



**Children and Young People's
Overview and Scrutiny Committee**

Alcohol and Substance Misuse by Young People
Review Report

April 2014

Please ask us if you would like this document summarised in another language or format.

العربية (Arabic) (中文 (繁體字)) (Chinese) اردو (Urdu)
polski (Polish) ਪੰਜਾਬੀ (Punjabi) Español (Spanish)
বাংলা (Bengali) हिन्दी (Hindi) Deutsch (German)
Français (French) Türkçe (Turkish) Melayu (Malay)



Braille



Audio



**Large
Print**

Table of Contents

Chair's Foreword	Page 1
Introduction	Page 2
National Policies and Research	Page 3
Regional Working	Page 5
Local Policies	Page 5
Evidence	
Current Situation	Page 7
Where are Young People getting Alcohol	Page 11
Education on the Harms of Alcohol	Page 14
Impact of Alcohol on Anti-Social Behaviour and Youth Offending	Page 15
Data Sharing with NHS Emergency Departments	Page 17
Early Intervention and Prevention	Page 21
Conclusions	Page 23
Recommendations	Page 24

Chair's Foreword



The North East of England is reported to have the highest levels of alcohol misuse. Alcohol is widely promoted and is available in supermarkets and newsagents in every town and village at very affordable prices.

The review received information relating to the current situation of young people drinking alcohol, where young people are getting alcohol, education on the harms of alcohol, the impact of alcohol on anti-social behaviour and youth offending, data sharing with NHS emergency departments and early intervention and prevention measures. The report concludes with a number of recommendations for consideration by Cabinet.

I would like to thank all those who have contributed to this review, fellow Councillors from Children and Young People's Overview and Scrutiny Committee, especially Councillor Christine Potts the Vice Chair for her support. I would also like to extend thanks to officers from Children and Adult Services, Neighbourhoods, Durham Police, NHS County Durham and Darlington Foundation Trust, Cornforth Partnership, Investing in Children and young people from County Durham.

Councillor Jan Blakey

**Chair Children and Young People's
Overview and Scrutiny Committee**

Introduction

1. The committee agreed a refresh of their work programme at its meeting in July 2013 and identified Alcohol and Substance Misuse by Young People as a review topic (excluding smoking, which may be considered as a future topic).
2. Alcohol is by far the most common substance used by young people. Information from the 'Tell Us 4 Survey' indicates that in County Durham 13.7% of young people surveyed had used drugs or volatile substances and/or been drunk at least twice in the last four weeks. Only six other local authorities in England showed a higher prevalence of use¹. A key priority of the Joint Strategic Needs Assessment 2012 was addressing alcohol and drug misuse by young people.
3. The Children and Young People's Overview and Scrutiny Committee agreed at its meeting on 2nd October terms of reference for the review. The review focused on alcohol and substance misuse by young people, with a priority focus on alcohol as this is by far the biggest issue in the County. There were five key lines of enquiry:
 - Is the problem of underage drinking countywide or concentrated to certain localities?
 - What is the number of related admission into hospital and are these admissions being mirrored in the number of referrals to the 4Real Service? Who makes the referrals to 4Real Service? Why referrals to the service are not being made? What procedures are in place?
 - How are young people getting alcohol? What interventions or measures can the Council use to stop proxy sales/under age sales of alcohol?
 - What is being done in schools to educate young people on the dangers of alcohol and/or substance abuse?
 - Facts indicate that where children and young people are exposed to adults drinking alcohol they will be more likely to start drinking at a young age. What early intervention measures are in place to prevent this from happening?
4. A working group was set up with nine members from the Children and Young People's Overview and Scrutiny Committee. In recognition of the overlap with other scrutiny committees, regular updates on the review were provided to the Safer and Stronger Communities and Adults Wellbeing and Health Overview and Scrutiny Committees during the course of the review.
5. The working group gathered information via desk research in relation to national, regional and local policies. Evidence and best practice information from other local authorities, Public Health England, Joseph Rowntree Foundation and youth and alcohol third sector organisations such as Alcohol Concern and Balance were also used to support evidence used in this report. It is inappropriate for all the information gathered to be included in a final report therefore a dossier of evidence, which includes best practice information,

¹ County Durham Joint Strategic Needs Assessment 2012

presentations given to the working group, and meeting notes is available for inspection in the Members Resource Centre and the Scrutiny Office.

6. The working group received information from representatives from key parties including Public Health, Police, County Durham and Darlington NHS Foundation Trust, Children and Adult Services, Licensing and Consumer Protection, Youth Workers, and young people.

National Policies and Research

7. There are a plethora of national policies that link to alcohol and substance misuse by young people including Every Child Matters, Police Reform and Social Responsibility Act 2011, Healthy Lives Healthy People 2011, a range of research by the national charity Alcohol Concern: this is not an exhaustive list.
8. The Government's Alcohol Strategy is a major national policy driver as it sets out the Government's intentions to reduce the 'binge drinking' culture, which is currently developing in the UK. In relation to young people's drinking the strategy sets out to address the following:
 - effective education and prevention programmes to reduce drinking;
 - increasing fines for those who persistently sell alcohol to a person under 18;
 - effective partnership working to tackle underage and binge drinking: and therefore reducing crime and disorder, re offending, improving health and supporting the local economy.
9. The Alcohol Strategy focuses on the anti-social behaviour aspect rather than the personal health concerns of those misusing alcohol. It identifies County Durham as a model of best practice in multi-agency working to reduce young people's misuse of alcohol. The strategy also states they will implement a minimum price for a unit of alcohol but the Government has since decided against this initiative at this time.
10. The strategy reiterates the guidance given by the Chief Medical Officer in 2009 that young people under the age of 15 should not drink alcohol at all. This is based on the fact that young people who start drinking at an early age drink more frequently and more than those who start drinking later; as a result they are more likely to develop alcohol problems in adolescence and adulthood.
11. It highlights that a third of A&E attendances where alcohol is a factor are for under 18 year olds, however there are significant variances in local areas. The strategy makes the point that health professionals have an opportunity and responsibility to ensure that the young person is treated and advised of the harms of drinking. It also indicates that work is in development for the NHS and Directors of Children's Services to develop a model of working that ensures young people who attend A&E due to alcohol receive follow up and care which includes notification of their parents where appropriate.

12. Schools play a vital role in promoting the health and wellbeing of young people in the wider local community. Good schools understand the connections between pupils' physical and mental health, their educational achievement and their safety, they are well placed to identify early interventions for problems relating to or from alcohol misuse.
13. The Health and Social Care Information Centre has published a report that indicates that the North East has the highest proportions of school children who have tried drinking. The report published in July 2013, states that children are more likely to drink alcohol if they become familiar with it, seeing a parent/carer drinking alcohol it becomes the norm. 50% of pupils who had drunk alcohol in the last four weeks said that they had been drunk at least once during that time.
14. The proportion of pupils who drank alcohol was lower in London than anywhere else; 31% of pupils in London had ever drunk alcohol. Outside London, the proportion of pupils who had ever drunk alcohol ranged from 36% in the West Midlands to 51% in the North East.² The same pattern was seen for drinking alcohol in the last week.
15. The pattern for drug use amongst school pupils is different. Evidence shows that the proportion of pupils who had ever tried drugs was lower in northern regions and midlands than in the south of England. However there was no significant variation by region in the proportions of pupils who had taken drugs in the last year or the last month."³
16. Health First, an evidence based alcohol strategy produced by Stirling University, has a vision where low or no alcohol consumption is the norm. The study acknowledges that initial progress has been made but much remains to be done. It makes recommendations relating to taxation and pricing, regulation, licensing and early intervention treatments and drink driving.
17. Baroness Newlove was appointed government Champion for Active Safer Communities in 2010, she has been attached to both the Home Office and the Department for Communities and Local Government. In her report Building Safe Active Communities: Strong Foundations by local people, she announced a £1 million fund to help communities tackle alcohol fuelled anti-social behaviour. One of the communities that have received part of this funding is the Wear Valley Community Project. The project focuses on four rural communities within the Wear Valley, working together to reduce the problem of anti-social behaviour.
18. Community Alcohol Partnerships tackle underage drinking in local communities through co-operation between alcohol retailers, licensees and local stakeholders. By providing advice, guidance and resources Community Alcohol Partnerships support communities in developing their own capacity to deliver co-ordinated, localised response to underage alcohol misuse. County Durham has two Community Alcohol Partnerships, one at Stanley and one at Peterlee.

² Smoking, drinking and drug use among young people in England in 2012, HSCIC 2013

³ Smoking, drinking and drug use among young people in England in 2012, HSCIC 2013.

19. The National Institute for Health Care Excellence (NICE) has produced guidance for the prevention of harmful drinking. The guidance notes that some young people may have underlying problems which may cause them to drink alcohol that need to be addressed. However, their behaviour in relation to alcohol may be indicative of underlying difficulties at home, at school or elsewhere.
20. A study carried out by the Joseph Rowntree Foundation reinforces the message that the North East region has the highest levels of alcohol misuse by young people. The study, *Local Variations in Drinking Cultures (2012)*, outlines significant differences between two regions in England, the South East and the North East. The study reports that the North East has a higher degree of reported indicators of harm than the south east or south west such as high hospital admissions, alcohol-related crimes, reported heavy sessional drinking and chronic liver disease. The study indicates that despite variations the young people in both areas had similar patterns in relation to their choice of drink, where they drink and the days of the week and times when they drank. The study highlights that in the North East sample under 18s are restricted by choice and access to non-alcohol youth related leisure activities and suggests that the use of vacant premises for temporary 'pop-up' youth facilities should be investigated.

Regional Working

21. Balance is the North East of England's Alcohol Office. It is the first of its kind in England and aims to inspire changes to the way people in the North East think about and drink alcohol. The organisation brings together partners and stakeholders to work together for a common purpose of reducing alcohol consumption in the region, which currently costs the region a staggering £1.29 billion per year.
22. Work carried out by Balance has identified that our children are learning from adults that drinking to excess is normal and this is creating the next generation of problem drinkers. 40% of 13 year olds and 58% of 15 year olds who have drunk alcohol have experienced negative consequences. These can include an increased tendency to try smoking, taking drugs and having unprotected sex whilst under the influence of alcohol.

Local Policies

23. The key local driver is the Safe Durham Partnership's Alcohol Harm Reduction Strategy 2012-2015. This strategy sets out eight objectives that relate to prevention, control and recovery and treatment and it intends to monitor performance via a set of 20 performance indicators which include:
 - Increase the number of schools taking part in social norms work
 - Increase the number of people in treatment (adults and young people)
 - Reduce the perception of people, that youths drinking cause nuisance/intimidation/racial abuse.⁴

⁴ Safe Durham Partnership Alcohol Harm Reduction Strategy 2012-2015

24. The Alcohol Harm Reduction Strategy tells us that between July 2011 and March 2012, there were 860 individuals recorded as having either alcohol taken from them or taken from the group of which they were part. The most common age bracket for this was 13-15 years.
25. The strategy tells us that between July 2011 and June 2012 police and street wardens referred 960 under 18s to 4Real Durham County Council's specialist alcohol and substance misuse service. 4Real is a free, non-judgemental and confidential service that offers help, support and advice to young people under 18 years old.
26. The Safe Durham Partnership has developed an award nominated alcohol seizure procedure, which aims to protect young people from harm. The procedure is recognised as good practice in tackling alcohol and child sexual exploitation. In the two years since the procedure was introduced:
 - 2200 young people have had alcohol taken from them, or have found to be part of a group where alcohol has been consumed. Each young person has had an offer of intervention or been signposted to 4 Real Service. Of the 2200 young people only 1 court summons has been issued with regard to the offence of Persistent Possession of Alcohol.
 - 300 adults have been found with under 18s – all of whom have received letters regarding proxy provision of alcohol. Their details have been recorded which will serve as an early warning system forming part of an intelligence picture around Child Sexual Exploitation.
27. Stanley Community Alcohol Partnership (CAP) was launched in 2011 its main aim was to enhance community engagement and guardianship, which are vital cultural foundations for long term changes in behaviour associated with alcohol misuse and its resultant harms. An independent evaluation of the Stanley CAP was carried out by Teesside University, Criminology Department. Its key finding state:
 - The number of seizures of alcohol from individuals in locations where vulnerable young people tend to be present declined
 - Where seizures were made, the early intervention by CAP patrols resulted in a marked reduction in associated ASB when compared to the rest of the County. This would tend to suggest the alcohol was being seized before drunkenness became prevalent and the individual/community suffered any resultant harm.
 - The number of 'repeat seizures' from individuals remained low.
 - The number and frequency of attempted underage and proxy sales from retailers declined.
 - Both the Business and Neighborhood surveys identified a decline in the reports of underage drinking as a problem issue. In a post pilot series of 30 test purchases undertaken collaboratively by police and trading standards only one retailer failed.

- The CAP and its developing infrastructure was proactive in addressing issues and adopted a reflexive approach in dealing with these issues as they emerged.⁵
28. In July 2013, another CAP launched in County Durham at Peterlee. This partnership will follow in the footsteps of Stanley and address under age alcohol access and consumption and proxy provision while building effective partnerships between retailers and enforcement agencies.
 29. Other local policies such as Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and the Children, Young People and Families Plan all express the need to increase a resilient behaviour in children and young people, which includes the ability to say no to drinking alcohol. The Council Plan and the Sustainable Community Strategy underpin all of these strategies.
 30. Most Area Action Partnerships have children and young people and/or community safety as a priority for their area. Many AAPs have funded projects, which either directly or indirectly have helped to reduce underage drinking in their localities.
 31. A study carried out by Durham University and commissioned by NHS County Durham and Darlington Primary Care Trust found that parents are confused about the best way to manage the introduction of their children to alcohol and their relationship with alcohol. The study concludes that children whose parents carers have a problematic relationship with alcohol are more likely to have current or future problems themselves.⁶

Evidence

Current Situation

Key Findings

- **Most young people do not take alcohol or other harmful substances.**
- **Alcohol is the most misused substance by young people.**
- **The numbers of young people drinking alcohol is decreasing, but those who continue to drink alcohol are consuming larger amounts more frequently.**
- **Hospital admissions are coming down and referrals to 4Real are increasing but there remains a gap in the number of referrals from Emergency Departments in County Durham.**

32. Information was received from 4 Real Service Manager and the Alcohol Harm Reduction Co-ordinator as to the current situation within County Durham of

⁵http://www.communityalcoholpartnerships.co.uk/images/stories/Stanley_Evaluation_Social%20Futures%20Institute.pdf as accessed 29-10-13

⁶ "REVEALING ALCOHOL NARRATIVES" A Qualitative Study of Young People's Relationships with Alcohol in County Durham and Darlington, Russell et al, 2011.

young people drinking alcohol. Evidence from the Tell Us 4 Survey indicates that the majority of young people do not drink alcohol, 74 per cent of young people had either never tried or had not been drunk ever, and of those that do, the numbers are reducing⁷. However the frequency and strength of the alcohol they are drinking has increased and those young people who are drinking alcohol regularly are experiencing problems associated with their drinking including health harms and the increased chances of them being involved in risky behaviour.⁸

33. Information from the social norms survey indicated that 9 out of every 10 children and young people who took part in the social norms survey indicated that they did not drink alcohol on every weekend or even on most weekends. For most young people that drink alcohol, (60%), do so at home with parents and friends at parties or family celebrations.
34. The picture of underage drinking is complex and differs from town to town and even village to village. Alcohol seizures are higher in Consett, Stanley and Crook areas largely due to the success of the early intervention projects operating in these localities. Stanley has a community alcohol project which has received government acclaim this will have a bearing on the vigilance of enforcement officers in this locality. Crook also has alcohol project that is run by community activists using funds from the Baroness Newlove Projects Fund.
35. The 4Real Specialist Service works with young people and families offering advice, guidance and support relating to issues concerning drugs and alcohol. The service offers a brief intervention service that works with young people who have been referred to them by the police, youth offending service or schools. Most of these referrals come from the police after young people have been caught drinking in public places. The service also provides targeted alcohol education in schools and provides bespoke training to professionals who work with young people and families within their organisations. The table below indicates the numbers of young people who have received brief intervention and targeted alcohol education and the number of professionals who received bespoke training.

Brief Interventions		Alcohol Education			Training Delivered	
2011/12	2012/13		2011/12	2012/13	2011/12	2012/13
821	512	Primary	824	907	1137	822
		Secondary	5605	4575		
		Further Education	540	711		

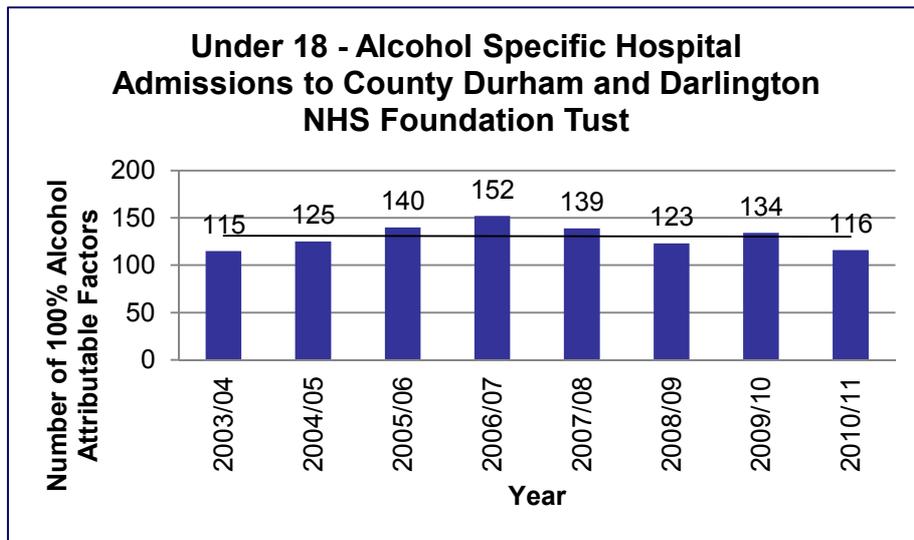
36. Evidence indicates that the 4 Real Service is successful in reducing problem drinking. Service evaluations completed for the Brief Intervention team indicate that 69% of the 85 young people who completed the questionnaire indicated that they would drink less alcohol. A further 232 young people were referred into the main 4Real treatment service of which 132 young people successfully completed their treatment during this period. This is a higher success rate than

⁷ Tell Us 4 Survey, 2009

⁸ www.alcoholconcern.co.uk as accessed 9/10/2013.

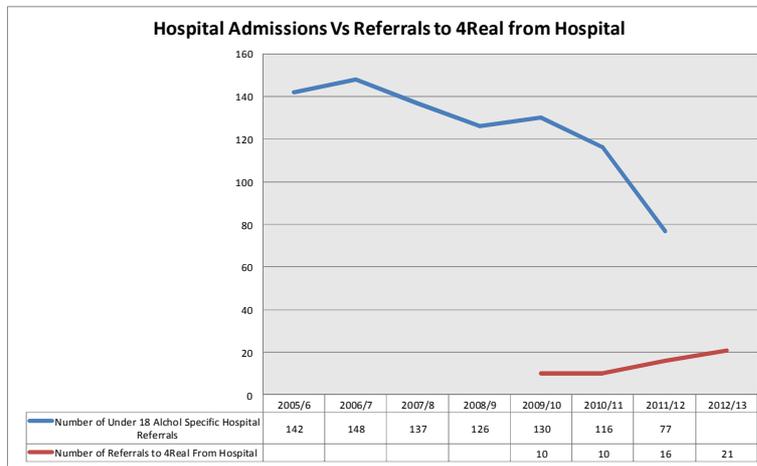
nationally, comparing to 21270 entering into treatment nationally with 10541 successfully completing treatment.

37. The rate of hospital admissions for under 18s due to alcohol related problems has decreased over recent years, although still relatively high compared to other parts of the country. According to Local Alcohol Profiles England (LAPE) 2012, County Durham is ranked 314 out of 326 of local authorities for under 18 hospital admissions, this is an improvement on 2011 LAPE figures.
38. The graph below is based on the GP registered population rather than residential population, this information indicates that for 2011/12 the lowest numbers of under 18 hospital admissions for eight years had been achieved.



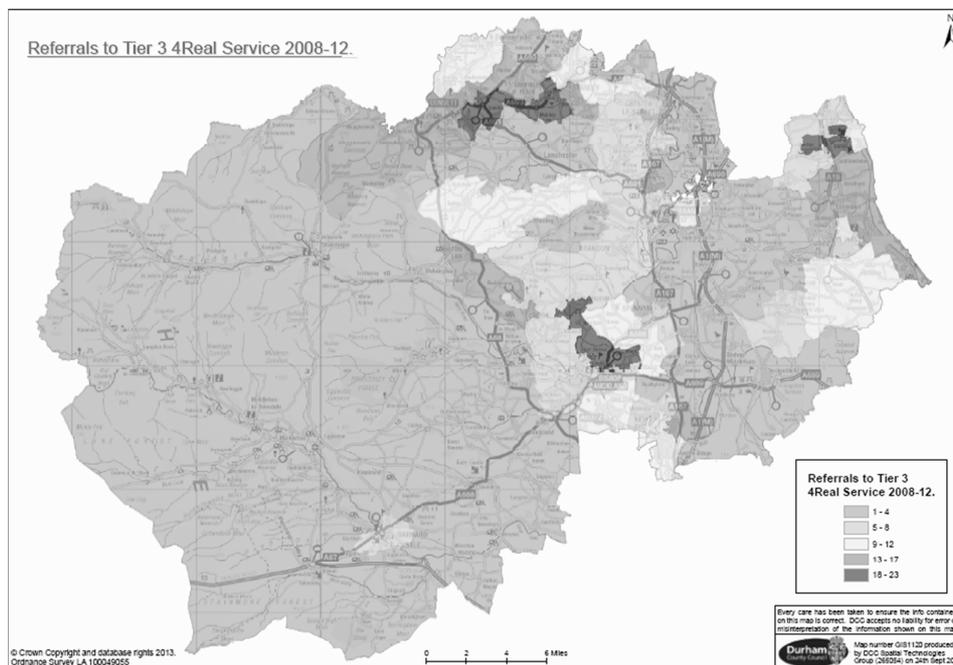
Source: CDDFT Data Quality and Data Source Supporting Information

39. The chart below shows how hospital admissions relate to referrals to the 4Real service. The number of alcohol related hospital admissions of young people under the age of 18 is coming down while the numbers of referrals to 4Real is rising. The top line of the chart represents the number of under 18 alcohol specific hospital admissions, this information is obtained through national data from the Local Alcohol Profiles for England (LAPE). The bottom line on the chart represents the number of referrals to the 4Real service from hospitals; this includes referrals from hospital ward discharges, hospital clinic and emergency departments. The working group were informed that ideally both lines should meet to indicate that 4Real receives referral notifications on all hospital admissions of under 18 year olds. 4Real are receiving information on hospital admissions but not all hospital attendances.



Source: Alcohol and Substance Misuse by Young People - overview presentation to CYP OSC 02/10/2013

40. The map below shows where in County Durham 4Real obtain the most referrals. It indicates that more referrals come from areas in the east and north of the County, but there are also pockets of referrals in central, western and southern areas of the County. Evidence from the Alcohol Harm Reduction Co-ordinator indicates that it is not only areas of deprivation affected, and young people drink alcohol in more affluent areas of County Durham. The reasons why young people drink alcohol are complex; the evidence shows that young people will experiment with alcohol other factors could range from boredom, peer pressure, family relationships, alcohol advertising to name but a few. Adults who live in more socially deprived areas experience poorer outcomes due to alcohol than those in less deprived areas.



Source: Alcohol and Substance Misuse by Young People - overview presentation to CYP OSC 15/10/2013

41. The working group received information on the impact of drinking alcohol on young people in the short and long term from the Alcohol Harm Reduction Co-ordinator. Short-term risks include becoming vulnerable to becoming a victim of crime, committing a crime, behaving in an anti-social manner, having unprotected sex, more likely to be behind at school, play truant or being NEET (Not in Education, Employment or Training). There is an increased risk of mobile phones being used to capture photographs and videos, which can be

sent on to others and put on to social media network sites, thus potentially increasing the risk of cyber-bullying.

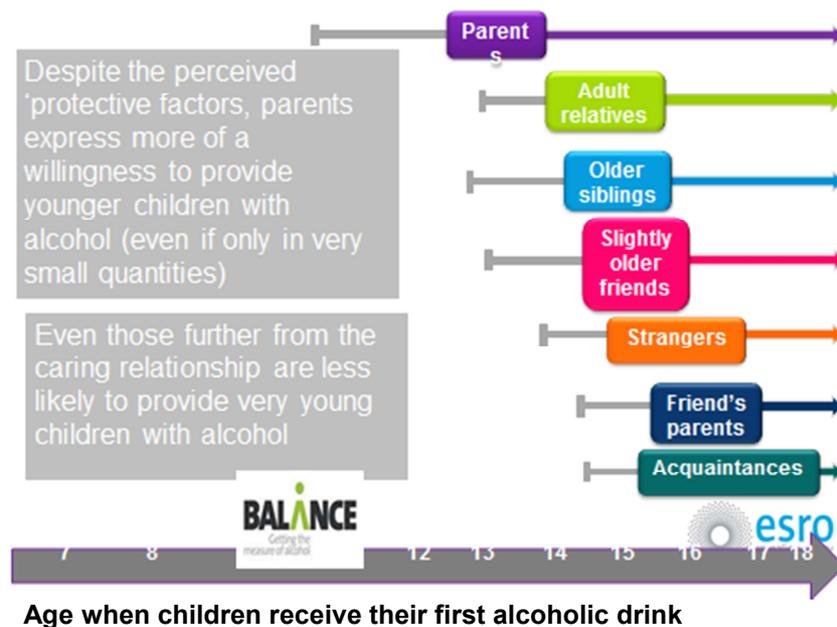
Where and how are young people getting alcohol?

Key Findings

- **Evidence indicates that young people are receiving alcohol from parents and older relatives.**
- **Engaging with parents and raising awareness of the harms of alcohol to their children is challenging.**
- **Evidence indicates that young people drink alcohol because it is accessible, affordable and available.**

42. A Joseph Rowntree Foundation study 2011 Young People, Alcohol and Influences suggest young people are more likely to drink, to drink frequently and to drink to excess if they:
- receive less supervision from a parent or other close adult;
 - spend more than two evenings a week with friends or have friends who drink;
 - are exposed to a close family member, especially a parent, drinking or getting drunk;
 - have positive attitudes towards and expectations of alcohol; and
 - have very easy access to alcohol.
43. Chief Inspector Robinson from County Durham Alcohol Harm Reduction Unit, as Chair of the Proxy Provision Task & Finish Group and DCC Consumer Protection Manager provided information indicating where young people get alcohol from, the biggest provider of alcohol to young people where parents. "Parents are key to tackling the UK's drinking culture in the long term, and we want to help them ensure their kids don't grow up to be the next generation of binge drinkers."⁹ Parents should be role models for their children.

⁹ <http://www.parentdish.co.uk> as accessed 26/11/2013



Source: Alcohol and Substance Misuse by Young People - presentation to working group 23/10/2013

44. Information given at the meeting indicated that the most common place where young people get alcohol is parents, followed by friends' parents, adult relatives, older siblings, older peers who young people may come into contact with through sports clubs and rarely acquaintances, adult friends or strangers. This finding mirrors the national findings in the Joseph Rowntree Foundation report.
45. Evidence indicates that breaking down barriers with parents is a mammoth task, as some parents believe they are protecting their children from counterfeit alcohol if they buy the genuine product, others see it as something teenagers do and others are totally unaware. Anecdotally, parents often see drinking amongst 16/17 year olds as a *'rite of passage'* and *'it didn't do me any harm'* attitude. Discussion from the working group meeting suggested that some parents do not see their children drinking alcohol as a problem and this was a cultural issue.
46. The Consumer Protection Manager provided the information below on the number of test purchases of alcohol to minors in 2012/13 and 2013 to date. Test purchase operations are carried out together with the police, using older child volunteers, usually aged 16/17 years old, who were sent into licensed premises in a small group replicating a real situation. Areas are selected based on intelligence received, e.g. areas known for antisocial behaviour or underage drinking, or there could have been a tip off from a member of the public. A failure constituted a sale of alcohol to the young person, which could result in receiving a Fixed Penalty Notice, a warning, prosecution or a review of the premises licence. Members were informed that some licensees do pass test purchases because they do not know the young person but will sell to young people under 18 who they know.

Date	Nos. of Test Purchases Carried out	Failure Rate	Areas that failed
2012/13	79	11%	Chester Le Street, Consett, Crook, Pelton Fell, Sacriston, Shotton, Stanley
2013/14 (upto 10/13)	35	34%	Crook, Fencehouses, Sacriston, Spennymoor, Stanley, West Auckland, Peterlee

47. Police Officers, Police and Community Support Officers (PCSOs) and Neighbourhood Wardens have the powers to seize alcohol found in possession of a young person under 18 or an adult in company with an under 18. Current performance information regarding alcohol seizures indicates that:
- *July 2011 – April 2012 total number of individuals alcohol seized from or part of a group was 932 (890 under 18s)*a new procedure commenced July 2011.*
 - *May 2012 –April 2013 total number of individuals alcohol seized from or part of a group was 1073 (1001 under 18s).*
48. The police sergeant acknowledged that the numbers of young people under 18 years drinking alcohol is declining but those that continue to drink are drinking more alcohol more frequently. He also explained that they had experienced difficulties engaging with parents, and was convinced that most parents are providing alcohol to their children. This was echoed in the survey carried out by Cornforth Partnership.
49. The group were advised that it was cheaper for young people to purchase alcohol than to go to the cinema. The Alcohol Harm Reduction Co-ordinator advised young people should be encouraged to delay the age when they start drinking alcohol and when they do start drinking, they should do so responsibly. She advised the main problem was that alcohol was affordable, accessible and available.
50. On 9th October, Cabinet received a report on the review of the Council's statement of licensing policy that asked for approval to undertake a public consultation. The policy seeks to achieve the licensing objectives one of which is the protection of children from harm. The Development Officer for the Local Safeguarding Children's Board (LSCB) had concerns in relation to licensing and requested that a condition of license on all new licence applications be the necessity to have a refusals register. The consultation closed on 2nd January 2014 and an updated Licensing Policy Statement will be presented to Durham County Council in May, 2014.

Education on the Harms of Alcohol

Key Findings

- **Alcohol education is provided in all County Durham state maintained schools but how it is delivered is up to the individual school.**
- **Young people would like to see ‘not drinking’ presented as a legitimate choice of alcohol education**
- **Promotion of diversionary activities available for young people is necessary to help delay young people drinking alcohol.**
- **Greater engagement with parents and carers is needed to highlight the dangers of drinking alcohol at an early age.**

51. DCC’s Health and Wellbeing in schools Operational Lead advised that the new national curriculum had identified that Personal Social and Health Education (PSHE) will not be included in the statutory programme of study. Durham County Council is putting a programme together to meet the needs of young people in Durham County Council’s state maintained schools. As part of the national curriculum, all maintained schools have a duty to support pupils’ personal development and wellbeing. Alcohol education is usually delivered as part of the wider whole school curriculum. However, the specific content and the quality of delivery are unclear and the impact it has on young people.
52. The working group received information in relation to alcohol education in schools. The Deputy Head Teacher from Ferryhill Business and Enterprise College (FBEC) advised members at his school they do not have specific lesson for (PSHE) so they deliver a package that provides the best model for their young people. They also hold road-show events that involve partners providing information on the harmful effects of alcohol and safety issues. The school works closely with 4Real, which they see as a key resource and make referrals to the services as and when needed. Mr Pinkney stressed that the young people too value the work of 4Real.
53. Police from the Alcohol Harm Reduction Unit are engaged with most schools in County Durham. They have an open door policy with schools but recognise that they have limited time to deliver information. Events such as road shows and carousels can be all day or half day events that enable police from the Alcohol Harm Reduction Unit to interact with young people on a more personal level. Focused school assembly sessions are also a means of delivering information to young people in school and are delivered with 4Real specialist services, an educational pack is put together that delivers a short sharp burst of information. The Alcohol Harm Reduction Unit and 4Real specialist services work together closely. NICE was unable to make any recommendations in its guidance on school-based interventions on the effectiveness of external contributors in alcohol education.
54. Two young people were present at the working group session and when asked gave their opinion that they would rather receive information on alcohol via more interactive sessions such as roadshows and carousel events.
55. A study by the Joseph Rowntree Foundation – A Positive Choice: Young People who drink little or No Alcohol suggests that young people believe

alcohol education is based on the assumption that all young people drink alcohol. They want 'not drinking' to be presented as a legitimate option.

56. The Youth and Community Projects Manager from Cornforth Partnership provided information on the work the Partnership had been involved in. The partnership works with young people in school and the community and are involved in the delivery of local Area Action Partnership projects such as 'Resolve' – a risky behaviour project.
57. They have been delivering a social norms project, which was commissioned by Durham County Council. The project challenges young people's belief that their peers are all taking part in risky behaviours including drinking, smoking, etc. The social norms survey contained two sets of questions to assess student's perceptions and to assess their self-reported behaviour. Surveys were carried out online and each school was provided with a summary report highlighting the main findings from the data.
58. 7889 surveys were carried out in one year by social norms and outcomes indicate:
 - 87% (6863) of students who took part in the survey are not drinking regularly, challenging peer perceptions.
 - 77% (6074) of students who took part in the survey would prefer to talk to a parent or friend for advice and information around alcohol. This suggests influencing and work in partnership with parents is vital by mirroring the findings in paragraph 46 of this report.

Impact of Alcohol on Anti-social behaviour & Youth Offending

Key Findings

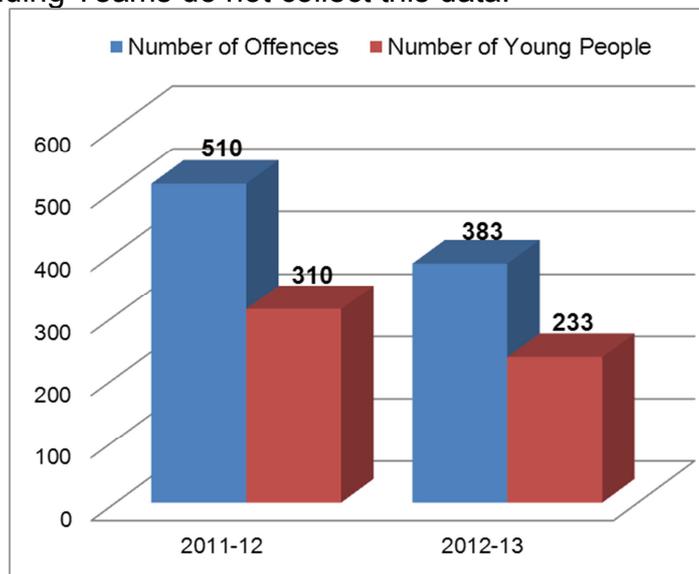
- **Alcohol related youth offending in County Durham is decreasing.**
- **CDYOS provide in-house interventions for those with moderate alcohol issues**

59. The Alcohol Harm Reduction strategy identifies from information following alcohol seizures that the majority of alcohol confiscated from young people under 18 years of age is not purchased by them but by a proxy, specifically friends or family over 18. From incidents where alcohol is seized from young people, anti-social behaviour caused by young people drinking in public places is low, as they tend to drink in isolated places away from residential areas.
60. The Strategic and Countywide managers from County Durham Youth Offending Service (CDYOS) provided information on their service in relation to the impact of alcohol on youth offending. The service has analysed alcohol related offending by young people in County Durham since April 2011 to enable the service to target resources for maximum impact.
61. Offences recorded as 'alcohol related' include those:
 - committed under the influence of alcohol;

- directly associated to alcohol e.g. drunk & disorderly and 'theft of alcohol'.

62. All young people who offended (both pre and post court) are assessed; intervention is based on assessed need and risk. Young people are referred to CDYOS nurses for a specialist health assessment and intervention, if required. If any alcohol or substance misuse is identified, there are pathways to mainstream or specialist services such as 4Real. CDYOS provides tier 1 and 2 interventions in house and refer to 4Real for tier 3 and 4 services.

63. The chart below indicates that 383 out of 1477 offences committed by young people in County Durham were alcohol related in 2012/13. This was a 24.9% reduction on the previous year 2011/12 when 510 offences were alcohol related. This reduction is also reflected in the number of young people committing alcohol related offences, where there was a 24.8% decrease from 310 young people in 2011/12 to 233 young people in 2012/13. Collection of this type of data is unique to Durham it is not a mandatory requirement so Youth Offending Teams do not collect this data.



Source: Presentation to working group 07/11/2013.

64. The three most frequent alcohol related offences committed by young people across the County were other (104), which included 87 public order offences, violence (84) and damage (78). These offences accounted for 69.5% of all alcohol related offences committed during 2012/13. 56.8% of all public order offences were alcohol related compared to the next highest (violence) where 25.5% of offences were alcohol related. The group were informed that it was not unusual for drunken young people to be violent toward their parents, usually their mothers.

65. A range of Offending Behaviour Programmes (OBPs), including alcohol and violence, have been developed and implemented by CDYOS, based on detailed analysis of offences, risks and needs in Co. Durham. Programmes had in previous years, been bought in by the service; however they were found to be either not be specific enough or irrelevant and therefore CDYOS had developed their own, more satisfactory range of programmes, which are differentiated and interactive.

66. CDYOS have developed a specific programme (Healthy Relationships), which was implemented in April 2012, and dealt with issues regarding positive relationships, including teenage pregnancy, child sex exploitation, family and peers.
67. The Police and Crime Commissioner has funded CDYOS' Positive Futures programme for 2013/14. Positive Futures has two elements;
- Targeted work with individuals (40-50 per year)
 - Work in High Impact Localities (about 175 young people per week)
- The targeted work is carried out with a number of young people who have been involved in violent or alcohol related offending. They are leisure based activities which target young people who have already offended and gave them more positive things to do as opposed to drinking alcohol or taking drugs.

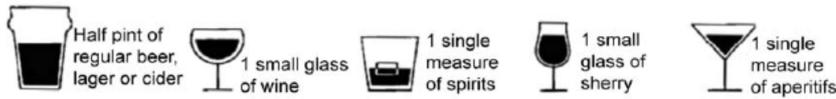
Data Sharing With NHS Emergency departments

Key Findings

- **Emergency Departments are not automatically referring young people presenting with alcohol related injuries to specialist services.**
- **Governance and data protection concerns appear to be limiting data sharing between NHS Emergency Departments and specialist services.**

68. Dr. Holmes, a Consultant in Emergency Medicine, provided information to the working group from County Durham and Darlington NHS Foundation Trust, Emergency Department. The numbers of children presenting at Accident and Emergency with alcohol related problems over a period from April 2013 to November 2013 was 57 at Darlington Memorial Hospital and 71 at University Hospital of North Durham. This figure can be broken down into age groups:
- Under 11 years - 1
 - 12 – 15 years - 44
 - 16 – 17 years - 83
- Interestingly when the data is sorted by gender, 43 were males and 85 were females. This data supports information from Alcohol Concern (2011) which indicates that between 2004 and 2009 28% more young women than young men were admitted to hospital via A&E for alcoholic specific conditions (23,347 under 18 young females compared to 1,159 young males).
69. All people attending A&E aged 11 years or older are requested to complete a questionnaire about their drinking habits. The answers are scored, below is a copy of the first three questions if a score of more than five is obtained from these questions further questions are asked.

This is one unit of alcohol...



...and each of these is more than one unit



AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

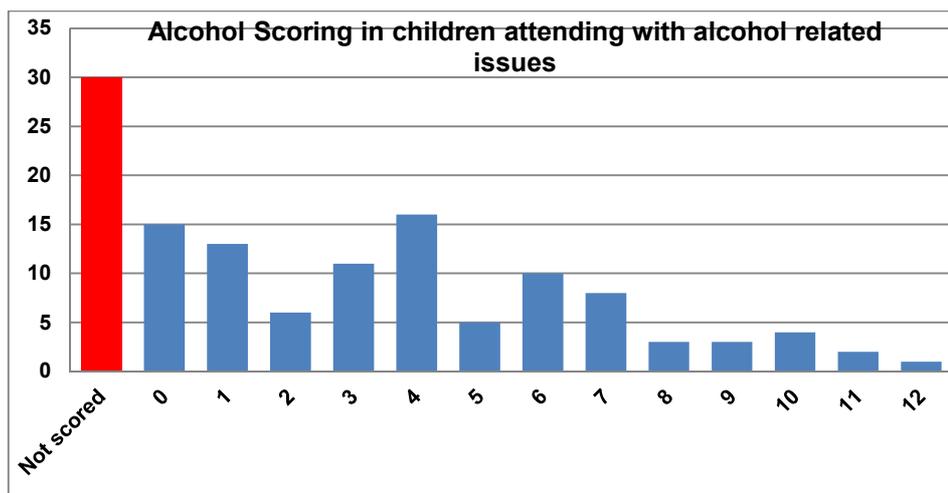
Scoring:

A total of 5+ indicates increasing or higher risk drinking.
 An overall total score of 5 or above is AUDIT-C positive.



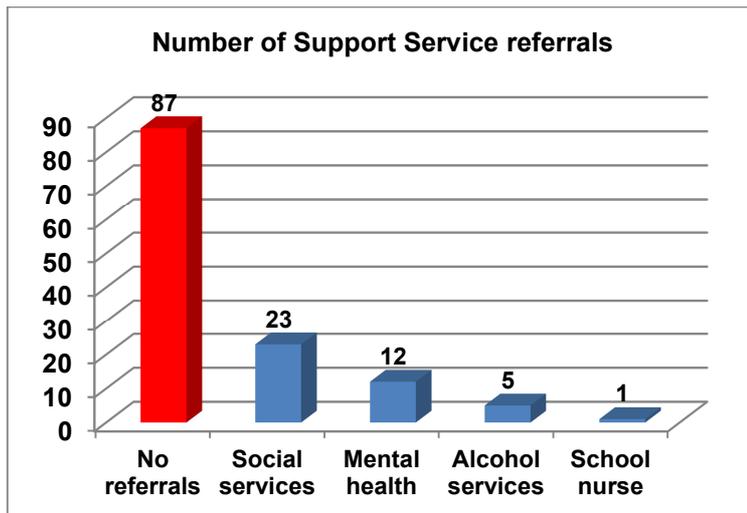
Source: Page 1 Audit C questionnaire used in A&E Depts at DMH and UHND

70. This information is then used as a screening tool to identify a persons' drinking behaviour. Dr Holmes informed the group that any score more than one is significant for any person under 15yrs with an alcoholic related attendance. For adults it becomes significant when they have a score of eight or more. The scores of young people presenting at A&E at DMH and UHND from April 2013 to November 2013 are shown below.



Source: Presentation to Working Group meeting 18/11/2013. Y axis represents the numbers of young people X Axis represents the score.

71. Of the 128 children who attended A&E with alcohol related issues, 30 young people were not scored, Dr Holmes suggested this could be because they were unresponsive on admittance, had been seen by the out of hours GP team or had not waited to be seen.
72. Information below indicates the number of referrals from County Durham and Darlington NHS Foundation Trust A&E departments and the service to which they are made. However, 87 young people were not referred anywhere although they had presented at A&E with alcohol related issues. On questioning why 87 referrals had not been made members were informed that this could largely be due to data protection and governance issues within the health service and in relation to parental consent.
73. 4Real Specialist Services Manager indicated that the police had taken a view of automatic referral for all young people found to be drinking alcohol under the age of 18 years, which is followed up by 4Real. The reaction of most parents was one of shock and embarrassment but there were occasions when the service found they should be working with the whole family. Dr. Holmes said that in his experience the vast majority of parents were shocked and embarrassed when they came in to the department to collect their children. Where there was behaviour of regular drinking by young people, it was essential that this behaviour was broken.



Source: Presentation to Working Group 18/11/2013

74. Dr. Holmes advised the working group that being involved in the review had highlighted learning needs that he would discuss at his department's monthly governance meeting and request that forms are amended to read '*reason not to refer*' rather than '*reason to refer*'.
75. Members enquired if there were particular days and times when young people presented and were advised there is no particular day but it is definitely evenings when young people present and could be anywhere from 5pm to 3am.
76. Dr Cronin, Consultant Paediatrician indicated that a new portal would come into existence in 2014, which would regenerate 600,000 health records. If governance issues could be resolved, this could be a way forward to sharing information.
77. There is a high chance that some young people from County Durham could attend emergency departments in neighbouring NHS Foundation Trust areas such as North Tees and Hartlepool NHS Foundation Trust and City Hospital Sunderland NHS Foundation Trust. These two NHS foundation trusts were approached for similar information as County Durham and Darlington NHS Foundation Trust in relation to young people under 18 years presenting at A&E with alcohol related injuries who gave a home address with a DH postcode.
78. North Tees and Hartlepool NHS Foundation Trust advised that they currently do not capture information in relation to referrals to specialist alcohol and substance misuse services. However, North Tees and Hartlepool NHS Foundation Trust has advised that following a departmental meeting a retrospective audit of children attending A&E and the appropriateness of referral will take place.
79. City Hospital Sunderland NHS Foundation Trust has indicated that between April to November 2013 there had been 43 alcohol related attendances at emergency departments in their area from young people under 18 with County Durham postcodes, 22 males and 21 females. this information can be further broken down into age groups:

- Under 11 years – 0
- 12 – 15 years - 16
- 16 --17 years - 27.

This information follows a similar trend to the information collated from County Durham and Darlington NHS Foundation Trust emergency departments with the higher number of attendances coming from young people aged 16-17 years.

Early Intervention and Prevention

Key Findings

- **Multi-agency projects have produced excellent results**
- **Parents have the greatest influence on their children**
- **Alcohol advertising should not be aimed at young people through direct advertising campaigns or sponsorships**
- **Cinemas are selling alcohol for all categories of films, and this is viewed as a particular concern by Balance.**

- 85 **Operation Staysafe** is a multi-agency proactive operation that is intelligence led. Officers (Police, PCSOs and Wardens) acting upon information received go to places where young people are known to be drinking, seize their alcohol and take them to a place of safety and contact parents or carers to collect them. In some instances, parents cannot be contacted or will not come to collect their children. The work carried out with operation staysafe and the alcohol seizures have produced excellent results.
- 86 However, if there are concerns of Child Sexual Exploitation (CSE), certain questions are asked, referral pathways are identified, and interviews are carried out to identify proxy providers.
- 87 At Crook, Tow Law and Howden Le Wear £90,000 has been received from the Baroness Newlove Project (Department of Communities and Local Government) which is a two year project delivered by community activists and supported by partners (see evidence file for more information). A lot of good work has been achieved; the heart of the project is to reduce anti-social behaviour, and children drinking alcohol. Examples of this include:
- Community events have taken place with mocktails (non-alcoholic cocktails) with the aim of showing people that you can enjoy yourself without having an alcoholic drink.
 - Development of a parent/carers guide to alcohol – a group of parents of Sunnybrow Primary School pupils developed a leaflet for parents/carers, which includes facts on the law around children and alcohol, the risks to children from alcohol and myth busters.
 - Enhanced level of alcohol education with year 6 children receiving 6 sessions dedicated to alcohol education – evaluations have shown that the children’s knowledge around alcohol has increased.

- 88 County Durham has two **Community Alcohol Partnerships**, an original pilot in Stanley that was launched 2011 and a new partnership in Peterlee, which was set up July 2013. The purpose of the partnership is to tackle underage alcohol access and consumption and to build an effective partnership between retailers and enforcement agencies. The partnership brings together industry and local retailers to tackle underage drinking in the local area. The partnership provides training in schools through the 4Real service and gives training to all licensees who support the checks being made. At Stanley there have been some excellent outcomes, e.g. an increase in referrals to 4Real services.
- 89 Funding was secured from the Durham Agency Against Crime (DAAC) to provide six infomercials that are used in schools and youth organisations throughout the County to highlight the harm of alcohol to young people. The infomercials show some of the pitfalls for young people who drink alcohol. They are shown in schools, youth organisations and with parents throughout the County to highlight the harm of alcohol to young people.
- 90 Balance is the North East of England's alcohol office; they receive funding via the region's public health teams. The aim of Balance is to aspire to change the way people in the North East think about and drink alcohol. Ultimately, they aim to have healthier people living in safer communities across the North East. Balance through our public health team has attended all of County Durham's Area Action Partnerships to provide information on their campaigns such as Sam Sees and minimum unit alcohol pricing. Their work has been well received and supported across the AAPs and they have provided evidence that assisted an Overview and Scrutiny response to a Home Office consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour.
- 91 The Programme Manager from Balance presented information to the working group on how an alcohol-advertising campaigns impact on young people's drinking. Alcohol companies spend £800m a year on advertising.
- 92 Members were advised that young people tend to drink stronger alcoholic drinks than they did thirty years ago and members were informed that parents were unsure whether they should be allowing their children to drink at home with a meal to teach them how to drink responsibly. In addition, alcohol is the only substance that parents give their children to try, they would not encourage their children to try any other drug. Greater parental awareness is needed to encourage young people to delay the age when they start drinking alcohol and thus reduce the likelihood of affecting their health and future. Parents have a greater influence on their children than they are aware and should use this influence positively.
- 93 Members heard that for some young people alcohol is an issue at home with parents, it is then more likely these young people would go on to having a problematic relationship with alcohol. It is more prevalent with those parents who do not admit to having an alcohol problem or where their drinking is hidden to the outside world. Members questioned how these parents are engaged and were advised that engagement can be extremely difficult. A Think Family

approach should be adopted to ensure that agencies helping the parents do not forget about the needs of the children.

- 94 Members were advised that alcohol education has three strands – knowledge, skills/support and attitudes and values. Schools provide the first two strands well but fall behind on the attitudes and values, which is the most important. This is usually learned from elsewhere such as in the home.
- 95 Balance has a campaign to reduce alcohol advertising especially where young people can be influenced. Sam Sees Campaign was an exercise where young people photographed alcohol advertising; they captured thousands of images and were asked following the exercise how they felt about alcohol. Most of the children said they thought that the advertisements were giving the message that alcohol was fun, but some young people who had experienced parental alcohol abuse knew that alcohol was not fun. There was particular concern about advertising in cinemas and that in most cinemas alcohol was on sale, and available to take into the cinema for any category of film thus making all places accessible to alcohol. Balance has responded with a call to action to prevent alcohol ads being shown in the cinema for under 18 certificate films.

Conclusions

- 96 Evidence presented suggests that although the North East has high number of under 18 year olds who try drinking, the numbers of young people drinking are reducing, as are alcohol-related offences by young people. More young people are receiving help and support from the 4Real Specialist Service Brief Intervention Team, which is helping them to reduce their drinking before it escalates. This information would suggest that early interventions such as Operation Staysafe are working in so much that young people who are caught drinking in public places are being referred to the 4Real Brief Intervention Team for specialist help and support.
- 97 Tackling young people's misuse of alcohol is complex; young people drink alcohol for many reasons and there is no single solution to reduce young people drinking alcohol. Encouraging young people to delay their drinking alcohol for as long as possible and when they do start drinking, to do so responsibly is difficult when they are surrounded by advertisements to drink alcohol or face peer pressure.
- 98 The majority of young people do not drink but the minority that continue to drink alcohol are consuming larger amounts of stronger alcohol more frequently. Underage drinking is countywide with small pockets where underage drinking behaviour is acute. Young people are not drinking in pubs or clubs but in people's homes or open spaces. Evidence indicates that young people are obtaining their alcohol via proxy sales from parents, older family members or older friends.
- 99 Operation Stay Safe and Community Alcohol Partnerships have produced excellent results with national acclaim to reduce the numbers of young people drinking in open-spaces and alcohol seizures. Evidence indicates that young

people are becoming more aware of this and are now drinking indoors at home or at friend's houses.

- 100 Referrals to 4Real specialist service have increased but there remains a gap for referrals from accident and emergency departments. Data protection and governance issues are said to prevent emergency departments sharing data with specialist services on young people who present at A&E with alcohol related injuries. These young people are vulnerable; their safety may be at risk and ultimately this is a child protection issue that must be referred to the appropriate authorities.
- 101 Evidence indicates that young people are more likely to obtain alcohol from parents and older relatives than approaching strangers. Test purchase information indicates that most licensees do not sell alcohol to young people under 18. Engagement with parents is necessary in all forms using schools, one point service and GP surgery waiting areas to increase awareness of the dangers of giving children and young people alcohol and to highlight their influence on their child's life by being a good role model.
- 102 The Council's Licensing Policy Statement was out to public consultation at the time of the review. The working group felt it was important that the statement acknowledges young people's vulnerability to alcohol consumption and under the protection of children objective of the Licensing Act 2003, with a requirement for licensees to keep and maintain refusal register and ensure staff training schedules are regularly reviewed. The Working Group has written a letter to the Head of Environment, Health and Consumer Protection to inform the licensing policy statement consultation of the conclusions of the review and the need for licensees to follow best practice in relation to proxy and underage sales.
- 103 All schools provide alcohol education, but each school decides how this will be delivered. Evidence indicates that a whole school approach should be taken to physical and emotional wellbeing in schools including alcohol education.
- 104 Evidence indicates that where children and young people are exposed to adults drinking, they themselves will be more likely to start drinking at an early age. Using a Think Family Strategy approach to intervening early in the child's life may prevent alcohol problems at a later stage.

Recommendations

- 105 Consideration of the review's findings has led the working group to make the following recommendations. The Children and Young People's Overview and Scrutiny Committee will receive a systematic update on the review's recommendations at least six months following the report being received by Cabinet.
 - That Cabinet request that the Corporate Director of Children and Adult Services encourage school governing bodies to refresh of their policies on alcohol and substance misuse. To include minimum standards for education resources that are available to schools and minimum training for people

delivering interventions in schools, and in doing so ensure that not drinking is considered a viable option in alcohol education and a whole school approach is taken to physical and emotional wellbeing. Additionally, ensure that youth services and Area Action Partnerships are enabled to provide alcohol education to young people to the minimum standard above.

- That Cabinet request that the Health and Wellbeing Board, the Children and Families Partnership, Safe Durham Partnership and the Local Safeguarding Children's Board remind NHS Foundation Trusts in the North East of their clear duty to share information where children are at risk, in this instance young people who attend Emergency Departments with alcohol related injuries. They need to ensure that children and young people who present with alcohol or substance misuse related injuries at emergency departments in the trust areas are referred for specialist interventions to address any alcohol or substance misuse related problem at the earliest opportunity.
- That Cabinet request that the Corporate Director of Children and Adult Services, the Director of Public Health and the Health and Wellbeing Board consider how to increase awareness among parents of the dangers of alcohol to their children and advice about safe drinking under 18.
- That Cabinet support the work of Balance in its quest to make changes in minimum unit pricing of alcohol, alcohol advertising and changes to licensing legislation. Request that the Director of Public Health write to the Directors of Public Health Network and Public Health England to raise the issue of alcohol sales and advertising in cinemas where films are rated as U or PG.
- That Cabinet request the Corporate Director of Children and Adult Services to ensure a 'Think Family' approach is used when parental alcohol and/or substance misuse is identified. Parental drug and alcohol misuse can have a serious impact on the lives of children and young people therefore the children of those parents receive early interventions to assess the impact of their parents drinking/drug taking on them even when parents are known to have a problem but are not accessing treatment services.