
15-20 units *	2%	2%	8%	4%	4%
21-27 units *	1%	1%	4%	4%	2%
28 or more units *	1%	1%	9%	5%	3%
Valid responses	%		100%	100%	100%
	Count		455	477	1562
Total Sample (Count)	500	509	334	343	1686

- 5.7 25% of those questioned said they drank at home, or at a friend's or relatives home and 18% of year 10 said they drank in a public place. As regards buying alcohol, 45% of 15 year olds said they bought alcohol from an off licence or a shop. When questioned about whether parents knew they drank, 50% of young people said their parents knew they consumed alcohol.
- 5.8 The young persons substance misuse service (XS) had asked young people about their concerns. The area of largest concern was about their drinking and the effect on families. This was higher than tobacco, cannabis, ecstasy or other substances. It was concluded that whilst some young people do drink, the majority of young people do not drink alcohol. The biggest concern is the overall rise in consumption amongst those who do drink.





**Data provided by XS based on 254 referrals up to March 2006**

- 5.9 The DISC “Outthere” project submitted evidence about a recent survey of young people undertaken in Easington District. The survey involved a very small sample of 33 young people, of whom 22 were male and 11 female, ranging from below 13 years of age up to 20. Of this group, 20 still attended school, 12 did not and 1 was excluded. Of the young people surveyed, 32 of the 33 used drugs. All 32 of those who said they used drugs consumed alcohol and 24 respondents said they smoked cannabis. Ecstasy was used by 17 of the young people and tobacco by the same number. “Poppers” were used by 9 of those surveyed and 9 people also said they took cocaine and amphetamines. Aerosols were used by 6 of the group, as were tranquillisers; “crack” by 5 young people; heroin by 4; gas by 3; and “magic mushrooms” MDMA crystals and Rohypnol each by 1 person respectively.
- 5.10 Of the young people surveyed, 21 said they used drugs daily and 16 of those said they got money for them from parents, 11 from family, 4 from friends and 11 by theft or stealing. 14 young people felt they had a drug problem and 21 said their family also used drugs (legal or illegal).
- 5.11 Reference was made to the Working Group about the lack of any comprehensive countywide data about young people’s lifestyles and alcohol/substance use.



## Section Six – The Consequences of Alcohol Misuse by Young People

### Introduction

6.1 During the course of the project, the Working Group heard that there were a number of consequences arising from alcohol misuse by young people. These relate to:

- **The health of young people**
- **Crime and disorder and anti-social behaviour**
- **Education**
- **Families and family life**

### The Impact on Health

6.2 Information about the health consequences of alcohol misuse was provided to the Working Group by Alyson Learmonth (Director of Public Health with the then Sedgfield PCT).

6.3 When alcohol is consumed it changes the circulation and digestive systems. Small amounts of alcohol stimulate gastric juices and the appetite, but large amounts cause inflammation of the stomach lining. Alcohol also reduces inhibitions and increases confidence, although it affects motor skills and lowers ability to perform simple tasks. Alcohol also depresses the nervous and respiratory systems. As a result of the calorie content of alcohol, heavy drinkers are likely to gain weight and become obese. Alcohol is broken down by the liver and habitual drinking increases tolerance, as the liver adjusts to break it down faster. Eventually, however, the liver will be unable to cope and will fail.

6.4 There are many health consequences of excess consumption of alcohol. These include:

- Cancers of the mouth, digestive system and breast.
- Circulatory conditions such as strokes, heart disease and hypertension
- Gastrointestinal problems including inflammation of the pancreas, cirrhosis of the liver and hepatitis.
- Injuries involving accidents, assaults, domestic violence, suicide and poisoning. (It is estimated nationally that 1 in 11 young people live in households where their parents abuse alcohol and it is likely that the percentage is higher in the north east region.)
- Mental health problems.
- Foetal alcohol syndrome i.e. from heavy drinking when pregnant.

6.5 Alcohol and drugs misuse may also be a causative factor in teenage pregnancies. Grace Wali, Health Policy Officer with the County Council told the Working Group that both anecdotal evidence and research indicates that a high proportion of the incidence of unprotected sex in young people is drink or drugs related. Across County Durham teenage pregnancy rates continue to remain very



high despite a wide range of interventions. The findings of this report should inform the Countywide Teenage Pregnancy Strategy and Action priorities.

### Safe Consumption Levels of Alcohol

- 6.6 Whilst the levels of safe weekly consumption have been defined for adults (28 units for men and 13 for women, where 1 unit = ½ pint of beer, one small glass of wine, or one pub measure of spirits), **there is no safe limit or risk free drinking for children and young people.** It is hard to predict the long-term consequences for the health of children and young people who drink heavily.



### Binge Drinking

- 6.7 The Working Group heard that young people are more likely to binge drink and are at risk of experiencing a coma at lower blood alcohol levels than adults **(binge drinking is classed as consuming more than 10 units of alcohol in a single session for men and seven units for women).** This can develop into hypoglycaemia, hypothermia and breathing difficulties. Nationally, 1000 young people under 15 years of age need emergency treatment for alcohol poisoning each year. This needs to be monitored closely as the level of admissions may be higher.
- 6.8 Alcohol consumption is associated with unsafe sex and sexual assault and may be a factor in the rise in sexually transmitted infections arising from unprotected sex. It also leads to increased incidence of accidents and violence and is associated with crime and anti social behaviour. It is known that consumption of alcohol reduces pupil's school performance and 14% of school exclusions are related to drinking alcohol at school.
- 6.9 It was suggested to the Working Group that to begin to deal with this issue a multi agency approach was needed which included:

- Alcohol education to be provided in schools and informal youth settings.
- Provision of diversionary activities.
- Raise awareness of parental drinking.
- Effective enforcement of age restrictions.
- Fully utilise school nurses and other preventive services.
- A & E based interventions and monitoring.
- Codes of practice regulating the merchandising of alcohol to young people.
- Planning process – many regeneration schemes are based on sale of alcohol.

## **Crime and Disorder and Anti-Social Behaviour**

### **Anti Social Behaviour**

- 6.10 The Working Group received evidence from Phil Shaw, Anti Social Behaviour Co-ordinator for the Wear and Tees Community Safety Partnership, about the impact of anti social behaviour, which can be one of the consequences of alcohol or drugs misuse by young people.
- 6.11 Anti social behaviour is any activity which impacts in a negative way on other people and usually includes acts such as intimidation/harassment, rowdy behaviour, criminal damage/vandalism, street drinking etc. The 'Carrier bag culture' and the easy availability of alcohol to young people can be a significant problem in some communities and is a contributory factor in anti social behaviour and the fear of crime. Some young people who are unable to buy alcohol use 'proxy buyers' or groups of them may intimidate shop staff into selling them alcohol.
- 6.12 The Wear and Tees Community Safety Partnership aims to reduce alcohol related nuisance and disorder which will help improve quality of life in communities and make public places safer and more enjoyable. This is done by targeting young people at school (years 7-11) and college with education and awareness as part of the PSHE syllabus. It has become necessary to begin raising awareness with primary school pupils in years 5 and 6.
- 6.13 It is estimated that less than 2% of the population are responsible for 45% of all nuisance behaviour. This is a major contributory factor in the fear of crime. The consequences for young people who become involved in anti social behaviour can be being made subject to an anti social behaviour order (ASBO), a fine, a term of imprisonment or being evicted from their home. Work will continue to tackle the underlying causes of anti social behaviour through further involvement with schools and colleges and a multi agency approach of prevention, intervention and necessary enforcement where this proves necessary.

### **The Impact on Education, Employment Families and Society**

- 6.14 Gill Eshelby and Kate Martin of County Durham Youth Engagement Service (CDYES) also provided information for the Group about the impact of alcohol and drug misuse on youth crime, education, training and employment and family and society.

- 6.15 The types of offences committed by young people which are linked to alcohol or drugs misuse are usually high in number but at a low tariff of crime. However, these offences have the highest impact on local communities and increase the fear of crime.
- 6.16 Alcohol and drug misuse makes it difficult for young people to engage in **education, training and employment**, as it is likely that attendance and performance at school or work will be poor and will prejudice their future opportunities. As a result of anti social behaviour, there is a risk that the whole family could be evicted from their home with resultant family breakdown and homelessness. Some of the difficult and offending behaviours associated with drugs or alcohol misuse can lead to families rejecting and evicting a young person from the family home, often to protect the rest of the family.
- 6.17 It is estimated that 25% of all young people who commit crime use alcohol or drugs. Amongst regular offenders this rises to 40%. To help prevent this, young people on youth justice board programmes are screened via Onset, a national screening tool that identifies the risk factors which contribute to young people committing crime. In addition, young people being supervised by CDYES are screened via ASSET (a comprehensive assessment procedure, developed by the Youth Justice Board, to identify risk factors that may predispose young people towards offending). Once young people's needs are identified the majority of interventions are at tier 2 and are provided in house. Tier 3 interventions are dealt with by XS. Tier 2 interventions are dealt with by Drug workers who are seconded to CDYES from DISC at cost of £64k per annum from the Young People's pooled substance misuse budget. CDYES employs 3 Substance Misuse nurses who are deployed to XS which is funded by the Youth Justice Board at a cost of £88k. CDYES also lead on the Countywide Positive Futures programme which is a sport-based social inclusion programme aimed at 10-19 year olds. This aims to engage young people in sport/healthy activities.
- 6.18 Analysis of first time entrants in 2005/06 revealed that 13% had infrequent or minor offending linked to occasional substance and alcohol abuse. This will be tracked to see if this is a rising trend. Most young people who are likely to receive an ASBO are 14 to 17 year olds. It has been identified that 28% of ASBO breaches are related to the use of alcohol, usually involving consuming more than 21 units per week. Nearly half of all ASBO breaches will result in a custodial sentence.
- 6.19 Of the Priority Prolific Offenders (PPO's), 61% are dealt with at tier 2 and 32% are dealt with at tier 3 level. This involves either providing education and awareness or guidance on the level of drinking. A new 6-month evaluation project will target PPO's who have an identified substance misuse or alcohol need and this will focus on hidden harm. The results from the project will be reported next year.

## **Section Seven – The Role of Agencies in Preventing Alcohol and Drugs Misuse and Supporting Young People who Misuse**

### **Introduction**

- 7.1 In scoping for this scrutiny project, it was agreed that the investigation would consider (amongst other matters):
- **Education and information provision for young people about the effects of alcohol and drugs**
  - **How the supply of alcohol and drugs is controlled/prevented**
  - **How young people who have alcohol or substance misuse problems are supported**

### **An Overview of Provision in County Durham**

- 7.2 An overview of services involved in tackling drugs and alcohol misuse issues in County Durham was provided to the Working Group by Richard Hughes and Kirsty Wilkinson of the Community Safety Team.
- 7.3 The primary commissioner of drug and alcohol services in the County is the Drugs and Alcohol Action Team, although Primary Care Trusts (PCT's) do commission some services. The Community Safety Partnerships/Crime and Disorder Reduction Partnerships work together with other statutory agencies to tackle crime, anti social behaviour and the misuse of drugs and alcohol. The purpose of Children and Young People's Planning Groups is to provide a forum to agree common priorities, targets and actions between agencies in order to promote positive outcomes for children, young people and their families. Key partners include public and voluntary sector agencies working in the localities. Whilst the Community Safety Partnerships do not directly commission services in relation to drugs and alcohol, they will take responsibility for the development of interventions at a local level. The Community Safety Partnerships across the County are allocated, on an annual basis, Safer Stronger Communities Funding to aid the implementation of such interventions.
- 7.4 Funding for drug and alcohol work with young people comes from a number of sources including:
- Pooled treatment budget for adults and children/young people;
  - Department of Health – Healthy Schools Programme
  - Department of Health – Targeted Prevention
  - Home Office – Substance misuse grant (ring fenced)
  - Youth Engagement Service (i.e. CDYES)
  - DfES – Connexions

Overall the grant for drug and alcohol misuse for young people is in the order of £638,000, whilst the grant for adults is £3-4M.

- 7.5 Services which aim to prevent drug and alcohol misuse and which educate young people are commissioned by the DAAT. These are usually delivered by countywide agencies such as the Local Education Authority (Children and Young People's Service). Some of the services available are not commissioned by the DAAT and this has led to an inconsistent approach across the County – in effect a “postcode lottery”.
- 7.6 Enforcement of legislation is carried out by a number of bodies. These include:
- Police – target suppliers of drugs and alcohol and target crack houses and dealers
  - Trading Standards – involved in test purchase scheme
  - Licensing Authorities – District Councils and Police working together on licensing issues
  - Youth Engagement Service – Work with children and young people with drug and alcohol problems and enforce orders as part of the youth justice service.
- 7.7 Treatment and support for children and young people is commissioned by the DAAT. “XS” (the Young People's Substance Misuse Service) is the only body offering a treatment service for young people. XS is a County wide service with 3 locality bases in the North, East and South. XS also delivers prevention and support services. Support services are also available in the Derwentside area from NECA, a young people's outreach project. Voluntary Parent and Carers Support Groups also provide support.
- 7.8 There is no overall co-ordination mechanism for the work of the respective agencies and it was suggested to the Working Group that it might be helpful if services for young people in relation to drugs and alcohol were channelled through the DAAT to ensure consistency and service availability **throughout** the County. The Corporate Director for Adult and Community Services has been appointed Chair of the DAAT Board which should help to better co-ordinate services. The Local Area Agreement also provides an opportunity to go forward on this issue with greater partnership working, with the focus on targets to reduce misuse of drugs and alcohol.

### **County Durham Drugs and Alcohol Action Team (DAAT)**

- 7.9 The primary commissioner of drug and alcohol support services in County Durham is the **County Durham Drugs and Alcohol Action Team (DAAT)**, although the PCT does commission some services directly. The aim of the County Durham Drug and Alcohol Action Team is to prevent today's young people becoming tomorrow's drug misusers.
- 7.10 Drug Action Teams (DATs) are strategic bodies originally set up by central Government to implement the ten-year national drug strategy “Tackling Drugs Together” (updated in 2002 from the original of 1998). The National Alcohol

Harm Reduction Strategy (March 2004) urged DATs to include responsibility for alcohol services. This has been done in County Durham and is reflected in the revised name for the body (DAAT).

7.11 DAATs co-ordinate, at a local level, the drug-related elements of the service plans of the main public sector delivery agencies. They work in partnership with the following agencies:

- Police
- Health
- The Prison Service
- The Probation Service
- Connexions
- Education/Social Services (Children and Young People's Services)
- Youth Offending teams
- Local authorities
- Drug and Alcohol treatment agencies in their areas.

7.12 Working with partner organisations, the DAAT:

- Commissions and monitors locally provided drug and alcohol services;
- Raises awareness of drug and alcohol issues locally;
- Supports member agencies through training and work force development;
- Promotes the work of the DAAT by effective communication.

7.13 The main aims of DAATs are to:

- reduce the harm that drugs cause to society, communities, individuals and their families;
- enable people with drug problems to access treatment and support;
- reduce the availability of illegal drugs on our streets by disrupting drugs markets;
- prevent young people from becoming tomorrow's problematic drug users.

7.14 The work of the DAAT is administered by a team of professional and administrative staff which, in County Durham, is headed by a DAAT Co-ordinator. The team reports to a Board consisting of Senior Officers from the partner organisations, who agree organisational objectives, work programmes and budgets in line with national requirements. DAATs are required to produce annual plans which are sent to central Government to identify spend and to record progress.

7.15 Darren Archer, the acting DAAT Co-ordinator, Sarah Little and Vicky McManus of the County Durham DAAT provided information to the Working group about the role of the local DAAT. In setting the context for the work of the DAAT, it was explained that serious drug use by young people has stabilised over the last few years but a real downward shift in use has still to be achieved. To progress this, the Home Office has been working closely with the Department for Education and Skills and the Department of Health on a new cross-government approach to young people and drugs.

- 7.16 The Working Group heard that statistics taken from the British Crime Survey indicated that:
- The proportion reporting they had ever taken any drug had fallen by 15%.
  - The proportion reporting the use of any drug in the past year had fallen by 17%.
  - The proportion reporting they had ever taken a Class A drug had fallen by 23%.
- 7.17 In addition national statistics indicated that:
- 90% of 15 year olds have tried smoking or drinking alcohol
  - 55% of 15 year olds reported smoking or drinking in the last week
  - 22% of 11-15 year olds had drunk alcohol in the last week
  - The proportion of pupils who have never drunk alcohol was the highest ever recorded at 42%. However consumption in term of units consumed is rising.
- 7.18 **It was explained that there is very little data available for the region or the County about young people's attitudes/involvement with alcohol or drugs.**
- 7.19 The DAAT includes alcohol as a core part of its work, although the focus on alcohol is not as clear as that on drugs. **The Young People's Joint Commissioning Group** is responsible for commissioning services for young people with partners from **Social Care and Health, County Durham Youth Engagement Service, Health, Police, Education and Connexions.**
- 7.20 The Young People's Substance Misuse Partnership Grant for 2006/07 was £638,628. This compares to a grant for adults of £3-4M. Community Safety Partnerships/Crime and Disorder Reduction Partnerships work together with other statutory agencies to tackle crime, anti social behaviour and the misuse of drugs and alcohol. Funding for young people's work was directed to agencies/projects such as the XS Service, "Outthere" and Positive Futures (see below in this Section) and well as to support curriculum work (PSHE) in schools.
- 7.21 The DAAT has links with a number of partners and acts as a central point of contact for professionals, communities and parents for providing advice. It also works closely with Crime and Disorder Reduction Partnerships, some of whom have developed their own alcohol plans. The unit undertakes consultation with young people and has direct links with County Durham Drugs Prevention Team.
- 7.22 The DAAT is working to provide diversionary activities and is trying to get the message of harm reduction across to young people. It is also working intensively with problematic families. It is felt that improved partnership working and communication is the key to tackling these problems.

## Education

### Schools

- 7.23 Schools have a key role play in getting safe alcohol and drugs messages across to young people. Patrick Hargreaves, the Alcohol and Drugs Adviser, Children and Young People's Service, provided information to the Working Group about the work which is ongoing to educate young people in County Durham schools about the effects of drug and alcohol misuse. All schools must have a Drug and Alcohol Policy covering curriculum and incident management. Such a policy is a central strand for both the National Drugs Strategy and the National Healthy Schools Standard. The **National Healthy Schools Programme** ensures the delivery of drug and alcohol education in schools. A contribution of £50,000 was made recently to support Personal, Social and Health Education (PSHE).
- 7.24 Young people (and adults) in County Durham have different levels of knowledge experience and understanding, influenced by where they live, their family, their friends, what culture they are from and their own expectations.
- 7.25 The approach adopted in County Durham schools is 'client' centred, based on needs analysis and can be used equally effectively with groups of five year olds, adolescents, 'A' level students, or young offenders. It considers their responses to their issues and encourages the making of informed decisions and choices. The programme is supported by the DfES, Department of Health, and Home Office and reflects their guidance for substance misuse education. The resource is research driven; developmentally appropriate; and provides social resistance skills. Development of the resource packs was supported by a number of Crime and Disorder Reduction Partnerships, as well as other partners. Implementation has been funded by the County Council Children and Young People's Service and from Healthy Schools Programme monies, together with support from some (but not all) District based Crime and Disorder Reduction Partnerships. This means that the full range of work has not been carried out in some Districts because of funding difficulties locally.
- 7.26 The key means of delivering information about alcohol and drugs misuse issues to young people is via the "**Whose Fault is it Anyway?**" resource pack which is available to all schools. There are separate packs for primary and secondary schools. The packs were developed in consultation with young people and consist of lesson plans and teachers notes, together with an associated DVD containing several different scenarios which young people can develop, act out, use to problem-solve, and discuss. The packs cover such issues as:
- What are acceptable behaviours?
  - Needs analysis exercises
  - Understanding and knowledge about different substances (including alcohol) including health consequences
  - Levels of Risk (the "ladder" of risk in relation to different substances)
  - Building resistance skills



- Substance misuse/risky behaviour in a socio-cultural context (the “triangle” of risk – i.e. substances, people, situations)
  - Consequences of behaviours
  - Information about specific substances and their consequences
  - Drugs and the law
  - Where to go for help and more information
  - First aid
  - Training information (for teaching staff)
- 7.27 Backing up the resource packs are comprehensive training opportunities for both teachers and governors. A comprehensive drug and alcohol education database is maintained for every school which records issues such as healthy school status, whether schools have drug education and drug incident policies, training undertaken and so on.
- 7.28 Members of the Working Group had an opportunity to view a number of scenarios on the DVD contained in the Secondary Schools resource pack.

### **Peer Education Schemes**

- 7.29 There are a number of peer education projects aimed at providing information and advice to young people about drugs and alcohol issues. Amongst these are the “Outthere” project supported by DISC (Developing Initiatives Supporting Communities), which works with disadvantaged (mainly young) people in County Durham; and the EDDY project, which is supported by Durham Agency Against Crime and Durham Police.
- 7.30 The Working Group received evidence from Andrea Dixon, Amy Sharafi and Emma Butler from DISC. DISC has been carrying out project work with young people for ten years, concentrating mainly on the 11 - 18 age range. The ‘Outthere’ project provides training to young people so that they, in turn, can advise/educate others of a similar age about the issues of drugs and alcohol misuse.
- 7.31 The training process for those young people who act as peer educators in the project consists of a number of training modules covering such issues as, how to convey information to other young people; the names and effects of drugs; harm reduction; help and support agencies; communication skills; drugs and the law; risks and dangers; attitudes; and how passing on information works.
- 7.32 Involvement in the project allows young people to develop listening skills; receive accreditation; prepare and deliver Powerpoint presentations, undertake first aid training; and sexual health training. Participation in the project also involves “fun stuff”, days out, events, involvement in service user groups, activities and a newsletter.
- 7.33 Young people can bring a great deal to a drugs project such as “Outthere”. They trust and feel more comfortable with each other and are more aware of what is going on in their own area. They can share experiences and tend to be more open-minded about issues than adults, operating on the same wavelength. They

are more likely to believe what other young people (as opposed to adults) tell them. They have a better insight into other young people's needs and are more challenging of the attitudes and beliefs of older people. The "Outthere" project aims to ensure that there are sufficiently trained young people who can interact within their own social groupings and deliver advice in a low key and informal, yet effective, manner. One example cited involved a young woman peer educator giving advice to one of her friends during a night out about the dangers of combining alcohol with Ecstasy.

- 7.34 The aim of the project is not about telling young people to stop taking drugs or alcohol. Peer educators are not judgemental. It was recognised that alcohol and drugs were part of the young people's scene, so the main messages were about **safety and harm minimisation**.
- 7.35 The Working Group was advised that it was difficult with peer education schemes to assess the effectiveness of the work undertaken, but was provided with feedback from young people about this particular peer education scheme. One young person said that they didn't go to school, so they got their information from friends. Another said of the "Outthere" project, "***It's real – we party and we keep safe***". In 2005/06 the project had worked with 342 young people of which 252 completed in excess of 12 hours peer education training. Peer educators had passed on in excess of 500 harm minimisation messages to their friends and co-facilitated 48 workshops through which 1815 people had benefited.

## **Prevention and Enforcement**

- 7.36 Enforcement of legislation is carried out by a number of bodies. This includes:
- **Police** – targeting suppliers of drugs and alcohol and crack houses and dealers
  - **Licensing Authorities** – District Councils and Police working together on licensing issues
  - **Trading Standards** – involved in test purchase scheme
  - **Crime and Disorder Partnerships** – Developing Strategies and Action Plans to tackle alcohol misuse and resultant crime and disorder and anti-social behaviour and seeking Anti-Social Behaviour Orders (ASBOs).
  - **Youth Engagement Service** – Working with children and young people with drug and alcohol problems and enforcing orders as part of the youth justice service.

## **Approaches to Prevention**

- 7.37 The Working Group received evidence from Lynn Brooks of the County Durham Primary Care Trust about approaches and strategies around prevention of alcohol misuse.
- 7.38 Alcohol is a legal drug and whilst there are restrictions around its use, it is part of our culture and is used in socialising and as part of celebrations and relaxing.

- 7.39 It is not possible to ban or remove alcohol from society, so it is important to address the risks and reduce or eliminate the harms which can result from our use of alcohol within society. Agencies need to know what works and how we can achieve the aim of reducing harm. Prevention of harm can be achieved through:
- **Regulations and enforcement**
  - **Treatment**
  - **Education**
- 7.40 To help prevent alcohol misuse, young people need to be provided with information. This should include:
- What is alcohol – names and types
  - What it does to you – the effects on body and mind
  - The law – rules relating to themselves and others
  - The risks and harms – short term and long term consequences
  - That young people have choices – to use , when and how
  - The skills to make those choices
  - That other young people make different choices
  - The need to ask for and to offer help to others.
- 7.41 It was suggested the model above should be applied to overall social and health education, **the aim being to reduce harm by identifying risk taking behaviour and developing strategies to address it**. There are other educational approaches, but the aim should always be to increase young people's skills and understanding to become responsible citizens, with an ability to make choices, which have meaning to them, to build social responsibility, reduce harm and live safer lives.
- 7.42 It was explained that it was essential that all those involved in the Healthy Schools Programme are using the same policies which set out exactly what the aims are, what is in place to achieve those aims and how this is managed. To manage this process there is a need for training and awareness for all staff and to work with parents and communities to develop joint approaches which work together.
- 7.43 However, this might not be effective if there is a lack of clarity and agreement about the aims of what is being attempted and the roles and responsibilities of staff. There is also a tendency to separate topic areas. In addition, society condones the use of alcohol and therefore, there is a need to teach young people how to drink sensibly.
- 7.44 There is a wealth of good interventions within the County used to address alcohol and drug use among young people. A structured approach towards shared working which analyses approaches, agrees aims and objectives and promotes ongoing evaluation of what is being used is essential.
- 7.45 It is also important to undertake meaningful evaluation of the strategies that are in place so that they can be developed, altered and therefore meet local need.

This entails agreeing the aims of what we are doing and monitoring our approaches and this will be effective in terms of outcomes and being cost effective.

## **The Police**

- 7.46 The Working Group received evidence from Sergeant Tim Kelly, of Durham Constabulary, Licensing Officer for the Southern Division, about the role of the Police. The police have a role in relation to alcohol in dealing with the consequences of alcohol misuse such as crime and anti-social behaviour and licensing related issues, such as under-age sales and consumption.
- 7.47 The Licensing Act 2003 was a significant piece of legislation in relation to the involvement of the police service in licensing matters. A pilot licensing unit commenced in Chester-le-Street in 2003-4 and because of its impact, the North Area Unit was created in late 2004, followed by a South Area Unit in January 2006. Both units recognise the importance of promoting Joint Multi Agency Working.
- 7.48 A key element in the effective working of both Units was the police data management system and having a good database which contained details of each licensed property and the conditions attached to each particular license. The database also held details of all incidents linked to licensed premises, so that when license reviews took place, good intelligence was available to present to the Licensing Authority. The Working Group was advised that, between January and August 2006, there had been some 1045 incidents involving street drinking recorded by beat code (this figure did not include Darlington). The police also maintained a record of temporary event notices, as each of the licensed premises could only have a limited number per year.
- 7.49 Police Community Inspectors have responsibility for licensing matters in their respective areas and there are 5 such Inspectors across the relevant Local Authority Areas in the south area of the force (which includes Darlington). Licensing Units provide information relating to problems to inform Inspectors as part of working under the joint enforcement protocol. The Units prepare premises review files to be forwarded to Licensing Authorities and endeavour to work with premises to ensure that they comply with the requirements of the license in response to incidents in an attempt to avoid license reviews being necessary. Units also support the Pubwatch scheme that meets monthly under the leadership of a community Inspector (although they only attend in an advisory capacity to offer a positive input to the proceedings).
- 7.50 A further role of the Licensing Units is to promote joint/multi-agency working, as prior to 2004 there had not been any joint agency working. The Joint Enforcement Protocol was first stage of working with Trading Standards. Joint intelligence/assistance was being developed regarding test purchase operations where troublesome premises were targeted. The police were also partners in the Multi Agency Strategy Group, which met regularly to review processes.

- 7.51 One aspect of development was that of initiatives that impact on alcohol and young people, although there were associated resource issues for the police. One of the proposals was to use lot codes or product bar codes to determine the source of any alcohol confiscated from young people, although this would not reveal who actually bought the drink. However, the police could check the premises to ensure that they were complying with all the conditions included in the license and, where there were any breaches, could begin enforcement proceedings, including reviewing their license.
- 7.52 A great deal of work had been undertaken on developing a Joint Test Purchase Protocol, which has now been signed by all the agencies involved. Under the scheme, Trading Standards prosecute licensees who sell alcohol illegally and if this becomes a recurring issue, the police will seek a review of the license. The police were also involved in plain-clothes observations of young persons/drunks whilst on patrols. If they observed young people about to enter licensed premises, they would follow them. If they purchased alcohol, uniformed officers would then be called in and the appropriate action taken, such as standard £80 spot fines, or a review of the terms of the license. The Challenge 21 Scheme was about to be launched in Darlington which required licensed premises involved in the programme asking the purchaser if they were 21 and whether they had any ID as proof. No ID meant no drink and the licensee would provide them with a form to apply for a permit. The majority of licensed premises had agreed to take part in the scheme. **Challenge 21 is a voluntary scheme**, but is also often recommended by the police to retailers where there are known problems with over 18's buying alcohol for under-age drinkers. Retailers rarely refuse to participate in the scheme in these circumstances.
- 7.53 The police have other powers in relation to alcohol regarding confiscation. One of the main changes under the Licensing Act 2003 was that the police now have the power to seize sealed containers of alcohol in any public place, whereas previously they could only seize open containers. Additionally, the Police Act 2001 allowed specified areas to be designated an alcohol free zone where there is a known alcohol problem. In such areas it is an offence for a person of any age to consume alcohol. If drinks are in sealed containers, however, no action can be taken. **There are set criteria which must be met before an area can be designated under the 2001 Act**, i.e. there must be an incidence of crime and disorder in that area linked to the **immediate consumption** of alcohol (i.e. consumed openly on the street).

## Licensing Authorities

- 7.54 Evidence about the role of Licensing Authorities was provided to the Working Group by Jane Kevan, Licensing Manager at Durham City Council.
- 7.55 Following implementation of the Licensing Act 2003, it is now the role of Licensing Authorities (Unitary Councils, or District Councils in two-tier areas) to issue licenses, rather than the Magistrates Courts. During the transition period between 7 February and 6 August 2005 existing licence holders could take advantage of continuation rights and apply to convert their Justices' licences to a new premises licence under the 2003 Act, that Section of which came into effect

on 24 November 2005. Such applications had to be granted unless the police made an objection. (Applicants for a licence now may state what date they wish a licence to take effect but generally they want the licence to be issued immediately after the 28 days that must be allowed for any representations.) On changeover date all Justice's Licences (where there was no simultaneous application to vary the licence) were converted, and so have no conditions attached to the licence, as there were no objections from the police.

- 7.56 When new applications or variations are received, applicants must send a copy to all of the responsible authorities (Police, Planning, Environmental Health, Fire Service, Trading Standards and Social Services), who may wish to make representations. Applications for new or varied licences must also be advertised for 28 days to allow any interested parties (local residents or businesses) to make representations. Representations must relate to one or more of the **four licensing objectives: the prevention of crime and disorder, public safety, the prevention of public nuisance, and the protection of children from harm**. The licensing authority itself cannot make a representation and can only refer an application to the Council's Licensing Committee for a hearing if valid representations are made. During the transitional period there were 40 hearings following representations, which usually came from local residents who were concerned about potential noise and disturbance. Applicants, responsible authorities and interested parties all do have the right of appeal to the Magistrates' Court. To date, three applicants have appealed. Two were withdrawn before going to court and one appeal was successful after reduced hours were requested. No costs have been ordered by the Court from the Council.
- 7.57 Every licensing authority has had to consult on and publish a Statement of Licensing Policy. This sets out the policies the licensing authority will generally apply when considering applications in that licensing area. The Durham City Policy contains specific sections relating to alcohol and drugs. It also includes some references to health and anti-social behaviour and disorder. The Licensing Authority does undertake enforcement and there have been two successful prosecutions resulting in fines being imposed. Under the new Act, if there are particular problems relating to particular premises, any responsible authority or interested party with relevant evidence relating to specific premises may apply for the review of a licence. This may result in additional conditions being imposed; a licensable activity (such as entertainment) being excluded; or the suspension or revocation of the licence.

## Trading Standards

- 7.58 There are a wide range of age-restricted products enforced by Trading Standards. **Some of the main strategies used in tackling illicit sales are - under-age test purchasing schemes, routine inspections, and publicity campaigns.** Trading Standards also works closely with partners and played a role in developing the Connexions card, which serves as an Identity card with proof of age details.

- 7.59 Phillip Holman, Head of Trading Standards with the County Council, advised the Working Group that the **Test Purchase Scheme Strategy** has been in place since Durham County Council agreed in 1994 that young people should be involved. The main priority of the scheme is that ***'the interests of the volunteer come first, last and always'***. Such exercises are normally intelligence led and a full risk assessment is carried out prior to any operation. Volunteers are not allowed to work in their own area and the programme must have no negative impact on their education. The first priority is always to protect the young person at all times and on each operation there are three officers involved.
- 7.60 The test-purchasing scheme does encounter some problems, which include resourcing issues. The young people who act as volunteers are selected carefully and a statement to that effect is required. A 'one officer per volunteer' policy is operated. Before a young person can be recruited, their parents have to be consulted and agree to their participation.

## **Crime and Disorder Reduction Partnerships**

- 7.61 The Crime and Disorder Act 1998 established local Crime and Disorder Reduction Partnerships, made up of the Police, District and County Councils, Primary Care Trust, Fire and Rescue Authority and Police Authority, to carry out audits of local crime and disorder and to develop strategies to reduce crime. Strategies to tackle drug and alcohol misuse include prevention, enforcement and support and treatment. Responsibility for the Partnerships lies at District level, with Wear Valley and Teesdale and Durham and Chester-le-Street having combined partnerships. The following examples of differing approaches and provision in **some** of the partnership areas of the County were provided to the Working Group by Richard Hughes, Head of the Community Safety Unit.

### **City of Durham and Chester-le-Street Community Safety Partnership**

#### ***Strategic Level***

- 7.62 There are no strategic task groups within this partnership. However, each of the five strategic aims, including Substance Misuse, has an action plan with an assigned senior lead and support officer. These action plans are reviewed on a 6 monthly basis based on agency and community intelligence and quarterly progress reports are requested by the full CSP as part of the Performance Management Framework. Ongoing persistent problems not resolved by the local level mechanisms outlined below are referred to the partnership Tactical and Co-ordinating Group for review and action as appropriate.

#### ***Local Level***

#### **Operational Groups**

- 7.63 There are 2 Operational Groups – one covering the City of Durham and one for Chester-le-Street. The Operational Group is made up of individuals from a variety of organisations, wider than the Responsible Authorities, which function at operational level to tackle crime, disorder and substance misuse problems. These groups meet monthly. Individuals behaving in an anti-social manner and

areas that are problematic are discussed at this meeting and where necessary, separate multi-agency meetings are held to discuss the issue further and decide upon a course of action. Solutions may not necessarily be ASBOs or Acceptable Behaviour Contracts, but also include referrals to Positive Futures, Youth Inclusion Programme and obtaining Parenting Orders (this list is not exhaustive).

### **Neighbourhood Meetings**

- 7.64 As part of the recent drive to provide neighbourhoods with a more effective service from Durham Constabulary, neighbourhood meetings have been set up across the 2 Districts. The purpose of these meetings is to listen to residents and the public and for a variety of partners to progress actions at a very local level. Individuals are not normally discussed at this level and would be referred to the Operational Group for discussion and action where appropriate, as would any other issue that cannot be resolved.

### **Derwentside Community Safety Partnership**

#### ***Strategic Level***

- 7.65 There is no strategic task group for substance misuse within the partnership although regular reports and action plan updates are given regularly. A Young People's Group exists that deals with issues surrounding young people and their involvement with Crime, Disorder and Substance Misuse.

#### ***Local Level***

- 7.66 There are 2 ASB groups – one located in Stanley and one located in Consett. These groups address ASB on both a geographic and individual level and referrals are made to diversionary activities where appropriate. Wider Multi-agency meetings can be called where individuals are discussed and the ASB publicity protocol is followed in every case. Neighbourhood management meetings are currently under development.

### **Easington Community Safety Partnership**

#### ***Strategic Level***

- 7.67 There are Substance Misuse and ASB strategic groups in place in Easington and these also have associated action plans which feedback on a regular basis.

The Youth Forum works and engages with young people (not necessarily at risk from crime or substance misuse).

#### ***Local Level***

- 7.68 5 Streetsafe Boards across the District tackle ASB and progress actions where appropriate. Neighbourhood Management Meetings are currently under development. All 3 partnerships have a local alcohol action plan that is currently under consultation.



## **Support and Treatment**

### **County Durham Youth Engagement Service**

- 7.69 Gill Eshelby and Kate Martin provided evidence about the County Durham Youth Engagement Service (CDYES). CDYES prevents offending by helping young people achieve their full potential as active members of their community. Youth Offending Teams (YOTs) were established by the Crime and Disorder Act 1998 and became agencies in April 2000. CDYES is a partnership between Durham County Council, Durham Constabulary, the Strategic Health Authority and the National Probation Service County Durham. These partners provide staff and resources which are managed by the Youth Engagement Service and together work on a day to day basis to prevent children and young people under the age of 19 from offending or re-offending and tackle the risk factors associated with offending. CDYES screens all the young people it comes into contact with for drug and alcohol use, ensuring that appropriate interventions are made.
- 7.70 Staff in the Youth Engagement Service also work with other partnerships including Connexions, Durham Agency Against Crime, Voluntary Organisations including Victim Support, Local Industry and Universities, Criminal Justice agencies (including the Local Criminal Justice Board), Community Safety Partnerships, the Learning and Skills Council, local authorities, local people, children and young people themselves to help them stay on track and become socially included as active members of a law abiding society. The focus of this work is on tackling the risk factors which contribute to children committing crime, helping young people make amends to victims and communities and working to help young people use their leisure time constructively, prevent anti- social behaviour and most importantly developing the key skills of literacy, numeracy and information and communication technology to give these young people a real future and break the cycle of deprivation.
- 7.71 There are a number of challenges facing CDYES including:
- Funding issues – 2 DISC workers for 2007/08 and a Youth Crime Prevention post for 2008 – funding not yet confirmed
  - LAA stretch targets
    - Prevention of offending – County Durham's target is almost double the national level.
    - ASB – reducing the perception of ASB
    - County Durham is significantly under-performing the Youth Justice Board national performance measure in relation to substance misuse.

### **Co-ordination of Social Inclusion Programmes (COSIP)**

- 7.72 One of the issues raised in evidence from young people was that they drank because there was nothing to do and nowhere to go. COSIP is a partnership of over 30 agencies across the County, which work together to ensure that young people under 19 access the most appropriate out of school social inclusion programmes. COSIP was established in 2001, is led by CDYES and is nationally recognised as an example of excellent partnership work. COSIP aims to work

pro-actively to reduce offending, re-offending and tackle anti-social behaviour and does this by:

- Developing key skills, including literacy, numeracy, ICT, problem-solving, working with others and managing one's own learning
- Enabling young people to use their leisure time constructively
- Working with young people to create safer communities

7.73 The work of COSIP is reinforced by the work of CDYES Prevention Staff who co-ordinate the externally funded prevention programmes across the County including:

- Positive Activities for Young People (PAYP 5-19 year olds)
- Positive Futures (10-19 year olds)
- Youth Inclusion Programmes (YIPs 10-16 year olds)
- YIPlet (Junior YIP 5-13 year olds)
- Youth Inclusion and Support Panel (YISP 5-13 year olds)
- On Track (4-12 year olds)
- Work with schools across the County including restorative justice/Parenting Programmes

### **Positive Futures**

7.74 Positive Futures is a national programme, administered in County Durham as part of CDYES which promotes social inclusion using sport and leisure activities to engage with disadvantaged and socially marginalised young people.

7.75 The Working Group heard from Paul Shadforth of Positive Futures that the programme aims to reduce substance misuse risk within the target group and increase regular participation in sport and physical activity. It also aims to reduce youth offending in the locality of the project and reduce reports of anti social behaviour in the targeted wards. A variety of mechanisms are used to identify the most marginalised young people. Tier 2 services provide accessible services for a wide range of substance misusers referred from a variety of sources including self referrals. The aim of the treatment is to help substance misusers to engage in treatment without necessarily requiring a high level of commitment to more structured programmes or a complex or lengthy assessment process. Advice and information is provided and outreach groups target high risk local priority groups.

7.76 The Working Group also viewed the DVD 'Point Blank'. The DVD 'Point Blank' was produced by young people and is mainly for young people. It gives an insight into substance and alcohol misuse. The scenario involves a group of under-age young people who are drinking alcohol in a local park and attack a member of the public (a plain clothes police officer) who refuses to buy them drink at a local office licence. The young people are subsequently apprehended and are sentenced in the Courts – some being given Anti Social Behaviour Orders (ASBOs). The young people in 'Point Blank' had been involved with the criminal justice system previously. At the end of the DVD the young people involved talked about the effect that their actions had caused their families. They

also talked about the outcome for themselves including restricted employment opportunities, supervision orders and a possible custodial sentence.

## The XS Substance Misuse Service

- 7.77 The Working Group received a presentation from Riana Gouws about the work of “XS” the substance misuse treatment service for young people in County Durham. “XS” is a multi-agency service that provides advice and treatment to young people under the age of 19 who have a serious substance misuse problem and are vulnerable, e.g. are children in need, children looked after, at risk of, or are, offending. It is a countywide service with 3 locality bases in the North, East and South of the County.
- 7.78 The background to development of the service was the National Drug Strategy which covered issues such as availability/prevention of drugs and how to reduce and rehabilitate users, take people out of drug fuelled crime and prevent young people from becoming problematic drug users. In 2002/03 the DAAT had looked at young people’s services and had identified a gap in a Tier 3 service for young people.
- 7.79 The “tiering” classifications for services derive from the Health Advisory Service Report, 2001, which introduced a Service Framework as follows:
- **Tier 1** – General support/information/advice (i.e. General Practitioners)
  - **Tier 2** – Targeted advice and information
  - **Tier 3** – Services meeting complex needs/treatment (i.e. XS)
  - **Tier 4** – Residential Services (i.e. inpatient mental health provision)
- 7.80 The XS Service reports to a Multi Agency Steering Group and to the DAAT Young People’s Commissioning Group. Referrals to the service are received from different sources including:
- Children in Need
  - Looked after children
  - Young offenders
  - Truants and excluded children
  - Sexually exploited young people
  - Those with mental health problems
  - Young people with learning difficulties



- 7.81 Young people who are referred to XS may be poly drug users (i.e. more than one drug), use dangerous methods (i.e. intravenous use) or use unusual drugs. The Working Group was presented with an anonymised case study about “Anna”, to illustrate some of the issues relevant to young people supported by XS.

Anna was 15 when referred to the XS Service. She used heroin and benzodiazepines (a class of tranquilliser/sedative). There was a history of problematic drug use within Anna's family. Her Mum had mental health problems and her Dad was alcohol dependant. Anna was pregnant and lived with her partner, aged 29, also a heroin user. She had led a promiscuous lifestyle, frequently truanting from school and displaying offending behaviour. She was in a poor physical state, weighing 6 stones and having poor injecting sites resulting from heroin use. She lacked independent living, health and hygiene skills.

The first step in engagement with XS was a triage assessment to determine Anna's risk and vulnerability, her willingness to engage with XS and what level of parental involvement (if any) there should be. Anna was then clinically assessed – this covered areas such as her physical condition, history, substitute/detox prescribing, protective factors and threats. Finally, there was a comprehensive assessment of Anna's substance misuse, looking at her environment, resilience, protective factors, threats, and taking into account Anna's own views. This involved networking with other agencies.

A care plan was then developed for Anna, which was needs led and fully engaged Anna. She received support from Social Care and Health Service. To counter the risk of overdose and of miscarriage she was prescribed maintenance drugs, given Hepatitis B vaccinations and testing for Hepatitis C/HIV and closely supervised. The plan facilitated physical health by providing antenatal care via Anna's midwife, and Anna was offered sexual health checks/treatment and dental care.

Anna was offered support to develop housekeeping, financial and shopping skills. One to one education was provided via the CDYES Education Welfare Officer. Further support was also provided to help Anna challenge her offending behaviour and improve her resilience by developing self-esteem, and problem-solving and high-risk situation skills. Support was also provided to Anna's family with referrals to adult mental health services and adult substance misuse services, parenting skills and support from the DAAT in the form of a “Surviving teens and drugs” course”. There was close co-operation between the police, XS and Social Care and Health during the process regarding Anna's safety.

- 7.82 The Working Group heard that Anna's case had seen a very positive outcome. Following two years involvement with XS, Anna's weight had risen to 9 stones and she now had a healthy baby. She was living in stable accommodation and had developed some independent living skills. Anna now took a pride in her appearance and had good engagement with services. There was no longer any need for CDYES involvement.
- 7.83 Between April 2005 and April 2006 XS received 247 referrals. Whilst there were some referrals from children as young as 10 years old, the majority of referrals were from young people aged 14 to 17 years old. Alcohol, tobacco and cannabis were the substances being used in the majority of referrals.

7.84 The targets for the Service for 2006/07 included:

- Work with truants and exclusions
- Work with Looked after children
- Performance measure 14 (CDYES)
- Increasing the number of young people in treatment
- Exploring tier 4 provision
- Developing a Harm minimisation Service

## Support for Parents and Carers

### The Role of Parents

7.85 The role of parents was a constant theme during the course of the project. Young people learn their behaviours and develop their early attitudes to life from their parents and carers. Parents not only have a role in setting an example and providing advice and information to those for whom they care; they also have a key role to play when things go wrong.

### XS Support for Parents/Carers

7.86 When agencies such as XS become involved, a young person's family or carer's support is important in instigating cultural change and can make the difference between success and failure. At times like this, families can feel isolated and powerless. XS provides support for parents and the role of the Service is to give parents the power to change the situation in which a young person finds themselves. This is achieved through a series of sessions which empower parents/carers through the following approach:

- **Introductions** - a supportive environment is created and the scene set for a parent led programme.
- **Psychological approach** – discussions with a group of parents which helps them understand adolescent development, substance misuse, harmful behaviour and changing behaviour.
- **Drug and alcohol awareness** – gives parents knowledge to identify and recognise misuse, makes them aware of the substances their children are using, the side effects and understanding of the law.
- **Harm minimisation** – Practical advice is given on methods of use and how to minimise harm i.e. safer injecting and needle exchanges and blood borne viruses. The use of alcohol is of most concern. Advice is therefore given on how to help if a young person is intoxicated.
- **Relationships** – Advice and assistance is given on managing relationships with partners and children. Help is also given to parents on managing their feelings and on anger management.

7.87 The programme has been very successful. This includes putting parents in contact with voluntary support groups such as 'Liberty from Addiction' and 'Free the Way'. Some of the parents have become qualified themselves and now provide support to other parents.

## “Liberty from Addiction”

- 7.88 Liberty from Addition is a registered charity based in Chester le Street which provides support for the carers of substance misusers in North Durham. Aileen Mullan from the project explained that the organisation had been established for 10 years and was originally started by parents whose children were using heroin. The aim of the project was “To promote the relief of parents and carers of people affected directly or indirectly by substance misuse in Durham, Chester-le-Street and surrounding areas, by providing a support service with the object of improving their condition of life”. The project offers information and advice; practical and emotional support; one-to-one support in person or on the ‘phone; local support groups; drop in facilities; outreach; advocacy; drug awareness training and signposting to other agencies. The service is free and confidential.
- 7.89 Two thirds of the people who receive support from the project care for people who have serious alcohol problems, many of whom are young adults who have been drinking heavily for 10 or more years. The project had leaflets in GP surgeries, libraries etc. and an entry in Yellow Pages. Other agencies would also signpost users to the service. It was, however, accepted that publicising services such as Liberty from Addiction was dependant upon resources and this could impact on accessibility.

### **A Personal Story**

*“I first became involved with Liberty from Addiction in February 2004.*

*My son was using heroin and I was finding it increasingly difficult to cope emotionally.*

*With the support I received from Liberty through one to one and group meetings I became stronger and more able to cope.*

*I gained more knowledge about drug misuse and was able to pass some of it on to my son and because of this he is now on a recovery programme.*

*Without Liberty from Addiction I would not have been able to achieve any of this and my son may now have been out on his own because I couldn’t cope”.*

- 7.90 Parents or carers of substance misusers are often demoralised when they seek help. The role of the Liberty project is to support parents/carers; make them stronger and to help them deal with practical issues arising from substance misuse. It was explained that there had been 4 recent alcohol related deaths of young adults who lived in the Chester le Street area. Many of the parents/carers were older/elderly and caring for children who had returned to live at home after the breakdown of a relationship. The majority of these carers were women. The majority of addicts being cared for were white males. It was known that there were women addicts, but it was felt that this was a hidden problem because of the stigma attached to the subject.

- 7.91 When a parent or carer of a substance misuser sought help, the project provided guidance and education for them to help manage their child's condition. A person who was withdrawing from serious alcohol use had to be medically managed if they were to be successful. It was stressed to the working group that parents and carers need to be aware of family dynamics, as it is essential that a substance misuser has a home to return to when they have difficulties and need support. It was suggested that not enough resources are put into supporting parents and carers support groups who help to prevent recidivism.

## Health Service

- 7.92 Early in the project, the Working Group heard that many of the health consequences associated with alcohol misuse by young people, such as cancers and cirrhosis of the liver are likely to present in the longer term; although misuse which begins at an earlier age means that they are likely to present much earlier in adulthood. However, there are direct risks to young people from misuse, such as alcohol poisoning, or death from suffocation due to inhalation of vomit whilst unconscious following heavy drinking sessions.
- 7.93 Although some young people with problems associated with drugs or alcohol misuse may seek support from Tier 1 providers such as General Practitioners, many young people who misuse drugs and alcohol excessively run the risk of illness or injury which requires emergency medical treatment. Members of the Working Group visited University Hospital Durham Accident and Emergency Unit on two successive Friday nights to observe whether any younger patients were admitted with alcohol related illnesses or injuries.
- 7.94 There were no young people with alcohol related illness or injuries admitted during the visits, however, members heard in discussions with staff that the numbers of young people admitted to University Hospital A&E with alcohol or drugs related illness/injuries are relatively low – usually not more than 2-3 young people per weekend. Most young people are brought in by friends, and some by the police. Occasionally young people are admitted unconscious, as “unknowns” and staff then need to search them for identification. There are more young females than males admitted.
- 7.95 There are **no** seasonal patterns to admissions (i.e. a greater number on summer evenings). Most young people present to A&E earlier in the evening. Many young people who are admitted due to alcohol misuse are likely to be unconscious. In most instances it is cheap easily accessible alcohol, such as beer or cider, which has been consumed by the young person admitted. Young people who are unconscious may well be taken into resuscitation initially and, if necessary, have their airways protected. Most young people recover – there are rarely fatalities, but some young people may be admitted to the paediatric ward (Treetops) overnight for observations. The usual treatment is to administer fluids, such as glucose (although, ironically, this usually means that the young person will not have to endure the misery of a hangover). Most young people who recover the same evening will be discharged when parents/carers collect them. Most parents do not seem interested or ask for advice/guidance. When young people are discharged they are not given any literature – the view was expressed that

education was important, but for many young people, only “shock tactics” would work.

- 7.96 The reaction of parents when their children are admitted with alcohol related injury/illness varies. Some will lecture the young person; others are too upset to do this, being more worried about the health of their child. Some parents take out their annoyance on staff. In some cases, the hospital will notify Social Services when a young person has been admitted for treatment due to alcohol misuse. When young people are admitted to “Treetops” (the paediatric ward), consultants may advise Social Services or may contact GPs, but GPs are not routinely advised when a young person has been admitted due to alcohol misuse. There are issues about young people admitted drunk to the Treetops Ward who will often upset and disturb younger children. Most admissions were alcohol linked but there are a small number of IV users from 14 upwards.

## Housing

- 7.97 There are some young people whose misuse of alcohol or drugs may lead to them being ejected from the family home. The Working Group heard from Philip Pollard of Derwentside District Council about the range of housing and housing related services provided by District Councils in the County. One of the main aspects of advice concerns homelessness. However, the Group heard that young people under 18 would not fall within the scope of services provided by local Housing Authorities. This would then fall to be provided by the County Council, via the Supporting People programme.
- 7.98 There is a County-wide **Joint Protocol** in place for 16/17 years olds who become **homeless or have a housing need**. All District Councils, the County Council, Connexions, Youth Engagement Service and the three Voluntary Sector providers (DISC, Moving On and SHAID) are signed up to the Protocol. The three Voluntary Sector providers were commissioned by the HAP (Homelessness Action Partnership) through an open tender process to support young people. The support provided is only short term and part of the support is to ensure continuing provision is secured, if needed by the young person.
- 7.99 The Joint Protocol was rolled out across the County from April 2006, following an extensive pilot period in the Derwentside area. All local authorities and the County Council have given a commitment to fund this for two years. An independent evaluation of the Joint Protocol service is planned later in 2007.

## Other Providers and Partnering Arrangements

- 7.100 During earlier presentations to the Working Group, officers commented on the lack of knowledge about current drug and alcohol interventions for young people across the County. Gill Eshelby and Kate Martin from CDYES presented information to the Working Group about the findings from an event facilitated by the DAAT on 10 October 2006 in Durham City. The purpose of the event had been to begin the process of mapping current drug and alcohol intervention for



young people and to identify current providers, service delivery and referral pathways.

- 7.101 Whilst the event had been reasonably well attended it was apparent that further work was needed in localities in order to gain a fuller picture. The information gathered was only a fraction of the work being delivered, as professionals reported that they themselves were not always aware of what was available within their own district.
- 7.102 Identified gaps related to a lack of knowledge around service delivery, almost non-existent alcohol prevention work, poor involvement of young people and a need for 24 hour service provision. Representatives reported that referrals to other agencies were made where appropriate, but a countywide universal screening tool and referral pathways were needed. It was said that the XS screening tool might be suitable for roll-out across the County.
- 7.103 Key issues identified by those attending the mapping event were:
- The need to act on risk/vulnerability
  - A need for a Countywide/Universal screening tool and pathways
  - The need to build credibility in services and confidence in workers competencies
  - Improved marketing of service provision
  - Feedback mechanisms to providers to make improvements in services
  - Finding time to talk
  - Keep young people safe - i.e. harm minimisation
  - Wider access to informal information services
  - Working with the whole family
  - Continuous research with larger groups of young people
  - Separate drug and alcohol workers
  - Need to have young people's needs/emotional well-being at heart
  - Standardisation of training
  - Consistent training for staff/basic standards
  - Integrating agendas
  - Executive Board/Local CYPPG
  - Children & young people to be involved in planning process
  - Meaningful involvement
- 7.104 Easington Young People's Substance Misuse Workstream had earlier carried out a mapping exercise following the criteria for the development day. The findings at a local level were very informative, suggesting that more local based mapping is needed.

## Section Eight – What are the National and Local Policies, Strategies and Performance Targets?

### Introduction

- 8.1 Sue Johnson from Government Office North East provided evidence to the Working Group about the various policies and strategies that are in place at both national and regional level to tackle alcohol and drug misuse by young people.

### Policies and Plans relevant to Alcohol and Drugs Misuse by Young People

- 8.2 A central aim of **the Government’s National Drug Strategy** is to prevent young people from becoming the problematic drug users of the future. The Young People’s Substance Misuse Partnership Grant has provided over £60m of funding for local areas to support a full range of interventions for young people and drawing on the idea that positive activities and opportunities can dissuade young people from getting involved in crime, or substance misuse. This links in closely with the **Positive Futures** work, which has provided diversionary activities for young people in deprived communities.
- 8.3 Millions of children and young people have accessed the **FRANK website** and helpline, for information and advice about illicit substances and it is felt that FRANK is now a highly recognisable brand. In addition, “**Blueprint**” was the biggest drug education research programme ever run in this country and the results are expected next year.
- 8.4 The **Licensing Act 2003**, refers to the protection of children and young people under its four key aims:
- **The prevention of crime and disorder;**
  - **Public safety;**
  - **The prevention of public nuisance; and**
  - **The protection of children from (“physical, psychological & moral”) harm.**
- 8.5 The **Alcohol Harm Reduction Strategy for England** was produced as an overarching response to the **Strategy Unit’s Interim Report into alcohol misuse** in this country. This revealed a number of facts about the growing problems around alcohol misuse, from the crime and disorder associated with binge drinking, to the severe lack of treatment services for people with alcohol-related disorders. Alcohol Harm Reduction Strategies are being produced at local level and a Strategy for County Durham is being developed. **The National Alcohol Harm Reduction Strategy sets out 4 clear aims:**
- **Improved & better targeted education & communication;**
  - **Better identification & treatment of alcohol problems;**
  - **Better co-ordination & enforcement of existing powers against crime & disorder; and**

- **Stronger action to clamp down on irresponsible drinks promotions, particularly targeting young people.**
- 8.6 The Department of Health published a **White Paper in 2004 – ‘Choosing Health: Making Healthier Choices Easier’**. Agencies across the region are trying to build on the main findings of the Paper, such as piloting targeted screening and brief interventions in a range of primary care settings and are hoping to extend this to other areas in the future.
- 8.7 The **Alcohol Needs Assessment Research Project, published in 2005** painted a bleak picture with regard to the level of alcohol treatment services available in the North East region. The region has some of the most serious problems around alcohol misuse. However, the area has the fewest agencies providing specialist alcohol interventions and the longest waiting times for treatment. In Durham there is support from the voluntary sector (for example, DISC provides alcohol & drug peer education programmes for young people). **Overall, fewer than 1 in 100 people who require treatment in the North East receive it.**
- 8.8 To tackle these problems **The North East Regional Alcohol Advisory Group** is a multi-agency organisation, chaired by the regional director of public health, set up to consider and tackle the harmful impact of alcohol misuse on communities. It has commissioned a **‘Regional Alcohol Misuse Statement of Priorities’** to provide a co-ordinated response to alcohol related problems in this region. The strategy is currently out for consultation. **There are 3 overarching aims about:**
- **Prevention**
  - **Treatment**
  - **Control (enforcement)**
- 8.9 In terms of prevention or education, it is essential to disseminate clear and consistent messages to children and young people, to prevent them from experiencing major problems as a result of alcohol consumption. There is a general acceptance on behalf of agencies that children and young people will drink alcohol, **but they need to be fully informed as to the potential consequences of alcohol misuse, with the aim of minimising harm to themselves or to other people.**
- 8.10 Richard Hughes and Kirsty Wilkinson from the Community Safety Team advised the Working Group that the **Crime and Disorder Act 1998** requires local Crime and Disorder Reduction Partnerships to conduct an audit of local crime and disorder problems, consulting widely in the local community, and with other key partners before producing a strategy to tackle crime and disorder. This is done on a 3 year rolling programme with a 6 monthly assessment of crime and disorder.
- 8.11 The resulting **Community Safety Strategies** (see Section 7 above) have a number of priorities which are underpinned by the reduction of:
- Crime
  - Anti Social Behaviour
  - Drug and Alcohol Abuse – underpins the above
  - Increasing public reassurance

- 8.12 Janice Bray from Connexions and Michelle Kane from the DAAT provided a **draft** of the **County Durham Young People's Substance Misuse Plan 2006/7** to the Working Group (See Appendix 2 below). The aim of the Plan is to reform the delivery chain and strengthen accountability. The Plan links to Every Child Matters, the Children and Young People's Plan and local delivery plan. The Plan covers areas such as data; screening and referral systems; involvement mechanisms for young people/families; diversity issues; schools; communication strategies; social inclusion projects; children of problem drug users; Connexions; truants and excluders; looked after children; young offenders; tier 2 interventions; comprehensive service provision; numbers receiving treatment; quality measures and workforce development.
- 8.13 Jonny Tew provided evidence to the Working Group about the **Local Area Agreement**. Local Area Agreements (LAAs) are three-year agreements, which set out the priorities negotiated between central government and a local area (in County Durham, the local authorities, LSPs and partners at a local level). LAAs simplify some central funding, help join up public services more effectively and allow greater flexibility for local solutions to local circumstances. Work to tackle drugs and alcohol misuse is the type of cross-cutting initiative that fits within the structure of the LAA framework.
- 8.14 LAAs aim to deliver better outcomes for local people based upon local priorities; offer greater autonomy and devolved decision making; improve central/local relations; simplify central funding and help to pool budgets; join up public services locally and improve partnership working by encouraging partners to support each other in furthering common goals based on a sound knowledge of local people's needs. LAAs are currently structured around four blocks (or policy fields) – children and young people; safer and stronger communities; healthier communities and older people; and economic development and enterprise. The Agreement includes mandatory outcomes and indicators for each block, which are laid down by central government, as well as other outcomes and indicators which reflect local priorities.
- 8.15 Within **the Local Area Agreement** there are relevant outcomes and indicators in each the four blocks with specific emphasis on drugs and alcohol issues. These include:
- Number of Young People Accessing Drug Treatment Services
  - Young people's programmes to develop self esteem and emotional well-being
  - Mental Health referrals
  - Parenting Skills/childcare provision
  - Homelessness involving children
  - Training and education opportunities
  - Respect and Opportunities
  - Alcohol-related hospital admission rates
  - Smoking rates (15-75)
  - Drug Treatment – people entering and retained
  - Training and Education in relation to substance misuse

- Homelessness - households

8.16 Funding for the LAA is not new funding, but there are flexibilities about pooling of budgets and carry over of under-spends. In 2009/10 there is a potential £13M reward grant if stretch targets are achieved.

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## Section Nine – Consultation and Engagement Feedback

### Introduction

- 9.1 A key aspect of scrutiny is consultation with stakeholders – those individuals who either receive services or are impacted upon by the issues being scrutinised.
- 9.2 For the purpose of this project, the Working Group spoke with or received written evidence from the following groups
- Young Employees in Durham County Council
  - Young people who are engaged with the Youth Service in County Durham
  - Young people from the “One Step Further” project, Bishop Auckland
  - Pupils at Gilesgate Secondary Modern School, Durham City

### County Council Young Employees

- 9.3 In October 2006, a one-day health and safety event was held for young people employed by the County Council. Part of the event included presentations by PCT staff about drugs and alcohol issues. It was considered that this presented an ideal opportunity to undertake some consultation with young people. A questionnaire was developed for completion by those employees who attended the event.

### Questionnaire/Feedback

- 9.4 The age range of the young people polled was as follows:

Age	No.	%
16	5	8.8
17	15	26.3
18	11	19.3
19	10	17.5
20	12	21
21	4	7.1

- 9.5 Every one of the respondents indicated that they drank alcohol. There was a broad range of consumption of alcohol from 2-3 units per week to claims of over 50. A number of respondents failed to complete this section of the questionnaire, placing question marks in the answer box. This might indicate an inability to understand the concept of units of alcohol, which is the primary means by which education/messages about over-consumption and alcohol misuse are delivered.
- 9.6 In relation to a question about days of the week when most alcohol was drunk, the responses indicated that Saturday was the day when most alcohol was consumed, followed closely by Friday.

- 9.7 In response to a question about young people's attitudes to under-age drinking, 28 young people (49.1%) thought that there was nothing wrong with under-age drinking; 27 young people (47.4%) felt that under-age drinking should not take place and 2 young people (3.5%) did not comment.
- 9.8 One issue which members of the Working Group heard about in evidence on a number of occasions concerned the role of parents. One of the survey questions was designed to capture information about this issue. Some 43 of the respondents (75.4%) said that their parents were **aware** of their drinking whilst under-age.
- 9.9 The most significant sources of alcohol for under-18 year olds were friends and direct purchases from supermarkets/other outlets. The full range of valid responses to the question was as follows:

Source	No.	%
Friends	9	22.5
Parents	4	10
Home	6	15
Supermarkets, etc.	8	20
Bought by someone else for young person	7	17.5
Other	6	15

- 9.10 In relation to advertising, nearly 37% of the young people said that this had affected their purchase and consumption of alcohol.
- 9.11 As regards the best ways for young people to obtain advice and information about the effects of alcohol, the overwhelming view from those who responded to this question was that school was the best place to obtain advice. The full results from the valid responses were:

Means of accessing information	No.	%
School	27	61.3
Public Places (libraries, doctors)	6	13.6
Pubs/Off-licences, etc.	1	2.3
From other young people	1	2.3
Parents	5	11.4
Internet	4	9.1

- 9.12 64% of young people felt that the Council as an employer should provide information about alcohol and drugs misuse to its staff and 74% of the young people said that they were aware of policies and guidance within the Authority (although it should be pointed out that one of the purposes of the health and

safety session for young people was to draw their attention to these sorts of issues).

- 9.13 Two questions were included in the survey about drugs. The first of these asked why young people took drugs. Valid responses were as follows:

<b>Why do young people take drugs?</b>	<b>No.</b>	<b>%</b>
Enjoy it	18	41
To be the same as friends	24	54.5
Part of the youth scene	2	4.5

This appeared to support other evidence to the Working Group about the wish of young people to conform and “belong” to their peer group. However, it is also important to note that (as might be argued similarly for alcohol), young people take drugs because it makes them feel good.

- 9.14 A second question about drugs was designed to elicit views about whether young people saw any differences between taking drugs and under-age consumption of alcohol. Members have heard previously that under-age drinking, drug taking and smoking are often common denominators, indicative of a “risk-taking” approach in some young people. However, more than 50% of the respondents felt that there was a significant difference between drugs use and consumption of alcohol by young people.

- 9.15 A final question asked young people about the issues they felt members of the Working Group should be addressing as part of the scrutiny project. The main responses are summarised below:

- **Understanding why young people take drugs and offering advice and facts to young people about drugs and alcohol**
- **Doing more in publicity to explain the consequences of drugs and alcohol misuse**
- **Looking at where alcohol is sourced from and how this can be controlled**
- **Understanding why young people do it and why they enjoy it**
- **Recognising that under-age drinking is OK if done in moderation**
- **Getting proper information from people who know**
- **Drug and alcohol education should start at a younger age and there should be more sharing of real life experiences (from other young people)**
- **What the long-term effects of alcohol misuse are.**



## Youth Service Engagement/Consultation

### Sedgefield Group

- 9.16 The Working Group received information from Paul Hebron explaining the responses received from young people who access the Youth Service in Sedgefield to a drugs and alcohol survey. There were responses from 35 young people of whom 28 were young men and 7 were young women. All of them are positively engaged with the Youth Service.
- 9.17 In relation to alcohol, all the young people said they had tried alcohol, with 40% saying that they drank alcohol regularly. 82% of the young people said that alcohol was easy to access with 71% reporting that they had enough money to buy the alcohol they wanted. It could be concluded that alcohol was easy to access and is affordable for most young people
- 9.18 In relation to drugs 8% of the young people said they used drugs on a regular basis and 45% said it was easy to access drugs. 71% of the young people said they were also affordable. In conclusion, it was suggested that drugs are less accessible to young people than alcohol, but equally as affordable. Alcohol is used on a regular basis far more than drugs.
- 9.19 In terms of knowledge, 97% of the young people reported that they are aware of the dangers of alcohol and drug use. The challenge was how do we build on this knowledge to change behaviour?
- 9.20 The survey of young people in the Durham Area revealed that 81% of young people thought there was nothing wrong with underage drinking with 77% saying their parents knew they were drinking. 85% of young people from the Durham area thought that there was a difference in consuming alcohol as contrasted with taking drugs.

### Derwentside Group

- 9.21 Responses to the questionnaire from a youth group in Derwentside were:

#### Questions

How old are you?

**Age 13 – 1**

**Age 14 – 5**

**Age 15 – 3**

**Age 17 – 1**

**Age 19 – 1**

**Age 20 – 1**

Do you drink alcohol?

**Yes – 11**

**No – 1**

When do you drink most alcohol?

**Friday – 4**

**Saturday – 1**

**Sunday –**

**Other – 7**

What do you think about under-age drinking?

**There's nothing wrong with it – 9**

**Young people shouldn't do it – 2**

If you were drinking under the age of 18 did your parents know?

**Yes – 5**

**No – 6**

Where do you get alcohol from mostly?

**Friends – 1**

**Parents –**

**Home –**

**Bought it myself at supermarkets, etc – 2**

**Someone else bought it or me – 3**

**Other – 5**

Has advertising/sponsorship ever influenced your purchase/consumption of alcohol?

**Yes – 2**

**No – 9**

What is the best way for young people to get information about the effects of misusing alcohol or drugs?

**At school – 5**

**In public places (Libraries, doctors) –**

**Youth Service – 6**

Do you think there is a big difference between young people taking drugs and young people consuming alcohol?

**Yes – 6**

**No – 5**

## **Durham City Group**

- 9.22 Young people accessing the Youth Service in the Durham area gave the following responses to the questionnaire designed to ascertain their views on alcohol and substance misuse. In total there were 105 responses from young people from 5 different projects, the respondents were aged between 12 and 19.

Do you drink alcohol?

**91% Yes**

**9% No**

What do you think of under-age drinking?

**There's nothing wrong with it – 81%**

**Young people shouldn't do it – 19%**

If you were drinking under the age of 18 did your parents know?

**77% Yes**

**23% No**

Where do you get alcohol from mostly?

**18% Friends**

**13% Parents**

**7% Home**

**3% bought it myself at supermarkets, etc**

**48% someone else bought it for me**

**11% Other**

Has advertising/sponsorship ever influenced your purchase/consumption of alcohol?

**26%**

What is the best way for young people to get information about the effects of misusing alcohol or drugs?

**31% at School**

**7% in public Places (Libraries, doctors)**

**55% Youth Service**

**1% from other young people**

**2% from parents**

**2% from the internet**

Why do you think some young people take drugs?

**47% they enjoy it**

**48% they do it to be the same as their friends**

**5% it's part of the youth scene anyway**

Do you think there is a big difference between young people taking drugs and young people consuming alcohol?

**85% Yes**

**15% No**

What key issues about alcohol and drugs misuse by young people under the age of 18 do you think Councillors should be looking at during the scrutiny project?

**Drinking makes people violent – what is the Council going to do about that?**

**Up the age limit on drinking**

**More youth clubs**

**Advertise the bad effects more**

**Lower the supply**

**Stop drinking/drug taking in public places**

**Lower the age limit on drinking**

**Look at where young people are getting alcohol from**  
**Provide other things for young people to do**  
**Councillors should make shops ask for ID every time**  
**Give more information to young people on drinking**  
**The amount of units young people are drinking**

### **Easington Group**

9.23 The youth group in Easington included a number of young disabled people. The response was as follows:

How old are you?

**Age 11 – 1**

**Age 12 – 10**

**Age 13 – 6**

**Age 14 – 17**

**Age 15 – 9**

**Age 16 – 17**

**Age 17 - 1**

**Age 18 - 3**

Do you drink alcohol?

**Yes - 47**

**No - 21**

When do you drink most alcohol?

**Friday - 13**

**Saturday - 10**

**Sunday -**

**Other - 25**

What do you think about under-age drinking?

**There's nothing wrong with it - 42**

**Young people shouldn't do it - 19**

If you were drinking under the age of 18 did your parents know?

**Yes - 33**

**No - 30**

Where do you get alcohol from mostly?

**Friends - 4**

**Parents - 8**

**Home - 4**

**Bought it myself at supermarkets, etc - 7**

**Someone else bought it or me - 16**

**Other - 11**

Has advertising/sponsorship ever influenced your purchase/consumption of alcohol?

**Yes - 18**

**No - 45**

What is the best way for young people to get information about the effects of misusing alcohol or drugs?

**At school - 22**

**In public places (Libraries, doctors) - 4**

**Youth Service - 19**

**From other young people - 4**

Do you think there is a big difference between young people taking drugs and young people consuming alcohol?

**Yes - 32**

**No - 38**

### **Views from the “One Step Further” Project Group, Bishop Auckland**

- 9.24 The meeting with young people from Bishop Auckland was facilitated by Sergeant Mick Hutchinson, Police Community Safety Officer for the Sedgefield, Wear Valley and Teesdale Area. The project “One Step Further” worked with a group of 18 young people (13 young women and 5 young men). It was explained that the group had been formed by the Police to tackle anti social behaviour and get young people off the streets. The Police had engaged with young people and had obtained funding for the project, which met at the local college. The young people had been involved in an exchange to Slovakia as part of their development.
- 9.25 Sergeant Hutchinson introduced four young people to the Working Group who had previously been supplied with an outline of the project and details of some of the issues about which members were keen to hear young people’s views.
- 9.26 **The young people said they drank because they enjoyed it. It made them feel different – clever - and there was nothing else to do.** They wanted cinemas or a bowling alley, not just leisure centres. The young people were not concerned about the risks of alcohol or drugs misuse - they knew it could be bad but thought that those sorts of things happened to other people. They would do anything – risks were something that people took all the time, like walking down a dark alley at night or having accidents. They explained that they felt under age drinking on the streets was wrong, but didn’t see anything wrong with drinking at home. They said that it was easy for them to obtain alcohol. They got it from the local shop or asked someone to buy it for them. There was little experience of regular purchasing alcohol from bootleggers. The young people said they drank most at weekends – usually about 2 litres on a Friday and again on a Saturday, consisting of beer, lager or Lambrini (a sweet fizzy wine) and spirits. Most of this came from the corner shop.

- 9.27 The young people were aware of the concept of binge drinking and thought that sensible drinking was about only consuming a few bottles or glasses of alcohol. In relation to parental views, they said that their parents were OK about them drinking at home, but didn't like them drinking on the streets. Some parents gave their children money to buy alcohol. In relation to information, most of the young people felt that the best place to obtain information about alcohol and drugs and the consequences of misuse was from other young people. They thought that the agencies providing information needed to be more innovative about how it was conveyed to young people and in such a manner as to allow young people to make informed choices.
- 9.28 The young people recounted some of their experiences to the Working Group. They referred to two lads who had shared a bottle of whisky and one of them collapsed and stopped breathing. He had to go to hospital and have his stomach pumped. He was 14 years old. Another concerned some of the group who had attended a house party where one of the girls had drunk too much and her parents had to be contacted to come home. The group referred to a 13 year old girl they knew who goes out clubbing at weekends with her mother to help 'keep her Mum right'.
- 9.29 Sergeant Hutchinson explained that it was not always necessary to provide facilities, but the provision of somewhere for young people to go was helpful. Paul Hebron stated that the young people who attended youth clubs still drank, and if youth clubs were organised on Friday nights, attendances were lower. Young people enjoyed being with their friends on a weekend.
- 9.30 It was said that the consumption of alcohol and drugs reflects on the lifestyle issues of young people and it would be helpful to carry out a lifestyle survey of young people in the County to provide information.
- 9.31 The Working Group felt there would be some merit in Members having an opportunity to attend a training session to learn more about the different types of drugs that were used by young people.

### **Consultation with Young People from Gilesgate Secondary School, Durham City**

- 9.32 County Councillor Ken Holroyd and Tom Bolton, Senior Scrutiny Support Officer, attended a lunchtime consultation event with young people at Gilesgate Secondary School, facilitated by the Youth Service on 1 March 2007.
- 9.33 The group of young people consulted appeared to range in age from 14-16. The event was informal and conducted in roundtable session. The young people seemed at ease and spoke openly about the issues.
- 9.34 Young people said that alcohol was easy to get. They either bought it themselves, or more commonly, got older people going into off-licences to buy it for them. They would decide whether a person going into an off-licence was likely to buy alcohol for them, by assessing their appearance (i.e. someone dressed in "Chav" gear was likely to help). Some young people said they had been "ripped

off” as a result. One girl said she had lost £9 which she had given to someone to buy a bottle of vodka. To have complained to the police or anyone else would have been pointless, given the purpose for which the money was intended.

- 9.35 The alcohol they bought was mainly beer, lager, Lambrini (fizzy wine) and some spirits (primarily vodka). When asked to say how much they each spent per week on alcohol, £10 per week seemed to be the average amount. Quizzed about the source of this income, most of the young people said it came either from parents or from earned income (i.e. paper rounds).
- 9.36 When asked why they drank alcohol, the young people gave a variety of reasons:
- **It made them feel good**
  - **There was nothing else to do**
  - **Because of family problems**
  - **To show off in front of their friends (when younger)**
- 9.37 The main time for young people to drink seemed to be Friday nights and during holiday times. Most of them drank at least once per week. Many said they had started drinking when they were 12 or 13 years of age. There was some parental approval. Most drinking took place outside, mainly in mixed sex groups, but it was agreed that males drank more than females. Sometimes the young people drank in groups indoors when their parents were out.
- 9.38 Nearly all of the young people admitted to having been drunk at some point and a number of them recounted details of their experiences. One girl said that she had been so drunk she had mounted the pillion of a motorcycle belonging to a young man she didn't know. He was about to drive away with her, but her friends had pulled her off the motorbike. She had no recollection of what had happened afterwards. Another girl recounted how she had got drunk at a friend's and had woken up there the following morning, face down in bed in a pool of vomit. One boy said he had fallen downstairs whilst drunk. Some had friends who had been hospitalised as a result of alcohol poisoning. A number of the young people said they had learned lessons from what had happened to them, knew their limits and now moderated their drinking as a result.

### **Evening Visit to Licensed Premises – Durham City**

- 9.39 As part of the evidence gathering for the project, a small group of Working Group Members and the Senior Scrutiny Support Officer visited licensed premises and observed the night-time economy in Durham City on a Saturday evening/Sunday morning in March 2007. Sergeant Tim Robson, Licensing Sergeant for the Northern Police Area, facilitated the visit. Members were accompanied throughout by Sergeant Robson and two other police officers.
- 9.40 The visit commenced in North Road, Durham City at 10.00 p.m. with observations in the Bus Station where there were some young women in their 20's, who appeared to be inebriated. The intention had been to visit premises in North Road, but officers were called to the riverside beneath Milburngate

Shopping Centre, where a group of young people had been observed drinking what appeared to be alcohol by CCTV cameras. Two young men and a young woman were apprehended with a plastic carrier bag containing cans of strong lager. The young people were questioned by the police officers and admitted to being under age. All of the young people were 15 years of age, but one of the males looked older and might possibly have passed for an 18 year old. The details of all the young people were taken and the officer took a photograph of the young man, who said he had purchased the alcohol at a nearby off-licence. The alcohol was confiscated and was poured away by the officers into a nearby drain. The young people were then released. Members were advised that the off-licence staff would be told of the incident and the photograph of the young man who had purchased the alcohol would be shown to them so as to ensure that further sales to him would not take place.

- 9.41 Members then had an opportunity to visit a variety of licensed premises in North Road. By 11.45 p.m. there was a sizeable queue of people for taxis in North Road. The Taxi Marshall arrangements in this area of the City appeared to be working very well and there was no evidence of any trouble in the taxi queue. Some of the licensed premises, as well as the CDRP, contribute financially to this initiative. Members then visited venues at Dunelm House and at University College on Palace Green where they were apprised of the arrangements in place for students, which appeared to be operating well. The police advised of the importance of having properly trained and accredited door staff at premises throughout the City. Because of competition between venues and pressure on profit margins, some premises no longer employed door staff. Members observed one venue without door staff where groups of people were milling around and spilling onto the highway, creating danger for passing traffic.
- 9.42 The final part of the visit (after midnight) consisted of a series of inspections of the new developments in the Clayport area of the City. There are a number of large venues which have been developed in this area, and members were advised that young people from as far away as Newcastle now visited these. The larger nightclubs hold several hundreds of people. There are contributions from licensees to policing in this area (there were also contributions from some of those in North Road to policing there). The final visit was to Durham City Market Place to observe the queues for taxis in this location. Apart from North Road, there are no other Taxi Marshall arrangements in the City. There were some disturbances in the Market Place, which were quickly dealt with by the police. There was a concern on the part of Members about the sufficiency of taxi arrangements for transporting home the large numbers of people who emerge from clubs and pubs at this time and the disorder that can occur in queues (the queue in the Market Place had nearly 70 people waiting for a taxi). The visit ended at 2.00 a.m.



## Section Ten - Best Practice and Value for Money Issues

### Introduction

- 10.1 An important part of any scrutiny project is looking at how local authorities and agencies in other areas are tackling issues to determine whether there is any best practice that might be considered or adapted for use in our own area.
- 10.2 The following report on best practice in other authorities/areas was provided for the Working Group by Glenn Simpson of Northumbria University:

### Research Findings

- 10.3 The particular focus of the paper provided by Northumbria University is on local authority best practice in this field. However it should be noted that much of this work involves close co-operation with other statutory public agencies and voluntary/community sector bodies.

### Local Authority Best Practice

- 10.4 The former Department of the Environment, Transport and the Regions' report '*Beacon Council Year 2 Theme Research*' sets out some of main ways in which local authorities can intervene to tackle drug misuse among young people. Many of these interventions involve collaboration with other agencies, often but not always through formal partnerships. The chart below illustrates the main roles local authorities perform when tackling drug misuse among young people. It should be noted that many of these responsibilities are also applicable to other forms of substance misuse.

Strategic aim	Key responsibilities
<b>Young People</b>	<ul style="list-style-type: none"><li>• Prevention activity with all young people within formal and informal education settings, including work with vulnerable groups in contact with local authorities (e.g. looked after children, children excluded from school and young offenders).</li><li>• Development of policies to manage incidents of drug misuse in schools.</li></ul>
<b>Communities</b>	<ul style="list-style-type: none"><li>• Work with young offenders involved in drug-related crime through youth offending teams.</li><li>• Community regeneration schemes in areas with high levels of drug misuse.</li><li>• Action to tackle drug markets through involvement in Crime Reduction Partnerships and particularly in clubs and local authority housing.</li></ul>

Strategic aim	Key responsibilities
<b>Treatment</b>	<ul style="list-style-type: none"> <li>• Providing access to a full range of appropriate treatment services for young drug misusers (in partnership with health authorities).</li> <li>• Provision of supported housing to young people who misuse drugs.</li> </ul>
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Action to reduce the supply of illegal drugs through involvement in Crime Reduction Partnerships.</li> </ul>

- 10.5 Tackling drug and alcohol misuse is an integral element across a host of key council policies such as regeneration of communities, reducing crime and disorder and addressing social exclusion. The most successful local authorities tend to be those that can address these complex multi-dimensional policy problems by adopting a co-ordinated and integrated approach.
- 10.6 The local authorities that achieved Beacon Council status in 2001 demonstrated best practice approaches such as effective consultation with the community, targeting of specific groups and the establishment of clear links with local Drug Action Teams. For example:
- **Dorset County Council** has developed very effective consultative arrangements and has demonstrated good work in accessing hard to reach groups across urban and rural areas. There is a successful specialist young people's service, achieved with low levels of resources.
  - **East Riding of Yorkshire Council** along with **Kingston upon Hull City Council** is targeting efforts towards tackling misuse of heroin among young people. They also showed great sensitivity to race and diversity needs.
  - **Shropshire County Council** has good interagency support with several innovative elements in drug education and special support for young people. The council also had an impressive array of local, county and theme plans.
  - **West Sussex County Council** has demonstrated good links between Drug Action Team efforts and Crime and Disorder partnerships across responsible authorities. The council also has developed some creative consultative mechanisms.
- 10.7 A significant number of local authorities in partnership with local statutory, independent and voluntary organisations have introduced initiatives and programmes aimed at preventing and minimising substance misuse among young people. Examples of best practice include:

- **Effective partnership arrangements:** in identifying need, planning and commissioning appropriate services. Young people have an opportunity to input into this process via a variety of means including young people's reference groups.
- **Pooled budget arrangements:** are in place to improve effectiveness of planning and commissioning of services. This can have a knock on benefit in terms of sustaining core services.
- **Joint commissioning groups:** established for young people's services.
- **Community based open access services:** for young people providing a variety of interventions ranging from tier one to three, although usually all three. This is usually via a 'one-stop-shop' approach.
- **Substance misuse programmes:** are based on identified need of young people and are culturally relevant and evidence based.
- **Local protocols:** in place supporting young people's transition through critical points in their lives such as moving between schools and leaving care.
- **Substance misuse policies and programmes:** are available in all schools. Each school has identified staff with responsibility for substance misuse education and this is communicated to all relevant parties including parents and the LEA. Ensuring that training is provided to all schools to help manage drug related incidents. In addition parents of pupils are also offered this training. Substance misuse education is monitored and evaluated and pupils are surveyed on a two yearly basis via a 'lifestyle survey'.
- **A directory of substance misuse services for young people:** is available and updated annually. This is provided to all schools.
- **Primary prevention programmes:** such as universal and targeted education at higher risk young people is multi-agency led, with an emphasis placed on appropriate training at all levels. Substance misuse education in schools should involve innovative diversionary projects to engage all pupils including peer approaches.
- **Secondary prevention:** should also be multi-agency led with emphasis on harm reduction initiatives. This should target the most vulnerable young people. The aim of interventions here is to delay the onset of experimentation and to ensure behaviour and patterns of use are managed in ways that try to reduce risk and potential harm. Ensure intensive life-skills programmes are in place.

10.8 Other local authorities have demonstrated innovative practice in this field. For example:

- At **Oldham Metropolitan Borough Council** the Alcohol and Substance Intervention Service (Oasis) *integrates both voluntary and statutory services* to offer young people a variety of accessible services ranging from information and advice through to care planned intervention for more serious substance related needs. Services can be accessed directly by young people, agency workers, parents/carers and any other person who would like information, advice consultation and support. Services are funded jointly by the Youth Justice Board, the local authority, Department of Health, DfES and via Single Regeneration Budget and lottery funding. The service provides interventions covering all four tiers.

10.9 Other local authorities have a good record in developing interventions to address substance misuse specifically *among vulnerable groups of young people* (i.e. looked after children, truants or excluded pupils). For example:

### **Bolton Metropolitan Borough Council**

- 10.10 In the Bolton Metropolitan Borough Council area many young people experiencing substance misuse problems require treatment and interventions at tier three level. As a result capacity has been built within mainstream services to assess and deliver targeted interventions around 'lower level' substance misuse, ensuring that 360°, the young people's substance misuse service, has the capacity to deliver more specialist services. The 360° service offers a specialist, integrated, multi-disciplinary service to young people up to age 19 and their families through both health and social care interventions. 360° is based within Children's Services, managed by the Head of Resources. The service aims to work with clear defined boundaries as a tier three service to prevent inappropriate referrals from the mainstream agencies (See appendix two for more information on 360°).
- 10.11 Bolton is noted for its strong vision in terms of addressing low-to-moderate level drug misuse by mainstream professionals using the multi-agency screening tool and ensuring that mainstream workers are skilled, supported and equipped to do this. The screening and assessment tool is specific to local circumstances and is supported by a compulsory two day training course. The training equips practitioners from mainstream Children's Services to identify and assess substance misuse and to provide a range of interventions including targeted education and awareness, diversionary activity, group work and harm reduction.
- 10.12 Bolton also has a history of successful partnership working and work across structural boundaries. There is a clear commitment from Children's Services on integrating substance misuse into the wider Every Child Matters agenda. Links are also being developed across strategic groups within Children's Services. A Young People's Joint Commissioning Group has been established, which is accountable to the Children and Young People's Strategic Partnership (CYPSP) via the Children's Health and Wellbeing Executive, and works to targets shared by the CYPSP and BSAFE (the merged DAT and CDRP). It is envisaged that commissioning for young people's services will be line managed within Children's Services Commissioning in due course.

## London Borough of Camden

- 10.13 The London Borough of Camden has reconfigured its children and young people substance misuse service so that it is fully integrated with mainstream Children's Services. This decision was taken following an assessment of local need that showed a high percentage of young people coming to the voluntary sector substance misuse specialist service were already in contact with other Children's Services. There is a dedicated Young People Substance Misuse Commissioner, who plays a key role in promoting the drugs agenda within the developing children's structures. The Young People Substance Misuse Commissioner sits within the Partnerships, Strategy and Commissioning Division within the newly formed Children, Schools and Families Directorate. This provides a professional commissioning environment and facilitates development of substance interventions within mainstream Children's Services.
- 10.14 The service delivery model at Camden builds on the successful experience of placing workers with specialist drugs knowledge and expertise within teams working with vulnerable young people. The service delivery model being embedded is seen as transitional, which may change in the future as wider change within Children's Services is realised. The underlying concept is that staff with drugs knowledge and expertise will be placed on both a full-time and/or sessional basis with teams working with key groups of vulnerable young people pushing the intervention points to an earlier stage. The staff receive day-to-day line management with the teams they work in. They also attend weekly substance misuse team meetings for case allocation and management, peers support and clinical supervision from a specialist substance misuse operational manager based within a core children's multi-agency team.
- 10.15 The Camden screening and assessment process for Looked After Children (LAC) includes substance misuse screening within the annual health assessment for LAC aged 10+. A check on whether this has been done takes place at the six monthly review. Camden has a high level of compliance with the annual health assessment due to a proactive approach that assertively follows up the children rather than expecting them to turn up on invitation. The small numbers who do not comply tend to be in the 14-16 age bracket.
- 10.16 Camden has integrated substance misuse interventions within wider school inclusion services. The School Inclusion Team (SIT) intervenes with families and schools at an early point to prevent escalation of problems, which may result in permanent exclusion from school. SIT maintains a database on which is recorded all fixed period and permanent exclusions, including data on drugs issues. There is a statutory duty on schools to notify SIT of all exclusions. The team works closely with school staff, including learning mentors, providing direct work to help them ensure drug use does not impact on pupils' ability to achieve at school. This support includes advice on drug use, a drugs awareness programme that provides an alternative to exclusion, motivational interviewing, home visits, securing mentors and other support.

- 10.17 The workers have played a key role in developing the skills of other education professionals on drugs issues. 'Success Plus' is a fixed term programme run at the key stage three Pupil Referral Unit. The aim of the programme is to get every pupil re-integrated into mainstream school. PSHE is the key element of the curriculum and the issue of drugs misuse features prominently. There has been significant investment in the development of a tailored programme rather than simply repeat the drug education they receive in mainstream school.
- 10.18 In Camden the Neighbourhood Wardens work closely with their local schools and in some cases they deliver lessons to young people on substance misuse. With the warden's support, pupils have taken part in role play and make videos aimed at educating their peers on the risks of substance misuse. Wardens work in partnership with the police, council officers and listen carefully to the concerns of young people so that wardens can be effective in preventing dealers from approaching young people on their way to school and outside school. The wardens have used a walking bus and occupy identified 'hot spots'.

### **Hull City Council**

- 10.19 Hull City Council has developed an integrated specialist services model. This is based on a community-based integrated young people's resource team. Located initially in an existing city-centre young people's resource centre, but with aims to expand, the team is both multi-agency and multi-disciplinary. The fact that staff will be co-located enables excellent communication and promotes the intended objective to ensure a holistic approach to assessment, care planning and service delivery.

### **Good Practice in Tackling Alcohol Misuse amongst Young People**

- 10.20 Some local authorities are identified as demonstrating good practice in tackling alcohol misuse among young people. Alcohol Concern (2006) has highlighted good practices in addressing alcohol issues among local authorities that have developed Local Area Agreements (LAA).

### **Lancashire**

- 10.21 When developing their LAA, Lancashire identified alcohol problems as a priority issue, which cross-cut three theme blocks. Outcomes and indicators were developed addressing issues in each of the blocks. To ensure that alcohol issues were adequately addressed, the Lancashire LAA steering group awarded a £500,000 pump priming grant for work around alcohol. Although Lancashire did not have a specific reward target around alcohol, it was found that initiatives to address alcohol-related harm would contribute to the majority of the 12 reward targets in the LAA. These include:
- Appointment of an alcohol champion to develop a co-ordinated approach to alcohol harm reduction in the LAA.
  - Development of a co-ordinated prevention approach.

- A briefing for planners on regenerating the night time economy without exacerbating alcohol problems.
- An evaluation of licensing implementation and identification of good practice in the 12 district councils.
- Development of a local Best Bar None scheme.
- A tier 1 training toolkit, to cover awareness of alcohol-related harm, available services, screening tools and referrals.
- Development of proposals for referral from the criminal justice system into treatment.
- Development of a co-ordinated information collection system, bringing together alcohol data from the police, A&E and treatment services.

## West Berkshire

10.22 West Berkshire LAA identified alcohol as a key issue in reducing harm to young people. They addressed both alcohol and tobacco in their outcome; the addition of tobacco, to produce a broader outcome, was felt to be necessary in order to access pump priming money, in line with the Government's guidance on stretch targets. The pump priming money funded the appointment of two part-time officers. The first officer manages a survey of young people, and is working with schools to provide alcohol education, mostly within the PSHE curriculum. The officer's remit includes ensuring the delivery of targeted interventions to pupils at risk of exclusion because of alcohol misuse. The second officer will focus on enforcement, increasing the number of targeted test purchases carried out across West Berkshire's large rural area, and working to train and support retailers. There is concern that young people aged 18 may be buying alcohol for younger children, so work will be done to raise retailers' awareness of this issue and how to respond. There is also concern that young people are given alcohol by their family, so an education campaign through the local media is being considered to address this.

## Devon

10.23 Devon LAA has sought to reduce crime through prevention and intervention in alcohol and drugs misuse issues. The central position of alcohol in the LAA led to the development of a local alcohol strategy and the establishment of a Partnerships Development Manager post to co-ordinate local alcohol harm reduction work. Initiatives include:

- *Reducing crime through treatment:* £155,000 was allocated for a criminal justice programme, through which people who commit alcohol-related disorder are referred for six brief intervention sessions. It aims to engage a minimum of 500 people in treatment.
- *Supporting vulnerable young people:* Two tier 2 young people's workers have been appointed to provide substance misuse advice and information to vulnerable young people (including truants, excluded, and looked after children), with the aim of working with over 800 young people a year.
- *Prevention:* Over £50,000 has been allocated for the development of an 'Alcohol Package'. This includes: the provision of video equipment for police to record incidents for later court appearances; a taxi marshal

scheme in targeted areas over holiday periods; the development of a consistent message on safer drinking, targeted at the Christmas period when levels of alcohol-related violence are higher; the targeted engagement of young people in activity designed to promote positive health messages to their peers, to reduce alcohol-related violence, disorder and anti-social behaviour committed by young people.

## **Key Themes to emerge from Local Authority Best Practice**

- 10.24 A number of key themes emerge from those local authorities that have been identified as performing well in this field.
- 10.25 It is evident that ***innovative substance misuse education***, which is incorporated as part of the curriculum and with high levels of input from young people has been effective. Initiatives in this area range from general information and advice sessions, peer education through to 'diversionary activities' in a variety of areas that encourages young people to be creative. Specific examples include production of a music video with a substance misuse message running through it and giving control of the production process to young people. Other examples include giving young people responsibility for organising various youth specific events, which highlight the substance misuse message. The most successful initiatives and programmes are those that are driven and controlled by young people.
- 10.26 Outside the school environment, a significant number of authorities undertake ***substance misuse education through youth services*** (e.g. youth clubs, youth forums, social clubs and various youth events). Local geography and location are also important. For instance in rural areas, mobile outreach units are also deployed to target areas frequented by young people. In addition, there are broader youth programmes aimed at personal development and provision of information/advice that usually involve a variety of schemes such as sports, performing arts or other leisure activities.
- 10.27 Particular attention is paid by some local authorities on ***targeting local 'hot spot' areas and key groups of vulnerable young people***. This is facilitated by the availability of comprehensive baseline data on local need. Projects introduced by some councils to target young people at risk include: outreach and detached work; developing skills (e.g. developing coaching skills in a range of sports); establishing sports clubs; youth achievement awards; leadership and mentoring projects; opportunities for volunteering; casual and part-time work. National projects such as Positive Futures in England target the worst drug-affected areas with the aim of creating opportunities for young people to divert them away from substance misuse. The Connexions service also provides similar projects although these tend to target a wider range of young people. In addition, taking a proactive approach to screening, assessment and monitoring of substance misuse and wider health issues of Looked After Children (which are a specific responsibility of local authorities) can be effective in addressing problems in this group.



- 10.28 Many local authorities also provide **education for parents** of school children. This usually takes the form of 'awareness-raising' sessions including advice on how to detect the signs of misuse, prevention and coping skills etc. Parents are also given the opportunity to inform education programmes in schools. A significant number of councils have established formal links with 'generic' services such as housing, employment, youth services, leisure, social and health services in order to ensure that young people with substance misuse problems have access to the appropriate services to support their personal development and well-being. These links are usually supported by local agreements, some of which are informal.
- 10.29 Some local authorities have '**mainstreamed**' and **developed integrated substance misuse services and created pooled budgets** to improve the effectiveness of planning, commissioning and access to services, particularly treatment services, which are more accessible via a one-stop shop approach. The added knock-on benefit tend to be is more sustainable core services. Information sharing and monitoring of trends is also enhanced and in turn this can inform service development. In addition continuity of service can be improved particularly with young people within the transitional ages. In addition the development of effective partnership arrangements among councils, public agencies and the voluntary sector has proven to be successful in tackling substance misuse in many areas.
- 10.30 There are a number of key principles that support effective substance misuse prevention programmes for young people. They include the following:

***Building a strong framework:***

- Address the protective factors, risk factors with focus on the factors that most directly contribute to substance use problems.
- Tie activities to complementary efforts by others within the community for a holistic approach.
- Ensure sufficient programme duration and intensity with age appropriate services covering adolescence and young adulthood. Intensity needs to increase as the risk of the participants' increases.

***Accountability:***

- Base prevention programmes on accurate information - that is, local information on the nature and extent of young people's substance misuse, problems associated with use and user characteristics.
- Establish clear and realistic goals that address local circumstances.
- Monitor and evaluate substance misuse programmes to ensure that they are in line with the desired outcomes.
- Address programme sustainability from the beginning.

### ***Understanding and involving young people:***

- There is a need to see substance misuse issues within the context of the transitional stages of young people's development in order to respond to it effectively.
- Recognise young people's perceptions of substance misuse in order to create credible programmes.
- Greater involvement of young people in designing and implementing substance misuse programmes.

10.31 It should be noted that some of the best practice information and initiatives identified in this Section have greater relevance to urban circumstances and it is not always possible to translate these into large and sparsely populated rural settings.

### **Appendix one: Beacon Councils**

10.32 ***Shropshire County Council*** was awarded Beacon Council status by demonstrating 'good inter-agency support' with several innovative elements in drug education and special support for young people. Interventions are based on evidence and good practice and demonstrate strong links between DAT plans, partner bodies and the council's wider plans and services. The council has:

- explored a number of methods to stimulate a wide range of input from service users, community bodies and young people, e.g. the Youth Council;
- good links to other corporate and inter agency plans, e.g. the Crime and Disorder Partnership and the Connexions initiative;
- made good use of monitoring and evaluation in their approach to treating young people and efforts are being made to evaluate the impact of drugs education programmes;
- improved drug education programmes for teachers, pupils and parents on the basis of feedback.

10.33 In February 2001, ***East Riding of Yorkshire Council*** along with ***Kingston upon Hull City Council*** were both awarded Beacon Council status for showing 'great sensitivity' toward race and diversity needs. Together with DAT they have prioritised tackling heroin misuse amongst young people because it is the most harmful illegal drug and is linked to crime. The focus has been very much on treatment provision because of its paucity. The two councils have developed:

- inter-professional liaison and consultation with groups in the community such as young people and residents;
- very clear plans to minimise heroin misuse through education and treatment development for young people;
- given their diverse populations, displayed an encouraging sensitivity to ethnic minority needs;

- commissioned research across 10 schools to evaluate the impact of the education programme.

10.34 In February 2001, **Dorset County Council** was awarded Beacon Council status for providing a 'good, sustainable service' in urban and rural areas. Tackling drug misuse is embedded in cross council services and the council has plans with clear inter-agency origins, support from the DAT and other partners. Despite limited resources, activities to tackle drug misuse are built into the main budgets of council departments. The council has:

- undertaken a large-scale survey of young people to build on the good consultation that is already underway and shows how consultations with young people have led to changes in service delivery;
- sought to mainstream activities to tackle drug misuse among young people across departments;
- contributed to a county wide reduction of 20 per cent in numbers of looked after children through its work to tackle drugs misuse.

10.35 In February 2001, **West Sussex County Council** was awarded Beacon Council status for demonstrating a 'cohesive approach' across urban and rural areas. The council is making some encouraging efforts in relation to young people's race and diversity issues and is undertaking a sustained and long-term evaluation of specialist young people's treatment outcomes. Within the county and district structure (there are seven district councils) - the councils made a clear effort to provide a cohesive approach to tackling youth drug misuse. The Crime and Youth Justice group plays a significant role in embedding cross-agency plans. West Sussex has:

- already established a County Youth Council supported by a new post and had a mobile outreach service in parts of the county;
- a wide set of plans covering the spread of council interests and the interests of partners and backed up with a training strategy;
- an innovative Treatment Outcome Research Study underway in which the county is a partner.

## Appendix two: Bolton's 360° Multi Agency Team

10.36 The service shares a building with the BASE, a foyer project providing supported accommodation for young people. A significant proportion of 360° staff are professionally qualified in either youth work, social work or nursing. The following services are offered by 360°:

- Five *substance misuse workers* (e.g. qualified youth worker, social worker and nurse): key-working young people needing treatment, harm reduction, counselling, alternative therapies, relapse prevention.
- *Support workers*: providing 'wraparound' services for young people i.e. help with accommodation, benefits, budgeting, accessing training and employment, and diversionary activities.
- *Emotional health worker*: funded by CAMHS.

- *Family support workers*: providing services for parents, carers and siblings.
- *Consultant in Substance Misuse*: weekly prescribing clinic.
- *Community Paediatrician*: weekly clinic.
- *Consultant Child and Adolescent Psychiatrist*: provides consultation to emotional health worker.
- *Safer Families project*: intensive support for children and young people affected by parental substance misuse, in partnership with East Bolton Regeneration and adult Community Drug Team.
- *Outreach worker*: funded by East Bolton Regeneration and working in partnership with the Youth Service. Provides substance awareness, harm reduction and health messages on the streets to young people not accessing services as well as alternative activities and sign posting to other services, including 360°. Group work with young people at risk of exclusion from school due to substance issues.
- *Tier 2 co-ordinator*: Key role around workforce development, through provision of training, resources and support for practitioners in universal and targeted services for children. Works closely with Young People's Substance Misuse Training Co-ordinator, to provide a broad range of training, support and consultation to all professionals. Also involved in development of intervention resources for staff providing Tier 2 interventions, training provision for CAF and the multi-agency steering group developing the Lead Professional role that sits alongside it.
- *Resettlement Aftercare Provision*: in partnership with the YOT.
- *Arrest referral service*: working with 18 year olds identified through the Tough Choices (Testing on Arrest) programme.

## Section Eleven – Conclusions

### Introduction

- 11.1 The initial aims of this scrutiny investigation were to look at both alcohol and drugs misuse by young people under the age of 18. However, it became apparent early in the project, in evidence from practitioners such as Dianne Woodall from the PCT and from the DAAT that, **it is misuse of alcohol by young people that is likely to have far more serious long-term effects than drug misuse.** In particular, **alcohol misuse by young women carries the most significant long-term health consequences.**
- 11.2 **Alcohol is a legal drug.** Lynn Brooks from the PCT told the Working Group that, whilst there are restrictions around its use, alcohol is part of our culture; is widely used in socialising and as part of celebrations and for relaxation. **Young people drink alcohol for much the same reason as adults – because it makes them feel good,** relaxes them or frees their inhibitions. This was the message from all of the young people who spoke with the Group.

### Data

- 11.3 **Consumption of alcohol by young people has doubled over the last 10 years, with 23% of 11-15 year olds saying they drink.** Young people's drinking patterns tend to mirror those of adults, with beer, lager and cider being the main drinks consumed, although girls drink more spirits and alco-pops than boys. In a survey of schools in Easington and Derwentside, 9% of year 10 boys and 5% of girls said they drank more than 28 units per week, which is more than the maximum recommended weekly level for adult males. Over 20% of young people said they drank at home, but many also drank outside in the street. **The greatest concerns are about the increasing consumption of alcohol by girls, which is overtaking that of boys.**
- 11.4 **National guidance on consumption of alcohol (as expressed in units) is based on the impact of alcohol upon adults, but there is little or no research about the impact of alcohol on young people.** There are similarly high levels of alcohol consumption by young people on the continent, with consequent health issues, such as cirrhosis, but levels of crime and anti-social behaviour from young people on the continent appear to be lower.
- 11.5 Although witnesses were able to provide some data about alcohol and drugs misuse by young people, the Working Group heard that **comprehensive data about alcohol and drugs consumption by young people across County Durham is non-existent.** In the evidence about best practice from Northumbria University (Section Ten above), reference was made to a large scale survey carried out in Dorset about young people's attitudes to substance misuse. Consideration needs to be given as to how better data for County Durham can be gathered and a baseline established, perhaps via the **commissioning of a county-wide lifestyle survey of young people.** The Working Group would envisage this being a joint exercise with partners (including the County Council)

contributing towards the costs. Only then will it be possible to more accurately address the issues and target resources.

## Key Issues

- 11.6 **Many young people under 18 drink alcohol. Simply telling them stop has little or no effect.** Because it is not possible to ban or remove alcohol from society, it is important to address the risks and reduce or eliminate the harms which can result from use of alcohol, and particularly use by young people. As a society, we have decided that the legal age to drink alcohol in licensed premises is 18 years. However, as was pointed out to the Working Group, young people do not simply abstain from alcohol for 17 years and 364 days and then begin to drink on attaining 18 years of age.
- 11.7 Despite recent calls by Alcohol Concern (a national charity) for a ban on young people under 15 drinking at home; it is not illegal for young people under 18 to consume alcohol in their home. Alcohol is readily accessible and young people see their parents and older siblings consume alcohol. Alcohol is portrayed (usually positively) in the media, in films and on television and is advertised widely. **What is most important is to develop sensible messages about alcohol and alcohol consumption, including harm minimisation, which can be delivered from childhood onwards.** The Working Group was told that prevention of harm can be achieved through:
- **Education**
  - **Prevention, regulation and enforcement**
  - **Support/Treatment**
- 11.8 The Working Group also felt that there were a number of issues around co-ordination, leadership, funding and partnership working linked to the above areas which it wished to comment upon as part of the project.

## Education

- 11.9 Education begins at home and young people learn many of their behaviours from their parents/carers within family settings, including attitudes and approaches to alcohol. It seemed clear from much of the evidence gathered from young people during the project, that there was widespread parental knowledge of the fact that their children drank alcohol. However, this varied between reluctant tolerance, to outright condoning of alcohol consumption. Some parents allowed their children to drink at home, but not on the streets. Other parents purchased alcohol for their children. One parent was said to go out drinking with her under-age daughter at weekends. **The role of parents in getting safety messages about alcohol and drugs across to young people is important and more needs to be done to promote parental responsibility. To do this, parents need information and support about the impact of alcohol on young people and about substance misuse.**
- 11.10 Members were impressed with the work which is being done under the “Whose Fault is it Anyway?” programme in County Durham schools and by the DISC “Outthere” programme which is peer based, both of which are well developed

and **deserve continued and enhanced funding and support**. The schools based programme has an input from young people and is based on a needs analysis approach. However, **there was evidence of funding difficulties in some Districts, which meant that provision was uneven across the County**. The “Outthere” programme was said by DISC to be very effective at getting messages across to young people, but there are difficulties in measuring outcomes in projects of this sort. The Group feels that **more needs to be done to evaluate the effectiveness of all education about alcohol issues aimed at young people**. The report from Northumbria University about best practice indicated that West Sussex had an innovative treatment outcome research study underway.

- 11.11 There was also evidence of **a lack of a joined-up approach to the education of young people about alcohol misuse**, with a number of **different agencies involved going into schools/young people’s groups and giving different messages. Better co-ordination and communication to ensure that there is consistency in approach is needed**. Members of the Working Group felt that **the key approach should be messages based upon harm minimisation**.
- 11.12 Evidence to the Group from consultation with young people also appeared to indicate that **messages to young people about “safe” drinking based on weekly consumption of units of alcohol may not work, as these measures are meaningless to them. Additionally, in relation to any proposed publicity targeted at parents or young people, consideration needs to be given particularly to targeting young women, which research indicates are most at risk**. The findings from this report should also inform the **Countywide Teenage Pregnancy Strategy and Action Priorities, given that a high proportion of unprotected sex amongst young people is drink or drugs related**.
- 11.13 In terms of awareness raising about young people’s alcohol issues, **there may be opportunities for the County Council and District/Borough Council partners to publicise the issues in their free newspapers and on their websites and about those organisations (such as XS and Liberty from Addiction) which exist to support those in need**. There may also be merit in considering whether a **locally organised (Regional) Conference** for key organisations to share good practice and identify effective interventions could also assist in raising the profile of these issues.

## **Regulation and Enforcement**

- 11.14 The Working Group heard in evidence about a number of worthwhile initiatives, including the establishment of Licensing Units by the police and the joint work undertaken with Trading Standards on test purchasing. **Although it will never be possible to stop young people under 18 drinking, it is important that unlimited access to alcohol by under-age drinkers is prevented**. Work is ongoing to more accurately identify and target those who sell alcohol to under-age young people, including the introduction of the Challenge 21 scheme. However, the Working Group was concerned at the evidence from young people about the numbers of adults who purchase alcohol on their behalf from off-licences. Whilst some people may feel intimidated by groups of young people,

there is no defence at law for such actions. The Northumbria University best practice report commented on work underway in West Berkshire to raise awareness of these issues with retailers. The Working Group feels that **whilst much good work is currently being carried out by the Police in identifying and prosecuting adults who purchase alcohol from off-licenses for under age drinkers, this area of illegal activity merits even closer attention by the Police and Licensing Committees and deserves greater publicity when those who commit such offences are brought to justice.**

## Support and Treatment

- 11.15 Tackling alcohol (and drugs) misuse requires a cross-cutting multi-agency approach. The Drugs and Alcohol Action Team (DAAT) for County Durham has a key role to play as a commissioner of services in relation to substance misuse. During the course of the project, the DAAT was undergoing a number of significant changes in relation to key personnel and also the appointment of the County Council's Corporate Director for Adult and Community Services as Chair of the DAAT Board.
- 11.16 The DAAT provided evidence to the Working Group about its overall role, some aspects of its budget, and a draft of the Young People's Substance Misuse Plan. However, there seemed to be some lack of focus about its detailed roles and responsibilities, other plans, targets, measures, and its effectiveness as an organisation. This might well be expected during a period of significant change, but **the DAAT, when reinvigorated, needs to do more to publicise its role, achievements and accountability, both to partner organisations and to the public generally. There also needs to be greater focus by the DAAT specifically in relation to young people's alcohol issues, including undertaking a stronger co-ordinating role to ensure consistent service delivery and interventions by agencies.**
- 11.17 One area of work of the DAAT, which the Working Group was delighted to hear was being addressed, concerned the mapping of young people's substance services. There was a lack of knowledge, even amongst professional staff from different agencies about much of work which was ongoing, particularly at Tier 2 level. Members heard from Gill Eshelby and Kate Martin of CDYES about some of the **issues which had been highlighted as a result of the mapping event. These included:**
- **Gaps in provision linked to a lack of knowledge around service delivery**
  - **Almost non-existent alcohol prevention work**
  - **Poor involvement of young people both in service development and delivery**
  - **A need for 24 hour service provision**
  - **Referrals to other agencies being made where appropriate, but, a countywide universal screening tool and referral pathways are needed (It was suggested that the XS Service had a screening tool that could serve as a model). The Northumbria University best practice report above refers to the success of a multi-agency screening tool in Bolton.**
  - **Continuous research with larger groups of young people**
  - **Separate drug and alcohol workers**



- **Need to have young people's needs/emotional well-being at heart**
- **Standardisation of training**
- **Consistent training for staff/basic standards**
- **A comprehensive directory of services (the County Council should support this work)**

- 11.18 Services in relation to drugs and alcohol misuse are commissioned by the County Durham Drugs and Alcohol Action Team (DAAT) and its partners, but **most funding is targeted at adults.**
- 11.19 The Working Group heard that £3-4M is available for spending on adults with only £638,000 available for young people's services. The Group would urge the DAAT to reconsider whether the proportion of spend aimed at tackling young people's substance (and particularly alcohol) misuse, needs to be increased. **The Group feels that diversionary activities for young people are one answer to the problem** (i.e. sports activities for diversion from drug use such as in Positive Futures).
- 11.20 The County Council has a key role in addressing young people's and family issues. The issues raised in this report in terms of parental responsibility and the need for **support and appropriate interventions for families need to be taken into consideration by the Children and Young People's Service in developing the Family Support Strategy.**
- 11.21 The County Council is also a corporate parent in relation to Looked After Children. The Working Group believes that the Corporate Parenting Panel needs to consider the issues raised in this report in relation to parental responsibility for young people whilst in the care of the Authority.

## Section Twelve – Recommendations

### Introduction

12.1 The recommendations of the Working Group concentrate on the following areas:

- **Data about young people’s lifestyles**
- **Regulation and Enforcement**
- **Education and Information**
- **Support and Treatment**

### Data Issues

12.2 It is impossible to properly plan and deliver services and target substance misuse resources without a full picture of the lifestyles of young people in County Durham. Best practice indicates that these types of surveys have been carried out in some other areas of the UK. The Working Group recommends that:

**The County Council should consider (with its partners) the resourcing and commissioning of a comprehensive Countywide study about young people’s lifestyle issues, with particular emphasis on young people’s attitudes to alcohol and drugs.**

### Regulation and Enforcement

12.3 During the course of the project, members of the Working Group heard on a number of occasions that one of the commonest means by which young people obtain alcohol is from adults purchasing it on their behalf from off-licences. There is a need to raise the profile of this issue amongst retailers and to better publicise the consequences for those adults who purchase alcohol on behalf of under-age drinkers and so flout the law. The Working Group recommends:

**That the Police, and District Licensing Committees be asked to consider whether any additional actions can be undertaken to prevent the purchase of alcohol by adults for those under 18 and how greater publicity can be given to prosecutions of adults who purchase on behalf of, and those licensees who sell to, under-age drinkers.**

## Education and Information

12.4 Both parents, carers and young people need accessible information about the consequences of alcohol and drugs misuse and where to go for help. The Working Group recommends that:

- (a) The County Council and District Councils (via the Crime and Disorder Reduction Partnerships) should continue to strongly support the “Whose Fault is it Anyway?” programme in schools. The DAAT should also consider with DISC whether opportunities exist to further enhance the “Outthere” Project.**
- (b) The DAAT, Children and Young People’s Service and DISC should be asked to consider how the effectiveness of the above interventions can be better measured. The DAAT should also consider how better evaluation of all commissioned young people’s alcohol and drugs interventions can be achieved.**
- (c) The Children and Young People’s Service, DAAT and partners should consider how greater consistency in the messages given to young people in our Schools and Youth Clubs about alcohol and substance issues can be achieved, with the primary focus being on harm minimisation, and noting that messages based on safe “units” of alcohol do not work for young people.**
- (d) In developing any messages aimed at young people, a particular focus should be given to targeting young women, as research indicates that consumption of alcohol by this group is increasing most rapidly.**
- (e) The DAAT should consider with its partners how a communications strategy and information about young people’s alcohol misuse can be developed, specifically targeted at parents and carers.**
- (f) The County Council discuss with its partners (including GONE) whether a regional conference to share good practice and effective interventions in the field of young people’s alcohol and substance misuse should be held.**
- (g) The County Council and District Councils investigate whether opportunities exist to better publicise the issues surrounding young people’s alcohol misuse, and the agencies that provide support, via use of their free newspapers and websites.**
- (h) Given that research indicates a high proportion of unprotected sex between young people is drink or drugs related (and across County Durham teenage pregnancy rates remain high), the findings of this report should inform the Countywide Teenage Pregnancy Strategy and Action Priorities.**

## Support and Treatment

12.5 Tackling alcohol and drugs misuse by young people requires a multi agency approach. **Members were impressed by the commitment of providers and particularly the work undertaken by CDYES and XS.** The Local Area Agreement provides an ideal opportunity to promote more joined up working and pooled funding. The DAAT plays a key role as commissioner of most services. The Working Group recommends that:

- (a) **The DAAT considers how, in future, it can raise its profile amongst partner organisations and the public, play a stronger co-ordinating role and be more transparent in relation to its aims, objectives and effectiveness.**
- (b) **The DAAT consider, with the PCT and its partners, how the issues raised at the mapping event held in October 2006 can be progressed including:**
  - **The development of a Countywide directory of alcohol/substance misuse services**
  - **How alcohol prevention work can be developed across the County**
  - **The means by which 24 hour provision can be implemented**
  - **The development and roll-out of a universal screening tool for use Countywide (perhaps based upon the XS model)**
  - **How consistent multi-agency training can be introduced.**
- (c) **The County Council consider whether it can provide support in connection with (b) above.**
- (d) **The DAAT should review the current allocation of resources between adult services and young people's services, given the need to address urgently the alcohol misuse issues amongst young people highlighted in this report.**
- (e) **The DAAT and its partners should consider whether further opportunities exist to develop more diversionary activities for young people along the lines of those in COSIP.**
- (f) **The Children and Young People's Service should consider how the issues raised in this report can be adequately addressed in terms of support and effective interventions in the Family Support Strategy.**
- (g) **The County Council is a corporate parent in relation to Looked After Children. The Corporate Parenting Panel should consider whether the above findings and recommendations have any implications in relation to the way in which young people and their carers are supported.**

## Review

- 12.6 A key element of scrutiny is reviewing recommendations to determine whether (if accepted) they have made a difference.

**It is recommended that a review of the recommendations in this report be undertaken 6 months after their consideration by Cabinet.**

### HEALTH OVERVIEW AND SCRUTINY

### PROJECT PLAN FOR WORKING GROUP

**TITLE: ALCOHOL, DRUGS AND YOUNG PEOPLE**

### REMIT

- What is the extent and nature of alcohol and drugs misuse by young people in County Durham?
- What are the consequences of alcohol and drugs misuse by young people in relation to:-
  - Health:
  - Crime and Disorder
  - Education/Employment
  - Family and Society
- Which agencies provide services and how, where and when are they delivered?
- What is the role of partner agencies and how closer working can be developed?
- What are the arrangements for informing young people about the consequences of alcohol and drugs misuse and particularly peer education initiatives?
- What is being done to promote parental responsibility?
- What Policies and Strategies are in place in relation to tackling alcohol and drugs misuse?
- What are the respective roles of the County Council and District/Borough Councils in relation to tackling alcohol and drugs misuse by young people (i.e. illicit sale and distribution of alcohol and licensing arrangements)
- What treatment facilities are in place for young people involved in alcohol and/or drugs misuse?
- What is the best practice in tackling alcohol and drugs misuse amongst young people nationally?
- Are we achieving value for money through our existing approach?

<b>WHEN</b> Dates/Time/Location	<b>WHO</b> Key Witness	<b>WHAT</b> Evidence/Information	<b>HOW</b> Meeting/Visit/Correspondence/Briefing Paper/Research	<b>WHY</b> Focus on Remit
Tues, 25 July, 10.45 a.m. Cttee. Rm 1(b)	Martin Armitage (DAAT)  Dudu Sher Arami (Durham/CLS PCT)	Alcohol Misuse  Alcohol Misuse Statistics	Briefing	Scene setting/focus/challenge
Tues, 5 Sept, 11 a.m. Council Chamber	Dianne Woodall (Tobacco and Alcohol Control Lead for County Durham and Darlington PCTs)	Information about alcohol misuse by young people in <b>County Durham</b> (Regional perspective to be reported at 8 November session)	Meeting/Presentation	What is the extent and nature of alcohol misuse by young people (under 18) in County Durham?
Wed, 20 Sept, 11 a.m. Cttee. Rm 1(a)	Darren Archer (DAAT Co-ordinator) and Michelle Kane (Young People's Development Worker - DAAT)  Richard Hughes and/or Kirsty Wilkinson (DCC Community Safety)	Drugs Misuse by young people  Overview of Agencies involved in addressing young people's alcohol and drugs misuse issues + Strategic overview of service provision and Partnership Working	Meeting/Presentation	What is the extent and nature of drugs misuse by young people (under 18) in County Durham?  Which agencies provide services and how, where and when are they delivered?  What is the role of partner agencies and how can closer working can be developed?

<b>WHEN</b> Dates/Time/Location	<b>WHO</b> Key Witness	<b>WHAT</b> Evidence/Information	<b>HOW</b> Meeting/Visit/Correspondence/Briefing Paper/Research	<b>WHY</b> Focus on Remit
Mon, 2 Oct, 11 a.m., Cttee. Rm 2	Alyson Learmonth - Director of Public Health, Sedgefield PCT  Gill Eshelby and Kate Martin (CDYES)  Anti-Social Behaviour Co- ordinator (Phil Shaw – Wear Valley District Council)	Health implications of alcohol/drugs misuse by young people  Implications of alcohol/drugs misuse by young people on education, employment, family and society  Implications of alcohol/drugs misuse by young people in relation to Crime and Disorder	Meeting/Presentation	What are the consequences of alcohol and drugs misuse by young people in relation to:- ○ Health: ○ Crime and Disorder ○ Education/Employment ○ Family and Society
Fri., 13 Oct, 10 a.m. Cttee. Rm 1(a)	Patrick Hargreaves (Alcohol and Drugs Advisor, CYPS)  Andrea Dixon + young people from DISC	Role of the Children and Young People’s Service in providing information  DISC Project – “Outthere”	Meeting/Presentation	What are the arrangements for informing young people about the consequences of alcohol and drugs misuse and particularly peer education initiatives?



<b>WHEN</b> Dates/Time/Location	<b>WHO</b> Key Witness	<b>WHAT</b> Evidence/Information	<b>HOW</b> Meeting/Visit/Correspondence/Briefing Paper/Research	<b>WHY</b> Focus on Remit
Fri., 20 Oct, 11 a.m. Cttee. Rm 1(b)	Riana Gouws XS Substance Misuse Team  Aileen Mullan, 'Liberty from Addiction'	Survivors Guide - Advice, information and support for carers  Advice, information and support for carers	Meeting/Presentation	What is being done to promote parental responsibility?
Wed., 8 Nov., 10 a.m. Cttee. Rm 1(b)	Sue Johnson (GONE)  Darren Archer, Sarah Little and Vicky McManus (DAAT)  Janice Bray  TBC - Richard Hughes/Kirsty Wilkinson and/or CDRPs  Johnny Tew Corporate Policy Team	Regional Strategy Perspective  Local Strategy Perspective  Young People's Substance Misuse Plan  Crime and Disorder Reduction Strategies  LAA	Meeting/Presentation    (Written Evidence)	What Policies and Strategies are in place for tackling alcohol and drugs misuse by young people?




<b>WHEN</b> Dates/Time/Location	<b>WHO</b> Key Witness	<b>WHAT</b> Evidence/Information	<b>HOW</b> Meeting/Visit/Correspondence/Briefing Paper/Research	<b>WHY</b> Focus on Remit
Tues., 21 Nov, 10 a.m. Cttee. Rm 1(a)	Phillip Holman (Head of Trading Standards)  Jane Kevan (Head of Licensing, City of Durham Council) and Sergeant Tim Kelly (Durham Constabulary Licensing Officer, Southern Division)	Test Purchase Scheme, Tackling illicit importation and sales of alcohol and drugs  Licensing Authority role and prevention of alcohol misuse by young people  Police role in Licensing	Meeting/Presentation	What are the respective roles of the County Council and District/Borough Councils in relation to tackling alcohol and drugs misuse by young people (i.e. illicit sale and distribution of alcohol and licensing arrangements)?
Fri., 15 Dec, 10 a.m. Cttee. Rm 1(b)	Paul Shadforth Positive Futures rep, (CDYES)  Gill Eshelby/Kate Martin (CDYES)  Riana Gouws (XS Substance Misuse Team)  Philip Pollard - District Council(s) & Voluntary Sector	Positive Futures Programme "Point Blank" Young People's perspective  Outcome of Tier 2 Mapping Exercise  Tier 3 Provision for young people  Housing Support	Meeting/Presentation  DVD	What treatment facilities are in place for young people involved in alcohol and/or drugs misuse?




<b>WHEN</b> Dates/Time/Location	<b>WHO</b> Key Witness	<b>WHAT</b> Evidence/Information	<b>HOW</b> Meeting/Visit/Correspondence/Briefing Paper/Research	<b>WHY</b> Focus on Remit
Mon., 8 Jan, 2007 11 a.m. Co. Chamber	Northumbria University	Best Practice Nationally	Meeting/Presentation	What is the best practice in tackling alcohol and drugs misuse amongst young people nationally?
Wed., 17 Jan, 11 a.m. Cttee. Rm 1(b)	Paul Hebron (Youth Work Development Officer, Children and Young People's Services)  Sergeant Mick Hutchinson + young people  Lynn Brooks (PCT)	Engagement feedback from young people  Young people's views  Young people's Attitudes to alcohol and drugs		Are we achieving value for money through our existing approach?



<b>WHEN</b> Dates/Time/Location	<b>WHO</b> Key Witness	<b>WHAT</b> Evidence/Information	<b>HOW</b> Meeting/Visit/Correspondence/Briefing Paper/Research	<b>WHY</b> Focus on Remit
Thurs., 15 Feb, 10 a.m. Cttee. Rm 2 and  Thurs., 1 Mar, 10 a.m. Cttee. Rm 2		Recap – other evidence needed.  Conclusions and Recommendations		

**Draft County Durham Young People’s Substance Misuse Plan 2006/7**

**Reforming the delivery chain and strengthening accountability**



	<b>Local Status</b>	<b>Actions</b>	<b>Responsibility</b>
Local Delivery Plans/Local Accountability	  Young People’s substance misuse priorities and targets are linked to the Every Child Matters in County Durham Children & Young People’s Plan and local delivery plans. DAAT is a member of the Young People’s Strategic Partnership as well as other members of the YP JCG. Quarterly financial and performance reports allow the JCG to review progress and address any problems.	To ensure the continued presence of drug targets within local plans and the Every Child Matters in County Durham Children & Young People’s Plan.  To contribute to DAAT infrastructure costs to ensure a joined up approach to young people’s planning and the provision of clear and concise financial/budgetary information to partners. Agree internal SLA	MK  JB
Service planning and commissioning arrangements	 Young People Substance Misuse Joint Commissioning Group with high level engagement of mainstream children’s services. Links with all CDRPs and CYPSP.	To ensure young people’s substance misuse commissioning in line Every Child Matters in County Durham Commissioning Framework for Services to Children and Families.  To ensure new service level agreements with all agencies by 30.9.06  To continue strong links with CDRPs and CYPSP	MK

	<b>Local Status</b>	<b>Actions</b>	<b>Responsibility</b>
KPI data systems in place	 <p>Systems in place to collect and report data against Education, CDYES, LAC, Positive Futures, Treatment (XS) Outthere KPIs.</p>	To agree a process of collecting substance misuse identification and referral data with all partners including LEA in relation to Truants & Excluees.	JB/MK
Screening, assessment and referral systems in place	  <p>Screening, assessment and referral pilot complete.</p> <p>All CDYES young people screened for substance misuse via ASSET</p> <p>Protocols with CDYES, Social Care &amp; Health, CAMHS and Connexions.</p>	<p>Review of screening tool with current partners to ensure fit for purpose.</p> <p>Consider roll-out to other partners.</p>	RG

	<b>Local Status</b>	<b>Actions</b>	<b>Responsibility</b>
Involvement of young people and their families	 <p>Feedback and involvement of young people and families via XS and Parent Support.</p> <p>CDYES receive feedback on all services.</p> <p>Education – young people involved in planning, delivering and writing material for drug education programmes.</p> <p>(yp and families will have opportunity for further involvement via website)</p>	<p>To ensure the outcome of work with Investing in Children with young people and parents &amp; carers event informs commissioning process/service delivery.</p> <p>All services commissioned demonstrate involvement of young people and evaluation built in.</p> <ul style="list-style-type: none"> <li>• Incorporated in SLAs</li> </ul>	MK
Diversity	 <p>Diversity issues incorporated in services policies/protocols.</p> <p>Education incorporate diversity issues. Police – race equality consulted as part of policy development.</p>	<p>Continue to support specific vulnerable groups of young people and to address diversity issues with CYPP.</p>	

## Building Provision around the needs of young people

Universal Education, information and advice

	Local Status	Actions	Responsibility	ECM Outcomes
Schools	 <p>74% of all County Durham schools have achieved Healthy Schools Standard Level 3 (original standard).</p>	<p>Increase the number of primary schools that have achieved new National Healthy Schools Status (NHSS)</p> <p>95% of primary schools (75% of all schools without pump priming funding) by December 2009.</p> <p>LAA stretch target</p>	<p>Quarterly reporting on progress.</p> <p>WB</p>	Being healthy
Communication Strategy	 <p>Involvement with Galaxy microsite. FRANK promotion across agencies. Website linked to FRANK</p>	<p>To continue to examine and evaluate current communications channels with the involvement of young people</p>	<p>MK</p>	Being healthy




	<b>Local Status</b>	<b>Actions</b>	<b>Responsibility</b>	<b>ECM Outcomes</b>
Social Inclusion Projects	<p>● In parts of the county with areas of greatest need. ● In other areas.</p> <p>Positive Futures runs countywide with all staff trained in substance misuse issues.</p> <p>Development of a young people's service for substance misuse addressing wider health issues. Include staff trained in substance misuse issues. BSMART</p>	<p>To ensure staff receive substance misuse training as part of the appraisal system.</p> <p>Check consistency of social inclusion projects.</p>	DAAT	<p>Enjoy and achieve</p> <p>Being healthy</p> <p>Make a positive contribution</p>




### Early identification and interventions targeting Vulnerable Groups

	Local Status	Actions	Responsibility	ECM Outcomes
Children of problem drug users	<p>●</p> <p>Children of problem drug users identified in strategic planning. County Hidden Harm Network in place.</p> <p>Easington Family Support Workers.</p> <p>Disc Young Carers Project.</p>	<p>To ensure an active link to the Adult Commissioning Group where a number of issues are being addressed.</p> <p>To maintain strong links with County Hidden Harm Network and ensure feedback from audit of services to YP Commissioning Group. Consider future action as consequence.</p> <p>Staff training to identify young people of drug users</p>	<p>MK</p> <p>LB</p>	<p>Staying safe</p> <p>Being healthy</p>
Connexions	<p>●</p> <p>All Connexions Personal Advisers trained in substance misuse and using the Connexions Framework for Assessment, Planning, Implementation and Review as well as piloting the screening and assessment tool.</p> <p>Clear referral protocols between Connexions and XS with special advisers linked to the XS service.</p>	<p>To ensure new staff receive appropriate substance misuse training.</p> <p>To maintain strong links with XS.</p>	<p>JB</p> <p>RG</p>	<p>Make a positive contribution</p> <p>Being healthy</p>

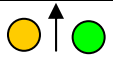
<p>Truants/ Excludees</p>	<p>● All Impact, Education Welfare, PRU and Special Schools staff trained in substance misuse. Some referrals, patchy local data.</p> <p>Exclusion panel considers needs of young people but unclear referral systems.</p> <p>CDYES provide a full assessment where young people are excluded and known to CDYES then refer to early intervention or specialist service where appropriate.</p>	<p>To ensure clear referral protocols/pathways are included in staff training. Improve data collection arrangements.</p> <p>To identify numbers accessing services.</p> <p>To ensure exclusion panel is able to identify substance misuse problem and referral protocols/pathways are in place.</p>	<p>JB/LG/MC</p>	<p>Achieve economic well-being</p> <p>Enjoy and achieve</p> <p>Being healthy</p>
<p>Looked after Children</p>	<p>● Looked after children with a substance misuse problem are identified and appropriate interventions offered however this is not consistent across the county due to a vacant post.</p> <p>Two distinct populations of LAC, those Social Care &amp; Health have direct responsibility for and those that are the responsibility of other LA but reside in Co. Durham</p>	<p>To ensure consistency countywide with clear referral protocols between LAC nurses and early intervention/specialist services.</p> <p>To ensure quarterly reporting of LAC data to Commissioning Group.</p>	<p>MK</p> <p>MK</p>	<p>Being healthy</p>

<p>Young People who offend</p>	<p> 94% of young people known to CDYES received a generic needs / risk assessment via ASSET during the year. Those receiving a specialist substance misuse assessment within 5 working days and intervention/treatment within 10 working days continues to be red.</p>	<p>To support and build capacity ensuring all CDYES young people are screened for substance misuse, that those with identified needs receive appropriate specialist assessment within 5 working days and following the assessment access the early intervention and treatment services they require within 10 working days.</p>	<p>GE Quarterly report to YP Commissioning Group.</p>	<p>Make a positive contribution Being healthy</p>
<p>Tier 2 Intervention</p>	<p>Pockets of Tier 2 provision covering certain localities.  Outthere Project providing peer education programmes across the whole of County Durham.</p>	<p>To continue to contribute to the Outthere Project offering Tier 2 provision.  Review Tier 2 provision across County Durham</p>	<p>MK/JT</p>	<p>Being healthy  Enjoy and achieve</p>

## Specialist Treatment

	Local Status	Actions	Responsibility	ECM Outcomes
Comprehensive range of services	 <p>XS Young People's Substance Misuse Service providing a range of modalities.</p> <p>Protocols in place and agreed by LSCB</p>	To continue to support and build capacity within the XS Young People's Substance Misuse Service	RG	<p>Being healthy</p> <p>Make a positive contribution</p>
Number receiving treatment	 <p>Expect to be green achieving over 7.1% of total NDTMS returns (new system)</p>	<p>To ensure data collection systems reflect treatment provision in all relevant services</p> <p>All young people's workers to complete NDTMS returns.</p>	Quarterly report to YP Commissioning Group. RG	<p>Being healthy</p> <p>Make a positive contribution</p>
Quality	 <p>XS Young People's Substance Misuse Service delivering services in accordance with 10 Child Focused Quality Measures.</p>	Maintain delivery of services in accordance with 10 Child Focused Quality Measures.	RG	Being healthy

## Building Capacity

	Local Status	Actions	Responsibility	ECM Outcomes
Workforce development	 <p>Training needs to be joined up with a formal strategy in place.</p>	<p>To ensure joined up training that include quality standards, linking with wider children and young people's agenda.</p> <p>To continue to be involved with the Every Child Matters Workforce Development Group</p> <p>To continue to support the DAAT Training Team</p> <p>Admin function Trainer</p>	<p>LB</p> <p>LB</p>	

GLOSSARY OF TERMS/ACRONYMS

Term/Acronym	Name/ Description
<b>A&amp;E</b>	<b>Accident and Emergency</b> - Hospital unit responsible for urgent treatment/emergency admissions.
<b>ASB</b>	Anti Social Behaviour.
<b>ASBOs</b>	<b>Anti Social Behaviour Orders</b> – Orders made by the Courts to protect people whose lives are disrupted by the actions of specific individuals. They can be used for a variety of offences and can ban people from doing things in specific places and sometimes from entering certain areas. An ASBO is granted in a civil court, but a breach of an order is a criminal offence and breach of an order can carry a prison sentence.
<b>ASSET</b>	A screening tool to assess the mental health of young people engaged by Youth Justice agencies.
<b>CDRPs</b>	<b>Crime and Disorder Reduction Partnerships (sometimes called Community Safety Partnerships)</b> – Statutory partnership bodies involving the police, local authorities, health service and other agencies established under the Crime and Disorder Act 1998 whose role is to carry out audits of crime and disorder issues locally and devise strategies/action plans for its reduction.
<b>CDYES</b>	<b>County Durham Youth Engagement Service</b> – A partnership between Durham County Council, Durham police, County Durham and Tees Valley Strategic Health Authority and Probation Service which works to prevent children and young people under the age of 19 from offending.
<b>COSIP</b>	<b>The Co-ordination of Social Inclusion Programme</b> - A partnership of over 30 local agencies in County Durham working to involve young people up to the age of 19 in projects to encourage the constructive use of leisure time and develop key skills in literacy, numeracy, ICT, problem solving and working with others.
<b>CSP</b>	<b>Community Safety Partnership</b> - See CDRPs.

<b>Term/Acronym</b>	<b>Name/ Description</b>
<b>CYPPGs</b>	<b>Children and Young People’s Planning Groups</b> - Established as local forums for strategic thinking and action around an integrated approach to the planning, development and delivery of services for children and young people (0 to 24 yrs) and their families. Membership includes different services, both statutory and voluntary, which either work directly or indirectly with children and/or young people.
<b>DAAT</b>	<b>County Durham Drugs and Alcohol Action Team</b> - The body responsible for commissioning drugs and alcohol support/delivery services in County Durham.
<b>DfES</b>	<b>Department for Education and Skills</b> – The Government Department responsible for creating opportunity, releasing potential and achieving excellence for all.
<b>DISC</b>	<b>“Developing Initiatives – Supporting Communities”</b> - A charity which works primarily with young disadvantaged people in County Durham.
<b>GONE</b>	<b>Government Office North East</b> – Based in Newcastle upon Tyne and representing ten government departments across the northeast region, GONE works to deliver, influence and develop government programmes and initiatives at a regional and local level, by working in partnership with relevant organisations to meet local needs.
<b>IV</b>	<b>Intravenous</b> – i.e. drug users who inject those substances into their veins using syringes.
<b>LAA</b>	<b>Local Area Agreement</b> - Local Area Agreements are three year agreements, based on local Sustainable Community Strategies which set out the priorities for a local area agreed between Central Government, represented by the Government Office (GO) and the local area, represented by the lead local authority (the County Council in Durham) and other key partners through Local Strategic Partnerships (LSPs) including District Councils, health, police etc. The LAAs contain targets and rewards.
<b>LAC</b>	<b>Looked After Children</b> – Young people in the care of the local authority, i.e. who are “Looked After”.
<b>LEA</b>	<b>Local Education Authority</b>



<b>Term/Acronym</b>	<b>Name/ Description</b>
<b>ONSET</b>	A national screening tool that identifies the risk factors which contribute to young people committing crime.
<b>PCT</b>	<b>Primary Care Trust (the County Durham Primary Care Trust)</b> - The local health service body responsible for ensuring that everyone has equal access to high quality health care; commissioning the best hospital and community services for local people; and working to continually improve and develop the services provided by GPs and their teams, district nurses and health visitors and by pharmacists, dentists and optometrists.
<b>PPOs</b>	<b>Prolific Priority Offenders</b> – Those most active criminal offenders, a relatively small number of whom are responsible for the vast majority of crime.
<b>MDMA</b>	<b>Methylenedioxy-N-methylamphetamine</b> - A form of Ecstasy, (often abbreviated to E, X, or XTC) a recreational drug often associated with the rave culture.
<b>PSHE</b>	<b>Personal, Social and Health Education</b> – That part of the schools curriculum which provides a planned programme of learning opportunities and experiences that help young people grow and develop as individuals and as members of families and communities.
<b>SHAID</b>	<b>Single Homeless Action Initiative in Derwentside</b> - A charity which helps young people throughout Derwentside to find living accommodation.
<b>Streetsafe</b>	An element of the public reassurance strategy of Durham Constabulary and Durham Police Authority.
<b>XS</b>	A tier 3 service to support young people with substance misuse problems (and their families).
<b>YIPIet</b>	The Junior Youth Inclusion Programme (see COSIP).
<b>YOTs</b>	<b>Youth Offending Teams</b> – see CDYES.