

SCRUTINY PROJECT – ALCOHOL, DRUGS AND YOUNG PEOPLE

SUMMARY OF FINDINGS AND RECOMMENDATIONS

KEY FOCUS

1. The following were identified as areas of focus for the scrutiny investigation into domestic violence:
 - What is the extent and nature of alcohol and drugs misuse by young people (under 18) 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?

KEY MESSAGES

Information/Data

2. Data about alcohol and drugs consumption by young people across County Durham is patchy. Consideration needs to be given as to how data can be more accurately recorded and a baseline established, perhaps via the commissioning of a county-wide lifestyle survey of young people.
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 mirror those of adults. Beer, lager and cider are main drinks consumed. Girls drink more spirits and alco-pops than boys. 9% of year 10 boys and 5% of girls said they drank more than 28 units per week. 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.

4. The largest percentage of alcohol drunk by young people is obtained from off licences. Anecdotal evidence suggests most of this is purchased by adults and passed on to under-age drinkers. A significant percentage of parents know their children drink alcohol – this raises issues about the role of parents/parental control and education of parents about the dangers to their children.

Health Issues

5. The 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. However, levels of crime and anti-social behaviour from young people on the continent appear to be lower.
6. Although there is a great deal of concern about the impact of drugs misuse by young people, **it is misuse of alcohol by young people that is likely to have far more serious long-term effects than drug misuse.**
7. **Alcohol misuse by young women carries the most significant long-term health consequences.**

Service Provision

8. 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.** £3-4M is available for spending on adults with only £638,000 available for young peoples services.
9. Identified gaps in provision relate 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 are made where appropriate however, a countywide universal screening tool and referral pathways are needed.
10. There is a need for a countywide universal screening tool to assess young people with substance misuse problems.
11. Young people need to have a greater say in how alcohol and drugs misuse services for young people are shaped and delivered.

Education

11. The role of parents in getting safety messages about alcohol and drugs to young people is important and more needs to be done to promote parental responsibility. To do this, parents need information and support around substance misuse issues.

12. There is a lack of a joined up approach on education of young people about alcohol misuse, with a number of different agencies involved, giving different messages. What information is provided under PSHE and how effective is it? More needs to be done to assess the effectiveness of education aimed at young people. Better co-ordination and communication to ensure that there is consistency in strategies is also needed.
13. Messages to young people about alcohol misuse such as “say no”, do not work. The emphasis needs to be on harm minimisation – i.e. how to reduce the risks associated with alcohol consumption
14. Messages to young people about “safe” drinking based on weekly consumption of units of alcohol may not work as these measures are meaningless to most young people
15. More publicity and signposting about support services is needed, not just for users, but also for professional carers.
16. 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.
17. Young people need to have a greater input into how messages/education is developed.

KEY FINDINGS

Introduction

18. Alcohol is a legal drug. Whilst there are restrictions around its use, it is part of our culture and is widely used in socialising and as part of celebrations and relaxation. Young people drink alcohol for much the same reason as adults – because it makes them feel good, relaxes them or frees their inhibitions. Under age drinking can be defined as that which society has legally limited – such as not being able to drink in licensed premises under the age of 18 years. Binge drinking is the behaviour attached to excessive drinking. It is not illegal for a person under the age of 18 to drink alcohol in their own home.
19. 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 use of alcohol within society. Prevention of harm can be achieved through:
 - Regulation and enforcement
 - Treatment
 - Education
20. Young people need information to help them adopt a more educated and sensible approach to alcohol. This includes:
 - 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 they choices – to use, when and how

- Skills to make those choices
- That others make different choices
- The need to ask for and to offer help to others.

Facts and Figures

21. Research shows that drinking patterns from 1988 display a steady increase in consumption of alcohol by young people up to 1996. Since 1996 there has been no clear discernable pattern, with numbers rising and falling year on year.
22. The latest survey data (2004, published in 2005) shows 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 on a Friday and Saturday, and to a lesser extent, Sunday, reflecting adult patterns. In 1990 the average consumption by unit was just over 5 units per week. Since then there has been an increase to over 10.7 units by 2004. The most popular drinks are beer, lager and cider. From 1998 Alco-pops became very popular. Wine was also 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.
23. There has not been any significant county-wide survey of young people, but a survey of schoolchildren in Easington and Derwentside on lifestyle issues, including alcohol consumption, in 2005, matched with data obtained from national surveys. It showed that the older the pupils, the greater the numbers that were drinking. There was concern that 9% of Year 10 boys had indicated that they were drinking more than 28 units per week.
24. There are a clear links between smoking and drinking and risk taking behaviour, such as drug use in young people. In relation to drugs, serious drug use by young people has stabilised over the last few years but a real downward shift in use is 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.
25. **There is very little data available for the region or the County**, but statistics taken from the British Crime Survey indicate that:
 - The proportion of young people reporting that they have ever taken any drug has fallen by 15%.
 - The proportion reporting the use of any drug in the past year has fallen by 17%.
 - The proportion reporting that they have ever taken a Class A drug has fallen by 23%.
26. In addition national statistics indicate 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%.

Health and Other Impacts of Alcohol Misuse

27. There are many ill-health consequences of excess consumption of alcohol, including.
 - 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 a household where their parents abuse alcohol. It is likely that the percentage is higher in the north-east region.
 - Mental health problems.
 - Foetal alcohol syndrome i.e. from drinking heavily when pregnant.
28. Levels of safe weekly consumption has been defined for adults (21 units for men and 13 for women), 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.
29. Young people are more likely to binge drink and are at risk of experiencing a coma at lower blood alcohol levels than adults. 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.
30. Alcohol consumption by the young is also associated with unsafe sex and sexual assault. It also leads to increased incidents 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 relate to drinking alcohol at school
31. This issue will need a multi agency approach including
 - Alcohol education to be provided in schools and informal youth settings.
 - Diversionary activities.
 - Raised awareness of parental drinking.
 - Effective enforcement
 - 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.

Anti-Social and Criminal Behaviour linked to Alcohol and Drugs Misuse

32. There are a number of risk factors associated with misuse of alcohol and drugs by young people. In relation to offences, these are usually high in number but at a low level, although they have the highest impact on local communities and increase the fear of crime. 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 will be poor and will prejudice their future opportunities. Anti social behaviour carries the risk that the whole family could be evicted from their home and result in family breakdown and homelessness. Alternatively a family may reject a young offender in order to protect the rest of the family.
33. Some 25% of all young people who commit crime use alcohol or drugs. Amongst regular offenders this rises to 40%. Young people on youth justice board programmes are screened via "Onset", a national screening tool, which identifies the risk factors contributing to young people committing crime. Young people being supervised by County Durham Youth Engagement Service are also screened via ASSET (a comprehensive assessment procedure, developed by the Youth Justice Board, to identify risk factors that may predispose young people towards offending).
34. 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 Peoples 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 and healthy activities.
35. 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.
36. Of the Priority Prolific Offenders (PPO's), 61% are dealt with at tier 2 and 32% are dealt with at tier 3. 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 available in 2007.

Who Does What?

Education

37. In relation to work with young people 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). The Outthere peer education programme (DISC) delivers targeted work to young people who are using drugs and alcohol and the Positive Futures programmes work with the young people who are most at risk providing information and support to approximately 4,000 young people during 2005/06. Other Agencies provide information (i.e. the Point Blank DVD)

Prevention and Enforcement

38. 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
 - **Trading Standards** – involved in test purchase scheme
 - **Licensing Authorities** – District Councils and Police working together on licensing issues
 - **Youth Engagement Service** – Working with children and young people with drug and alcohol problems and enforcing orders as part of the youth justice service.

The Police

39. The Licensing Act 2003 had a major impact on police service involvement in licensing. There are two licensing units - one in the north of the force area and other in the south. Police data management systems includes information about each licensed property, conditions on each licence and all incidents linked to licensed premises. Community Inspectors are responsible for licensing matters in their area. Licensing Units also supports the pubwatch scheme that meets once per month under the leadership of a community inspector although they only attend in an advisory capacity to offer a positive input to the proceedings.
40. The units also promote joint/multi-agency working. Prior to 2004 there was no joint working. The Joint Enforcement Protocol was the first stage in working with Trading Standards. Joint intelligence/assistance is being developed regarding test purchase operations where troublesome premises are targeted. A Draft Joint Test Purchase Protocol has been drawn up and it is almost ready to be signed by all the agencies involved. Under the scheme, Trading Standards will prosecute licensees who sell to under age drinkers. If this becomes a recurring problem the police will seek a review of the licence for those premises.
41. The police also have confiscation powers to seize alcohol from under age drinkers. One of the main changes under the Licensing Act 2003 was that the police now had the power to seize **sealed** containers in any public place, whereas previously they could only seize **open** containers. The Police Act

2001 had introduced powers to designate areas as alcohol free zone where there is a known alcohol problem. In areas so designated it was an offence for a person of any age to consume alcohol. If the drinks are in sealed containers then no action will be taken.

The Licensing Authority

42. Following the Licensing Act 2003, it is now the role of unitary Councils (or District Councils in two tier areas) to act as Licensing Authorities and issue licenses, rather than the Magistrates Courts as previously. Applicants for a license can now apply up to 6 months in advance. When new applications or variations are received they are considered after consultation with other responsible authorities including the Planning Authority, Fire Brigade and Social Services.
43. Applications for new or varied licenses must be advertised for 28 days in advance to allow any objectors time to make representation to the Licensing Committee. Committees cannot refuse a licence unless they receive representations. Applicants have the right of appeal. The work of each Licensing Committee in each District is usually governed by a Statement of Licensing policy document which contains all the procedures and objectives relevant to licensed premises, as well as references to health, anti-social behaviour and crime and disorder. It also gives consideration to the publicising of appropriate warning notices and whether these are appropriately displayed. Licensing Authorities carry out enforcements - if there are particular problems relating to particular premises, the licence can be reviewed and action such as removal of the licence, suspension or amendment of the conditions can be carried out.

Trading Standards

44. There is 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.
45. 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 always 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.
46. The test-purchasing scheme does encounter some problems which include the lack of resources – the team only consists of 3 or 4 staff, the volunteer needs to be of average characteristics and a witness statement to that effect is required. They are required to adopt a 'one officer per volunteer' policy and usually place two volunteers in a shop together so they therefore need two officers in the shop. The volunteers also have to conform to local trends e.g.

dialects and fashion. Before a young person can be recruited their parents have to be consulted and agree to their participation. No attempt to make at on-licence premises enforcement due to the potential danger to those involved.

Support and Treatment

47. The primary commissioner of drug and alcohol services is the **County Durham Drugs and Alcohol Action Team (DAAT)**, although PCT's do commission some services. The DAAT includes alcohol as a core part of its work although the focus on alcohol is not as clear as that of drugs. **The Young People's Joint Commissioning Group** commissions services for young people with partners from **Social Care and Health, County Durham Youth Engagement Service, Health, Police, Education and Connexions**. 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.
48. The **County Durham Youth Engagement Service (CDYES)** screen all the young people they come into contact with for drug and alcohol use ensuring that appropriate interventions are received.
49. **XS (the Young People's Substance Misuse Service)** 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, looked after children, at risk of/or offending. The Service reports to a Multi Agency Steering Group and to the DAAT Young Peoples Commissioning Group. Referrals to the service are received from different sources but typically include:
 - 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

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 the drug used is unusual for their age.
50. During 2005/06 XS received 276 referrals for treatment. The majority of referrals are for those aged between 14 and 17 years old. Most of those referred are using tobacco, alcohol or cannabis. Following a referral to the Service, an assessment is carried out by psychologists. A young person's family or carers support is important in instigating cultural change and makes the difference in whether they are successful or not. This is achieved through a series of sessions which empower parents/carers.

51. **Positive Futures** is a social inclusion programme using sport and leisure activities to engage with disadvantaged and socially marginalised young people. It 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. 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.
52. **'Liberty from Addiction'** (a registered charity based in Chester le Street) provides support for the carers of substance misusers in North Durham. It has been established for 10 years and was started by parents whose children were using heroin. A drop-in-centre has now been opened. Two thirds of the people that 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.
53. There are some young people whose misuse of alcohol and/or drugs may lead to them being ejected from the family home. 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.
54. 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 support is secured, if needed by the young person.
55. 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 JP service is planned for later this year.

Health Service

56. Those 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.
57. 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.

58. 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 people 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 this usually means that the young person will not have to endure 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.
59. 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.

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

60. A central aim of **the Government’s 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 from young people in deprived communities.
61. 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.
62. 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.
63. 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. The 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.
64. 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.
65. 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.
66. 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 three overarching aims around:
- Prevention
 - Treatment
 - Control (enforcement)
67. 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.

68. 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.
69. The resulting **Community Safety Strategies** 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

Strategies to tackle drug and alcohol misuse include prevention, enforcement and support and treatment.

70. 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:
- Drug Treatment
 - Self Esteem / Mental Health
 - Parenting Skills
 - Homelessness
 - Respect and Opportunities
 - Alcohol-related hospital admission rates
 - Smoking rates
 - Drug Treatment
 - Training and Education
 - Homelessness
71. 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.

Young People's Views

72. The Working Group sought views from young people using a variety of methods:
- Questionnaire/survey of young people carried out by youth service
 - Survey results submitted by Outthere (DISC)
 - Discussions with young people from Bishop Auckland
 - Discussion with young people from Gilesgate Secondary School
73. Virtually all of the young people surveyed said that they had tried alcohol, with the majority saying that they drank alcohol regularly. Nearly all said that alcohol was easy to obtain and affordable. Some young people bought

alcohol themselves from supermarkets and off-licences, but a significant number asked other people to buy it from these outlets on their behalf. More than 75% said that their parents were aware that they drank.

74. There was a lack of knowledge amongst young people about safe drinking messages around “safe” numbers of units of consumption. Many young people simply drank alcohol from bottles or cans and were unable to calculate measures. Estimates of the amount of alcohol consumed tended to be in litres – i.e. of cider, beer, or cheap “fizzy” wines. Drinking patterns mirrored those of adults – i.e. Primarily Friday and Saturday nights.
75. Some young people did seem to have an awareness of possible consequences of alcohol misuse. In the discussions with the Gilesgate Secondary School group, one girl referred to being drunk and on the pillion of a motorcycle with a stranger who was about to drive away with her, when she was pulled off by her friends. She had no recollection of the incident herself, being drunk, but had been told of what had happened by the friends who were with her. Another girl referred to waking up in a friend’s bed in a pool of vomit on Boxing Day morning after a drinking session the night before. Both incidents were potentially serious.

Co-ordinated Working

76. At an event held on 10 October 2006 the process of mapping current drug and alcohol intervention for young people, to identify current providers, service delivery and referral pathways was commenced. Whilst the event was reasonably well attended it was apparent that further work was needed in localities in order to gain a full picture as professionals reported that they themselves are not always aware of what is available within their own district.
77. Identified gaps relate 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 are made where appropriate however, a countywide universal screening tool and referral pathways are needed. Key issues identified by those attending included:
 - Need to act on risk/vulnerability
 - Need Countywide/Universal screening tool and pathways
 - Need to build credibility in services, confidence in workers competence
 - Improved marketing
 - Feedback to make improvements
 - 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 of young people/families

KEY CONCLUSIONS

78. This risks to young people from alcohol misuse are more widespread and significant than those posed by drugs misuse.
79. There is little data about alcohol and drugs consumption by young people across County Durham and a lifestyle survey of young people in the County to gather this information is needed.
79. More needs to be done to raise parental awareness, particularly about alcohol misuse by young people. Parents will need support to do this.
80. There needs to be a review of and more joined-up approach between agencies to the provision of information for young people about alcohol and drugs misuse, particularly the messages given in schools. The approach should be based on harm minimisation.
81. There is a perceived lack of agency provision across the County in the area of support for young people with drugs/alcohol misuse problems. The DAAT needs to consider whether the amounts allocated for young people's issues are sufficient and the mapping exercise needs to be progressed and a full directory of services produced for use by professionals working in this field.
82. There is a need for greater involvement of young people in the shaping and delivery of services and education/publicity about drugs and alcohol misuse.

RECOMMENDATIONS THAT IDENTIFY FINANCIAL IMPLICATIONS

83. The following might potentially have financial implications:
 - (i) Lifestyle survey of young people
 - (ii) Parental awareness raising
 - (iii) Preparation of a countywide directory
 - (iv) Revised education/publicity targeted at young people