



Alcohol & Young People: A Toolkit

Supporting Vulnerable Young People
at Risk of Alcohol Related Harm



Calling Time: the South West Alcohol Improvement Programme

Calling Time the South West Alcohol Improvement Programme was set up in April 2008 to support a reduction in alcohol related hospital admissions and health harms across the region.

The programme works with a range of stakeholders to promote partnership action and leadership in tackling alcohol related harm and improving the availability and quality of alcohol services and interventions. The programme has a dedicated Innovations Project that supports the development of health promotion and prevention approaches for young people.

Alcohol Concern

Alcohol Concern is the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems

Alcohol Concern exists to reduce the negative impact alcohol can have on communities, families and individuals. This is done by influencing policy at the highest level, improving practice across the country through training and innovative projects and providing first class information to the public.



Alcohol Concern
Making Sense of Alcohol

Acknowledgements

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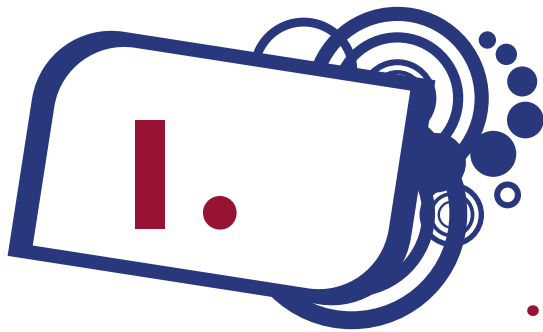
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Introduction



I



Aim

This toolkit provides you with guidance on supporting young people who are experiencing, or at risk of, alcohol related harm. It has a particular focus on young people in the looked after system and those with special educational needs. It is important not to stereotype children and young people in these two groups, however, the evidence suggests that they are more vulnerable than their peers to alcohol (and other) problems, both now and in later life.

Clients of Youth Offending Services or Child and Adolescent Mental Health Services (CAMHS), are also vulnerable to alcohol problems. However, both these groups have been the subject of specific national guidance and do not, therefore, receive the same degree of attention in this toolkit.

The guidance is primarily for workers who are not alcohol specialists. However, sections of the toolkit are also relevant to specialist alcohol and drug staff and commissioners. A supplementary training course and materials have also been developed and are available separately at www.alcoholconcern.org.uk or www.alcohollearningcentre.org.uk. This version of the toolkit has been kept as brief as possible, however, a fuller version with references and more detailed evidence is available from Alcohol Concern.

This toolkit focuses on alcohol. It is acknowledged that many young people will have poly-substance problems and young people's substance misuse services usually work with all substance use. However, in this guide the focus is on alcohol alone.

The toolkit is the result of a collaboration between Calling Time – the South West Alcohol Improvement Programme and Alcohol Concern. It builds on relevant policy, research and guidance and is informed by consultation with a number of professionals and young people from across the South West and in particular from Torbay.

Throughout the toolkit you will see examples of different practices in boxes. These are local approaches or quotes from consultation carried out in the South West and provide information or inspiration.

At the end of each section are suggestion points. These are a guide to improving practice, trying out new ideas and ensuring alcohol is given the recognition it needs. Some of the suggestions may be obvious or basic to some of you; however, hopefully most will capture the purpose of the toolkit and provide useful guidance.

1.2 The impact of alcohol

Alcohol has a major impact on the health and well-being of young people. Compared to other European countries, the UK has the third highest proportion of 15-year-olds (24%) who have been drunk 10 times or more over the past year.

Nationally

- over 1 million children aged 11–17 drink alcohol weekly (391,000 aged 11–15 and 623,000 aged 16–17)
- 20 million units (equivalent to around 9 million pints of beer or 2 million bottles of wine) have been consumed in the last week by 11–17 year olds

There are strong links between high levels of youth alcohol consumption and other risk factors such as offending, teenage pregnancy, truancy, exclusion and illegal drug misuse.

- Between April 2006 and March 2009 2,213 people under 18 were admitted to hospital in the South West as a direct result of alcohol use
- It is estimated that between 630 and 1,260 child protection cases in the South West each year involve alcohol

The average pocket money for 12-16 year olds in 2007 was £9.53. A 70cl bottle of own brand vodka (30 units of alcohol) costs £7.99. It would cost less to drink so much that a young person requires admission to hospital than it would to go to the cinema by bus.



**Young people in
the looked after
system**



2



2.1 Understanding the looked after system

Children and Young Peoples Services (historically called social work or social care departments) work with vulnerable children and their families. They hold statutory responsibilities for identifying children in need and safeguarding and promoting their welfare. In most cases support and interventions enable children to remain with their families but in some cases children are placed in the care of the local authority. The majority of children who are looked after are there because they have experienced abuse or neglect. At any one time around 60,000 children are looked after in England, although some 90,000 pass through the care system in any one year. In 2009 there were 4,700 looked after children in the South West, of these 2,650 (60%) were looked after because of abuse and neglect.

If a child is looked after they will have an allocated social worker. If there are concerns regarding a child who is already known to social services contact should be made with their social worker in the first instance. If they are unavailable or it is not known who the allocated worker is the duty social worker will be able to advise what course of action is required. Any concerns should be reported according to the organisation's procedure, as a matter of urgency and followed up in writing.

If the child or young person is not known to social services and there are concerns then these should be made known to the duty social worker whose number is available via local authority websites or general local authority phone numbers.

2.2 Alcohol and children in the looked after system

Outcomes for looked after children can be difficult to identify, however we do know that:

- 25% of looked after young women have a child by the age of 16 years and
- 50% become pregnant within two years of leaving care
- 47% of all looked after children (in school year 11) did not achieve a single GCSE or equivalent exam
- 75% of looked after children had an annual health assessment
- Less than 50% of health plan recommendations have been carried out
- 40% of looked after children under 11 years felt they did not receive enough health information or advice
- 68% of looked after children living in residential care have a mental disorder

More specifically, young people in the looked after system are known to be more vulnerable to alcohol problems. High levels of alcohol use by young people in the care of local authorities have been found in studies in both England and Scotland. Some studies suggest that looked after young people are four times more likely than those living in private households to smoke, drink and take drugs.

Government figures show that every year about 8,000 children leave local authority care. Over half of them have poor or no educational qualifications and three quarters have basic skills needs. Their social networks are also poor with only 20% still in contact with social services and 10% with their families a year after leaving care. These are all

evidenced to be high risk factors for future physical and mental health problems as well as unplanned pregnancies, drug use, self-harm and a range of other problems.

Evidence suggests that looked after children start using substances at an earlier age, at higher levels and more regularly than their peers. This leads to concerns that their use may become more established and dangerous. Looked after children and young people who have experienced parental drug and alcohol misuse may view excessive drug and/or alcohol use as 'normal'.

Moreover, compared to measures taken within three months of leaving care, young people interviewed a year later were almost twice as likely to have problems with drugs or alcohol (the risk increased from 18% to 32%).

2.3 Working with young people in the looked after system

When working with this group of young people, a number of points are worth bearing in mind. Many of these have been drawn from interviews with local practitioners and conversations with young people themselves.

- **The National Delivery Plan for Young People and Substance Misuse:** This was developed by the Department of Children, Schools and Families, Home Office and Department of Health in recognition that looked after children are a high risk group for substance misuse. It recommends that their substance misuse needs are identified early on and receive an appropriate service or intervention to prevent the problems escalating.

It recommends that screening and assessing for substance misuse should be a core part of the care planning for young people in the looked after system. It is the responsibility of the local authority to make sure that health assessments are carried out. Primary Care Trusts (PCT) have a duty to comply with requests by local authorities for help in the exercise of their functions. It is the responsibility of the local authority to make sure that every child it looks after has a health plan which forms part of the overall care plan. PCTs must cooperate with the local authority to ensure that the health plan is effective.

- **Assessment:** Many young people in the looked after system may have been assessed many times. It is important to minimise the number of assessments in order to best engage the young person.
- **The assessor:** Who undertakes the assessment also needs to be considered. Do they have a trusted relationship with the young person and are they qualified to assess alcohol related harms.
- **Consistency:** Providing a consistent worker is important. Young people in the looked after system may have experienced a significant number of changes in terms of schools, social workers and placements.
- **Key relationship:** Consideration should be given to the most appropriate key contact, it should not be assumed that this is the young person's social worker. Young people in care may not see their social worker as their closest contact. Other people, such as foster carers and mentors, may offer a more useful route in

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talking to them about alcohol.

- **Foster carers:** Foster carers are key to working with young people in the looked after system. It is good practice for all foster carers to receive comprehensive training and clear guidance on alcohol and its effects as well as communicating and responding to concerns and problems.
- **Residential homes:** Some young people will be in residential homes and these may be outside the local area. It is important that staff in homes have appropriate policies and are also trained in how to deal with alcohol use and misuse among young people.
- **Parental drinking:** Young people in care may have parents or carers with alcohol problems and this may have contributed to their being in Local Authority care. This needs to be considered in terms of both work with the young person and contact with their parents or carers.
- **Learning and school:** Some young people in care may have problems at school and may have learning difficulties. This will need to be taken into consideration when education is offered. Others may have been excluded from school and experience problems concentrating.
- **Stereotyping:** Young people in care may feel the stigma of being in care and that: As one young person in care said, "It's expected that we will drink and have problems."

Swindon has a two day multi-disciplinary alcohol and drug training course that includes identification and brief advice training. It aims to raise awareness, offer interventions and address wider issues such as sexual health and mental health. This course is available to all universal workers and foster carers are also encouraged to complete the course.

In Somerset there is a Targeted Substance Misuse Intervention Worker for looked after children. The role links children and social care teams with the young people's specialist substance misuse service. The worker provides information, guidance and support for looked after children and staff around alcohol and other substances. Referrals into the service come from foster carers, residential homes, home based carers, residential staff and parents.

Suggestions for making a difference

For Commissioners

- Ensure alcohol is part of cross cutting agendas for vulnerable young people.
- Include data on looked after children and children with special educational needs in strategic needs assessments.
- Ensure that there is regular alcohol training mapped to Drug and Alcohol National Occupational Standards (DANOS) available to all staff in the looked after system including foster carers and staff of children's homes used by your authority.
- Ensure looked after young people have access to staff they trust who have competence and knowledge around alcohol issues.
- Consider an outcome based approach to increasing the effectiveness of services around alcohol and drugs for looked after children.
- Ensure alcohol experts are available to Local Safeguarding Boards to provide evidence concerning the links between alcohol and child protection.
- Ensure data is recorded that shows the cross cutting issues between looked after children, special education needs and substance misuse as well as other vulnerable groups.

For Service Managers

- Ensure that there is good training available to all staff in the looked after system including foster carers and staff of children's homes used by your authority.
- Ensure that all alcohol service staff are aware of the looked after children system.

- Ensure there are protocols between drug and alcohol services and services that work directly with vulnerable and at risk young people.
- Consider identifying 'a champion' within key organisations who can act as an expert advisor.
- Ensure health information and advice being provided to looked after children includes good quality information on alcohol checked by the local alcohol service and which is clearly understood by young people.
- The Think Family approach should be taken into account with workers skilled up in working with concerned others.

For workers

- Make sure you understand the issues concerning young people in the looked after system and alcohol.
- Familiarise yourselves with evidence based interventions for working with young people who use alcohol.
- Familiarise yourself with local alcohol services and referral pathways and protocols.
- Attend training and find out more about working with concerned others and the influence they can have on positive outcomes for children.



**Young people
with special
educational
needs**

3



3.1 Understanding special educational needs

The term 'special educational needs' (SEN) has a legal definition, referring to children who have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age. A child with special educational needs may need extra help in a range of areas, for example

- schoolwork
- reading, writing, number work or understanding information
- expressing themselves or understanding what others are saying
- making friends or relating to adults
- behaving properly in school
- organising themselves
- sensory or physical needs which may affect them in school

The term covers a large group including those with a Statement for SEN, those with social vulnerability, those with conditions such as Autism, Attention Deficit Hyperactivity Disorder (ADHD) and Asperger's Syndrome, those with Specific Learning Difficulties such as dyslexia, physical or sensory impairment or those who have behavioural, emotional or social difficulties.

Many children will have special educational needs at some time during their education. Help will usually be provided in a mainstream setting, sometimes with the help of outside specialists. This will usually be a staged process moving from lower level interventions to more intensive support.

If a child's school believes that he or she has special educational needs, the child's teachers will plan their education taking account of the guidance given in a document known as the Special Educational Needs Code of Practice. The child's teacher is responsible for working with the child on a day-to-day basis, but may prepare a written Individual Education Plan (IEP).

The IEP could include:

- what special or additional help is being given
- who will provide the help and how often
- what help can be given to the child at home
- the child's targets
- how and when progress will be checked

If the child is still not making progress under the School Action or School Action Plus, or needs a great deal of extra help, the local authority may decide to carry out a more detailed assessment. Very few children need an assessment.

Once SEN officers have completed their assessment, they can decide to record the information they have in a statement of special educational needs (usually just called a 'statement'). This statement describes a child's SEN and the special help they should receive.

The local authority must review the statement at least once a year, checking progress and making sure that the statement continues to meet needs.

In the context of this toolkit it is relevant to mention Foetal Alcohol Spectrum Disorder (FASD). Foetal alcohol exposure is the leading cause of intellectual disability in the Western world. 6 - 7,000 babies are likely to be born with FASD of varying severity in the UK each year. The most severe effects are the intellectual disabilities associated with the impact of alcohol on foetal brain development and the central nervous system. Damage to the brain is often, although not always, accompanied by distinctive facial deformities, physical and emotional developmental problems, memory and attention deficits, and a variety of cognitive and behavioural problems.

young people with emotional and behavioural difficulties as a group at increased risk to substance abuse particularly alcohol abuse. Millstein et al 1997 highlighted that adults with ADHD have high rates of alcohol dependence (41%). Miles (2003) documented high rates of alcohol problems in families with a child with autism. Evidence shows that young people with special educational needs may be more vulnerable to problems later in life like homelessness which are strongly associated with alcohol problems.

The Advisory Council on the Misuse of Drugs reports that young people with special educational needs are vulnerable to alcohol problems in varying ways. They may be vulnerable to fixed term or permanent exclusion from schools and spend time in Short Stay Schools (SSS), formerly Pupil Referral Units.

In local interviews undertaken as part of this project, many people identified examples of alcohol related harm. A study from Plymouth reports that: "There is...compelling evidence that children who have behavioural, emotional or social difficulties are at risk of developing substance misuse problems. This is further supported through work undertaken locally looking at the histories of some very high risk, high harm young adults, most of whom all received additional educational support whilst at primary school."

3.2 Alcohol and children with special educational needs

The evidence on the relationship between alcohol use and special education needs is limited. Moreover, special educational needs covers a wide range of presentations and the relationship between different presentations and alcohol use will vary. There is evidence, for example, that people with Asperger's Syndrome are less likely to have a history of alcohol or illicit substance abuse than other groups.

However, there is research to support a link for some groups. McCrystal et al. (2007) highlights

"We see young people with autism who are drinking to self medicate"

SW specialist young people's worker.

3.3 Working with young people with special educational needs

Based on consultation with experts, a number of issues need to be considered when working with young people with special educational needs:

- **Assessment:** Young people may be wary of assessment as they have had negative outcomes when previously 'assessed'. They respond to verbal, active, visual or 'fun' methods best. Assessment may best be carried out in informal settings.
- **Communication:** Young people's language and communication needs are best served by simple direct language and actions. Those with learning difficulties or autistic traits respond best to verbal or written communication which uses short, factual vocabulary free of ambiguity, metaphor or multiple meanings. They may take very literal meanings from words.
- **Consistency:** They may have had multiple interventions in their lives, many of which have failed. Providing a consistent worker with a consistent message is important.
- **Key Relationship:** This may be a family member or staff in school or college. It is often helpful to work through a familiar, trusted figure.

In Plymouth a project has been developed to train a wide variety of community members and workers to be able to offer advice, guidance and some interventions for young people around their alcohol use rather than automatic referral to a specialist service. This provides the opportunity for the young person to see a person they trust and for a community development approach to be incorporated into young people's services.

- **School Staff:** In mainstream school children may have a Teaching Assistant, Youth Worker or Pastoral Head who has a close relationship with them. In smaller settings such as Special Schools they will be known to all school staff. All have a duty of care and a need to inform parents of interventions with the young person.
- **Socio-economic groups.** Some families experience a degree of exclusion from 'mainstream' society due to poverty or ill health and this may leave children vulnerable to influence from peers with negative patterns of behaviour and, therefore, attendant risk factors.
- **Extended stay in young people's services.** Some in this group may not be ready to move on to adult substance misuse services at age 18. They could benefit from extended stays in young people's substance misuse services. A formally commissioned agreement to this effect has been developed in Gloucestershire where they can remain in young people's services up to the age of 21.

Devon's young people's service, Y-SMART, has an educational outreach project which goes into a number of services working with vulnerable young people including the Short Stay Schools. They provide a four to six week package covering alcohol and drugs and specialist input from public health nurses on sexual and emotional health. Young people work on a project of their choice to reinforce what they have learnt, this could include making a film, music or posters. These resources are then to educate their peers.

Plymouth have used the evidence base of what makes a young person more at risk of problematic alcohol or drug misuse and calculated how many young people in their area there are in high risk and lower risk groups. This work was undertaken with the University of Plymouth and informs their commissioning as part of their strategic needs assessment.

Suggestions for making a difference

For Commissioners

- Consider the numbers of children and young people in your area with special educational needs when planning services around alcohol and other substance misuse or prevention.
- Consider widespread training for universal and targeted young people's workers and community members to ensure young people have more choice in who they can speak to about any problems relating to alcohol.
- Ensure a multi agency approach is part of the alcohol treatment system for young people including workers of young people with special educational needs.

For Service Managers

- Consider collaborative working around information provision, prevention and support services for young people at risk of alcohol and drug misuse who have special educational needs.
- Liaise with special educational needs experts when delivering information to young people.
- Use diversionary programmes and those which encourage decision making for staff and the young people.
- Ensure that the formal and informal messages given to young people are consistent, clear and unambiguous and reflect the policy in place.

For workers

- Use resources which target varying learning styles and have a high interactive or visual impact.
- Ensure outreach services cover at risk young people with special educational needs.



**Responding to
alcohol related
harm**



4



4.1 Responding to alcohol related harm

How you tackle young people's alcohol problems will be different in different settings. Schools, youth clubs or the Youth Offending Service will each have their own requirements. Nonetheless, the main steps in your pathway of care are consistent:



Sections 5 - 10 of this toolkit explore this pathway in more detail and look at following it with young people generally and more specifically with young people in the looked after system or with special educational needs.

Sections 11 – 16 focuses on working with young people who do not want to change their drinking. This will be of particular relevance to more vulnerable and chaotic young people who will be less able or willing to make changes.

You should also remember children whose parents have alcohol related problems. They can suffer a range of physical, psychological and behavioural problems. As alcohol problems vary, how children are affected will also vary.

In talking to young people, they readily recognised the negative effects of parental alcohol use on themselves and some of their friends. These included

- **Less care**
- **Causes a bad upbringing**
- **Bad role models**
- **Less attention on the children**
- **Less money spent on important needs**
- **Domestic abuse.**

Suggestions for making a difference

For Commissioners

- Check whether local pathways and service level agreements or contracts reflect the guidance in the toolkit.
- Familiarise yourself with the toolkit.
- Ensure that all children, young people's and family services have access to the toolkit.
- Share evidence of the impact of alcohol related harm.

For Service Managers

- Familiarise yourself with the toolkit.
- Ensure that all your staff have access to the toolkit.
- Provide opportunities to discuss whether current practice reflects that in the toolkit.
- Share evidence of the impact of alcohol related harm on young people.
- Build relationships between all services working with vulnerable young people in order to provide the best possible service for most at risk young people.

For Workers

- Familiarise yourself with the toolkit and the intervention and screening tools in the appendix.
- Ensure you are clear about your role in relation to alcohol and young people.
- Ensure you are familiar with the systems and processes that will support young people at risk of alcohol related harm.



**Creating an
alcohol policy**

5



Creating an alcohol policy

Your service should have a clear and up-to-date alcohol policy which has strong support from senior managers. Ideally this will have been developed through a process of consultation with staff, young people, the local police, parents and carers and other relevant local agencies that work with young people and will draw on models of good practice. This will enable ownership of the policy by all, and set a clear understanding of everyone's roles and responsibilities.

Your alcohol policy will need to cover:

- Guidance on drinking on the premises by both adults and young people
- Guidance on drinking on trips out by both adults and young people
- Confidentiality and information sharing
- The policy on, and approach to, alcohol education
- The alcohol training that staff will receive
- Clearly defined protocols and referral pathways for dealing with alcohol related issues
- Guidance on working with intoxicated young people in fixed bases and during outreach work
- Guidance about what 'under the influence' means
- Guidance on contacting parents/guardians
- Guidance on contacting the police
- Policies on recording and reporting any incident

You should ensure that the policy is backed up by events. For example, do schools offer alcohol to parents at PTA events? Is alcohol given as a prize in a raffle? If so, is this consistent with the messages given in alcohol education?

Suggestions for making a difference

For Commissioners

- Ensure that all children, young people's and family services have policies on dealing with alcohol.
- Ensure young people have been involved in developing policies.
- Ensure there are clear pathways between universal, targeted and specialist services for vulnerable young people at risk of or experiencing alcohol related harm.

For Service Managers

- Ensure that your service has a policy on tackling alcohol related harm.
- Ensure that all staff are familiar with the policy and have the opportunity to discuss.
- Ensure service users can access the policies that directly affect their welfare through workers and through accessible materials.

For Workers

- Familiarise yourself with your agency's alcohol policy and discuss with colleagues and managers.
- Ensure you are able to talk to young people about policies that directly affect them in a clear and understandable way.

"Alcohol makes a boring life more interesting"

South West Young People's worker



**Meaningful
alcohol
education**

6



Meaningful alcohol education

“If we are to educate young people about drinking we must also address our own values and awareness around alcohol, and consider our own part in passing down Britain’s drinking culture. Work on talking to young people about the harms of alcohol will be undermined if you later joke about your own or other adults’ drunken antics.”

Comment from specialist young people’s worker.

available for both clients and family members on a regular basis. Many of these young people may also be in the looked after system or have special educational needs.

Other services such as CAMHS, informal youth groups, uniformed groups and sports clubs should consider what opportunistic approaches they can use to convey information about alcohol e.g. the use of posters, leaflets, occasional education sessions or discussions with staff.

Where possible it is good practice to involve parents and carers within alcohol education and provide guidance on how to talk to their children about alcohol.

Alcohol education can be provided in both formal and informal settings. Formal alcohol education is largely the preserve of the school system. Other young people’s services should also ensure that they provide a level of education. What this entails will vary from setting to setting. Most importantly, those working with looked after children and young people with special educational needs should ensure that these young people are receiving appropriate alcohol education. The following provides guidance on delivering appropriate education.

Youth services and youth clubs should have a rolling programme of informal education. This could include occasional sessions on alcohol as well as discussions with individuals and posters or displays about alcohol.

Youth Offending Team clients are a group who have a particular vulnerability to alcohol related harm and staff should consider how education can be

Alcohol Education – Things to Consider

These points are the result of conversations with local and national experts as well as input from young people themselves.

Clear aims and objectives - Alcohol education should aim to reduce the number of young people drinking, reduce the amount of alcohol consumed in a single session, and delay the onset of drinking. However, it should also seek to minimise the harm of those who choose to drink, by imparting safer drinking information and advice.

Appropriateness – Alcohol education should take note of the age group of the participants, other alcohol education they have had and the local context. It is important to get young people's views around alcohol, and find out what it is they would like to know.

Content - Alcohol education might cover:

- Information about units
- Sensible limits
- Risks and especially the risks of binge drinking
- Physical, social and psychological effects
- Attitudes to alcohol
- Where to find help
- First aid

Educational context – Alcohol education should be set in the context of a wider skills focused education covering a range of personal, social and health education.

Family context - Education should be sensitive to the fact that some young people will have family members with alcohol problems. Education should not promote stigma or prejudice: judgemental views should be respectfully challenged.

Interrelated issues - Alcohol education can be linked to other relevant topics like sexual health and emotional well-being. A holistic approach is needed rather than a segmented one. This will better reflect the lives of young people.

Honesty - It is not advisable to only focus on the negative aspect of alcohol, and ignore the positive social aspect to drinking. There are safe levels of drinking.

Empowering Young People - Good alcohol education will empower young people with the ability to cope in a situation where they are offered alcohol, to give them the confidence to abstain should they choose to, and the knowledge to minimise harm if they don't.

Evaluation - Feedback from young people is imperative. Evaluation provides young people with an opportunity to comment on how useful they found the session and this information can then be used for future planning and development of drug education.

Peer education – Training young people to undertake alcohol education with their peers can be beneficial for both the recipients and those who are delivering the training.

Devon young people's service, Y-SMART, has a volunteer service for young people who have been through treatment. This keeps them in touch with the service and offers them ongoing positive structures and activities. The young people are trained, given a volunteer resource pack and a code of conduct and attend regular support meetings. They attend local events such as festivals and deliver peer education and support around alcohol.

Suggestions for making a difference

For Commissioners

- Build a requirement for appropriate alcohol education into contracts and service level agreements.
- Ensure alcohol education is not done in isolation and is part of a multi faceted approach.
- Review and evaluate the alcohol education that is being carried out in your area on a regular basis against national guidance.

For Service Managers

- Ensure that appropriate staff are trained to deliver alcohol education.
- Ensure that your staff are making the most of opportunities to provide alcohol education.
- Ensure alcohol education is accessible and understandable for young people with special educational needs.

For Workers

- Seek training to deliver alcohol education.
- Ensure that you are making the most of opportunities to provide alcohol education whether formal or informal.



**Identifying
alcohol related
harm**



7



Identifying alcohol related harm

When people consider alcohol related harm they often see it in terms of “a problem” or an “addiction”. In consulting with young people during this project they often described alcohol problems in extreme terms

- Addiction
- Drinks alcohol everyday or drinks all day
- Buys alcohol instead of food
- Has no motivation without alcohol

However this approach and language is not the most helpful. The focus should be

- If your drinking is causing harm to you or those around you, then you need to change it.

Young people are usually at the beginning of their ‘drinking career’. They may not have an established pattern of heavy drinking, but when they drink they may be putting themselves in vulnerable situations and causing themselves harm. It is important to identify potential alcohol related harm as early as possible.

Examples of warning signs that alcohol is causing harm:

- Being drunk more often than in the past
- Taking the day off because of a hangover
- Having arguments or accidents because of drinking
- Getting into trouble (fights, drink-driving)
- Regretting and feeling guilty about behaviour whilst under the influence
- Worsening performance at school
- Loss of interest in sports or other activities
- Lying about drinking levels
- Covering up drinking and the cost of it

This is only an indicative list and one sign or symptom on its own will not indicate there is an issue with alcohol, however, the more indicators, the higher the likelihood.

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Several assessment forms will be being used in your area to help young people get the services they need:

- Common Assessment Framework (CAF) - used for early identification by people across the children's workforce
- ASSET - used by Youth Justice
- Pupil Support Plan (PSP) - used in schools
- Initial Assessment - used by Social Care

It is always worth asking 'has alcohol use/misuse been mentioned in the assessment?' If the answer is yes, workers should then consider using a specific alcohol screening tool as the next step.

Screening aims to identify who requires additional information and education, who could benefit from targeted support and who needs a referral on to a specialist treatment agency. You can contact your local alcohol service for information on the specific alcohol screening tools being used in your area.

It is important to bear in mind the needs of young people who have a parent / carer with an alcohol problem. Some children of problem drinkers will be in a caring role and can be viewed as "young carers". They should be linked to the support that is available to young carers.

Somerset have developed a universal drug and alcohol assessment tool for young people with learning difficulties based on the substance use screening tool (SUST). It was created in conjunction with Somerset Adult Learning Disability Services. The feedback from those using the tool is positive with some workers preferring to use it with all young people. The clear layout and illustrations enable workers to start to have a conversation with young people about drug or alcohol use and respond appropriately.

In Torbay all adult drug and alcohol services have signed up to a "child need assessment" for adult clients coming into services who have children. A specialist Health Visitor is based in the adult drug and alcohol team and will work with families if need is identified at the assessment.

Suggestions for making a difference

For Commissioners

- Ensure that all services are using an agreed screening tool for alcohol related harm.
- Ensure all workers have access to training to use the screening tool.
- Develop screening tools in your area that are able to cater to different sub populations of young people such as those with learning disabilities or those whose first language is not English.
- Review the use of the screening tool and assess whether it impacts on referral rates.

For Service Managers

- Ensure that staff are trained to identify and screen for alcohol related harm.
- Look at how specific alcohol screening tools link to universal and targeted screening tools and more general assessments such as the CAF.

For Workers

- Ensure that you have attended training and have the necessary skills to identify and screen for alcohol related harm.



**Making an
intervention**

8



8.1 Making an intervention

Young people at risk of alcohol related harm should not immediately be referred to specialist services. Youth workers, teachers, teaching assistants, YOT workers and other staff may already have a relationship with the young person, and will, therefore, be best placed to offer advice and support.

- Instead of a referral, you should consider brief interventions.

Brief interventions or IBA (Identification and Brief Advice) can range from 5-10 minutes of information and advice to 2-3 sessions of motivational interviewing or counselling. Brief interventions are best suited for people drinking at increasing or high risk levels but not yet experiencing major problems or dependency.

Brief interventions are well-researched for adults and are proven to be effective in helping a significant proportion of adult drinkers reduce their consumption. The evidence base for young people is much less robust. Nonetheless, this approach offers a useful structure and approach in working with young people.

Young people's workers may have existing skills and knowledge to offer such interventions but, if necessary, they should consider specific training opportunities. A useful framework and series of resources are provided at the Alcohol Learning Centre website www.alcohollearningcentre.org.uk

The next sections set out models for interventions.

8.2 A five minute brief intervention

The **FRAMES** approach provides a simple structure for a five minute intervention.

- Give the person personalised and relevant **feedback** about the risks of their alcohol use. You might give them a leaflet or explain how their drinking compares to national levels.
- Make it clear that **responsibility** for change lies with them.
- Give them some clear **advice** to cut down / abstain etc.
- Offer a **menu** of options and choices about how they can change e.g. alternative activities, point out harm minimisation advice on drinking or talk about changing the way they drink.
- Be **empathic**.
- Use a non-confrontational style which encourages & reinforces the client's strengths and promotes **self-efficacy / self-belief**.

Sample Brief Intervention

Youth worker Wayne

Hi Wayne, I'm Steve good to meet you.

Hi

I've just got to let you know that everything we talk about in this session is private, but if you tell me that you're feeling like harming yourself, or that you are thinking of harming someone else then I have to tell someone about that... ok?

(laughing) Yeah fine... I don't feel suicidal!

Well I'm glad to hear it! I've been asked to chat with you because you ended up in hospital over the weekend?

Yeah

Can you tell me more about that?

Yeah...It's nothing really I just had too much to drink now everyone is making a massive deal about it...

You sound sick of the subject

Well yeah...I hardly ever drink, you know what I'm sayin', I'm into my football... it was a one off like... now it's just embarrassing...

An unlucky one off... sounds like a lot of people were concerned about you. That's the thing with having too much alcohol it can put you in hospital. I can give you some advice on how to avoid getting in that situation but it's up to you to put it into action.

What like don't drink?

Well that would definitely work... but not everyone wants to give up drinking completely...but my advice is that you need to think carefully before you drink like that again. There are ways to make sure you don't get so drunk that you have a bad experience... I've got a leaflet if you're interested?

Yeah go on then...

Here it gives you different ways of drinking less... What type of drink were you drinking that night?

Vodka

On its own?

Yeah, and people were doing shots

Vodka is really strong, so you will consume more alcohol more quickly. If you drink beer instead it's a longer drink, and not so strong...or you could dilute your vodka with coke or juice or something... it's a good idea to drink water too, alcohol dehydrates you, and that can give you a head ache the next day ...

Ok...

Being hungover and playing sport doesn't help either... alcohol stops you converting carbohydrate into energy, so makes you less powerful... Did you eat before you went out?

No but that's supposed to soak up the alcohol isn't it?

Pretty much...it slows down the absorption of alcohol into the blood stream, so you get drunk slower...also helps stop you being sick later on by protecting your stomach. Drinking shots gets the alcohol into your body much quicker.. they are a good one to avoid.. It's all in that leaflet.

Thanks.

You are a pretty determined guy if you want to get on top of this you can. Is there anything else you want to chat about?

Na I'm good thanks

OK. If you want to come back about anything at all... this is where I am.

Alright cheers.

8.3 Extending the intervention

Appendix I provides a selection of tools that can be used as part of a longer intervention and which cover the key themes that any alcohol intervention should include. These tools have been developed by Alcohol Concern for use with adult drinkers and are based on well evaluated approaches in the brief and motivational interviewing fields. They are not as well evaluated for young people but provide a useful framework for structuring an intervention.

- Understanding and monitoring levels of drinking via a drink diary
- Life graph
- Examining positives and negatives of drinking
- Reasons for drinking
- Strategies for change
- Setting goals and rewards
- Monitoring the change over a period of time using a drink diary

Of course, pulling out pens and paper in a one to one session runs the risk of young people instantly assuming they are in for a classroom exercise. It is down to you to use your professional judgement as to whether this form of intervention will suit the young person.

- Using flip chart paper and coloured markers can make it seem more informal, and if you write, this can put the young person at ease especially if they have any learning difficulties
- Offering to do the written work there and then, to promote discussion is positive. Offering to keep a copy of information for them is also a good idea.
- Drink diaries can be completed on a weekly basis and used at the beginning of the session to give the young person an insight into how well they are doing.

- You can use the structure of the tools as a guide to facilitating the discussion if you feel any pen and paper work will present a barrier. Having other resources to hand such as empty alcohol bottles to demonstrate unit amounts, pictures of alcohol related harm and illustrated leaflets may also prove useful alternatives. Pictures of intoxicated people may be useful discussion points focusing on the pros and cons of the situation.

It is also important to consider the following points:

- These interventions need to be set in the context of a wider holistic intervention which considers the young person's full range of needs.
- Offering young people practical support alongside their therapeutic intervention can ensure that they attend their sessions.
- A protective factor for young people against having an issue with alcohol is a supportive relationship with at least one adult.

A good network of support outside the family unit is also recommended. Extended interventions providing longer term support and an opportunity to explore their family situation in greater detail are useful and young people's substance misuse services should offer help to affected others.

Joint working is imperative to providing the best support and service to the young person.

“It’s about helping them with issues such as decision making, self esteem, self reliance, assertiveness in order to address their alcohol use. Looking at when they drink, why they drink.”

South West young people’s worker.

Suggestions for making a difference

For Commissioners

- Ensure that universal and targeted services have access to training on alcohol interventions with a focus on young people.
- Ensure that services monitor and report the number of interventions being undertaken as part of regular performance management.

For Service Managers

- Ensure that all staff are trained to undertake brief and extended alcohol interventions.
- Ensure that any tools used are young people friendly.

For Workers

- Ensure that you have access to relevant training to undertake alcohol interventions and have the opportunity to discuss practice issues with colleagues and managers.



**Referral to
specialist
services**



9



Referral to specialist services

Specialist services provide support to young people with alcohol problems and young people who have family members with alcohol problems. However, you should not automatically refer young people experiencing alcohol related harm. It is preferable that generic young people's services work with young people to address their alcohol issues. This has several advantages

- Young people's drinking is addressed in an holistic context rather than tackled as a single issue
- Young people avoid the risk of being labelled as "substance misusers"
- Young people do not have to move from service to service to find help

Above all, the majority of young drinkers will not need to engage with a specialist service. The question is how much responsibility should lie with you as a worker in generic services and how much should lie with the specialist services?

Screening tools will help you to determine whether to refer someone to specialist services. Training in using the local screening tool is, therefore, particularly important. However, local specialist young people's substance misuse services will also have eligibility criteria. These will indicate the type of clients the service is best placed to help e.g. the level of risk and harm and the intensity of support needed.

The following extract from the eligibility criteria for the Harbour Service in Plymouth indicates the kind of needs which may be appropriate for specialist help. These have been adapted to be alcohol specific

- The young person is experiencing disrupted education, training or employment due to alcohol misuse.
- There is, or may be, sexual exploitation or risky sexual behaviour particularly to finance or gain access to alcohol.
- The young person is a parent or carer with a child or children who are negatively affected through the impact of the parent/carer's own drinking.
- The young person has coexisting serious physical health problems.
- The young person is misusing alcohol and is pregnant.

Specific pathways and protocols should be in place to ensure that young people attending A&E departments as a result of alcohol use are referred to appropriate specialist services.

Formal transition protocols, including referral processes, between young peoples and adult substance misuse services should be in place to ensure that any transitions are made as seamlessly as possible and that treatment is not disrupted.

Swindon Innovation Project – Step Up Step Down - have developed a scheme where a worker from the young persons’ specialist alcohol and drug service acts as a champion for targeted youth workers. The project supports universal and targeted staff teams to ‘step up’ in delivering relevant support around alcohol use to young people through gaining knowledge and understanding of the whole treatment system around alcohol. They provide comprehensive training screening, advice, support, signposting, comprehensive alcohol and drug assessments, psychosocial interventions, rehabilitation, diversionary activities and reintegration. The champion supports the youth workers to be clear about their role and responsibilities around young people and alcohol.

Suggestions for making a difference

For Commissioners

- Ensure that there are clearly identified referral pathways and processes to specialist services.
- Ensure that universal services are aware of local young people’s substance misuse services.
- Ensure that there are clear criteria on when to refer young people to these services.

For Service Managers

- Ensure that all staff have information on local young people’s substance misuse services, what they provide and when and how to refer to them.

For Workers

- Ensure that you have information on local young people’s substance misuse services, what they provide and when and how to refer to them.



**Contacting
parents about
alcohol use**



10



Contacting parents and carers about alcohol use

Contacting a young person's parents or carers about their alcohol use is most relevant when working with young people under the age of sixteen or those young people who are considered to be particularly vulnerable (e.g. with disabilities and/or learning disabilities). Any work on this should be undertaken in the context of the Fraser guidelines that highlight the rights of young people for confidential services whilst informing the worker's decision when the right to privacy has to be breached in the young person's best interests for their health and wellbeing.

Anyone employed to work with a young person has a legal "duty of care". This requires you to behave in the same manner as a careful parent by, for example, exercising adequate supervision. In theory, a parent or carer could bring a civil action against a worker and/or employer if you had not passed on knowledge of a young person's involvement in some dangerous form of alcohol use, and this had resulted in injury or harm to the young person.

Taking this into consideration, it is necessary to contact parents and carers in cases of confirmed and repeated use of alcohol, whenever there is any indication of serious risk to a young person's health or safety.

Young people who were interviewed as part of this project recognised that there were circumstances where it would be necessary to contact parents or carers e.g.

- When they are drunk on the street
- If the young person is physically hurt or in hospital

Considering the following questions should help you decide whether it is appropriate to contact parents/carers or a social worker in the case of looked after children.

- How old, mature and able is the young person?
- How serious is the alcohol use? Is there a serious threat to physical or mental health or safety? Is there a history of alcohol use?
- How does the young person feel about their parents/carers being informed?
- How might the parents/carers react if they were informed?
- How will informing/not informing the parents/carers affect your relationship with the young person?
- What consequences might informing/not informing the parents/carers have for the young person?
- What consequences might informing/not informing the parents/carers have for you?

How to inform parent/carers (if the decision is taken that they need to be informed)

- Consult with the young person and explain why you think parents/carers should be informed.
- Encourage the young person to tell their parents/carers about the situation themselves. If necessary support them in doing so.
- Consider how best parents/carers can be informed – letter, phone call, inviting parents/carers in, home visit?
- Who is the best member of staff to contact them – senior worker, any member of staff?
- If there are two parents/carers, is it best to inform one first rather than the other?
- Consider if it is best for the young person to be present if there is to be a meeting with parents/carers.

-
- Allow enough time for parents/carers to digest what has been told them.
 - Parents/carers may benefit from contact with support agencies.

The welfare of the young person must always be paramount.

“We always try and get the parent’s engagement if the young person is in treatment. If the young person really doesn’t want their involvement then we won’t. However, we really do try to get the parents on board if the young people are prepared for them to be told about it. We find it’s a more successful treatment journey if the parents are engaged in the process.”

Young people’s worker in the South West

Suggestions for making a difference

For Commissioners

- Ensure that there is clear guidance in all universal services about when to contact parents / carers about a young person’s drinking

For Service Managers

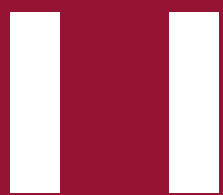
- Ensure that there is clear guidance for staff about when to contact parents / carers about a young person’s drinking

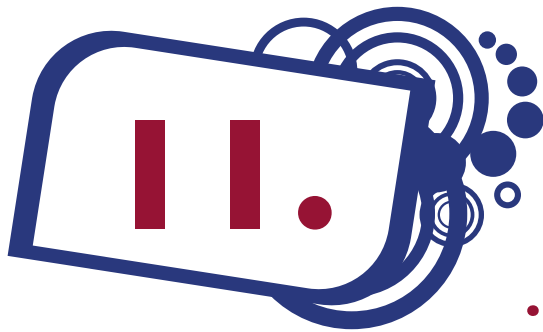
For Workers

- Ensure that you understand when to contact parents / carers about a young person’s drinking



**Young people
who will not
change their
drinking**





Young people who will not change their drinking

Despite your intervention, some young people will not change their drinking. It is likely that those who are most resistant to change may also be the most vulnerable. This section offers a pathway for working with “resistant-changers”.

One simple question should be asked in working with young people who are not making changes: “Is the right person working with them?” Will someone else, or a different service be better able to engage and relate to a particular young person?

Education, interventions and referrals have been offered



Parents/carers have been contacted and engaged in tackling the problem



Risky drinking continues



Ensure harm reduction information is provided (and a record made of it being provided)



Are procedures in place for managing intoxicated young people?



Are there any legal powers that would provide benefit and support change e.g. ABCs, ASBOs or Drink Banning Orders?



Can you work with parents or carers to control the supply of alcohol?



Should you work to ensure local retailers are not supplying to young people?



**Harm
reduction**

12



Harm reduction

Young people who continue to drink in a risky fashion must have advice on harm reduction. This could include:

- Drinking water or soft drinks (preferably caffeine free) alongside alcohol
- Eating before or during drinking
- Not drinking alone
- Not mixing alcohol with other drugs
- Avoiding situations that increase vulnerability whether that be physically dangerous places or in the company of potentially abusive adults or young people
- Knowing who to call if something goes wrong
- Telling people where they will be going
- Avoiding drink-driving (including motors cycles and cycles)

In extreme situations young people may seriously injure themselves as a result of their drinking.

Every youth club, YOT Centre or school should have a qualified first aider. Occasionally you may have to administer first aid to someone who is unwell through drinking. Knowledge of this should be covered in a basic first aid course.

However, it is also important to make young people aware how to administer basic first aid to their friends, should they become sick or unconscious through drinking alcohol. The following basic first aid information will help young people around alcohol related problems.

Is there any danger?

Before helping someone always check whether you are in danger. Check the area and if you have not already done so, make the situation safe (e.g. no broken glass anywhere) before helping the casualty.

If the person appears unconscious

Check - Do they respond to your voice? Check by shouting 'Can you hear me?', 'Open your eyes' and gently shaking their shoulders. Can they open and close their eyes? Are there any movements? Do they respond to touch?

Pinch their thumb and look at the face for a pain response.

No response: If someone is unconscious but breathing, they should be put in the Recovery Position to stop them from being sick or choking. (But DO NOT use this position if you think the person has a major injury such as a back or neck injury.)

Dial 999 for help. Regularly check their breathing until help arrives.

If the person appears semi conscious

Keep prodding them and talking to them to keep them conscious.

If the person is vomiting

Don't give them water or any other food. Do not give them alcohol.

Suggestions for making a difference

For Commissioners

- Ensure that services are providing harm reduction advice to young people who require it.
- Ensure that services have adequate first aid provision.

For Service Managers

- Ensure that staff are trained to know how and when to give harm reduction advice and first aid and ensure that staff record when this is given.
- Consider first aid training for young people using your services.

For Workers

- Ensure that you know how and when to give harm reduction advice and ensure that you record when advice is given.



**Dealing with
young people
under the
influence**

13



Dealing with young people under the influence

Young people who are continuing to drink may turn up intoxicated at your school, youth centre or other location. A policy or procedure should be in place to help you handle this situation.

It is appropriate to make clear that it is not acceptable to be drunk. If persistently turning up drunk you could consider excluding the young person for a period of time. Parents or carers may need to be informed. Nonetheless:

- Steps must be taken to ensure the safety of the young person and to subsequently make use of the incident as an opportunity for follow-up about their drinking.

If a young person presents after drinking, and is looking unwell, you should place them in a quiet room, monitor how they are and if their condition deteriorates you should call their parent or carer or an ambulance if they need medical attention. They may need to be taken home by a worker; however, this will depend on the policy and location of the agency.

After the incident workers could:

- Have a one to one follow up with the person about the incident
- If confidentiality permits, let local outreach workers know there are young people drinking in a certain location, so that they can engage the young people and provide appropriate interventions.

It may also be appropriate to reinforce the rules around drinking with all the young people using your service.

“It may depend who else is in the building because of the safety issues. We would probably spend a few minutes explaining that we couldn’t work with them that day and then would make sure that they are safe. Then it would be about seeing them on a subsequent occasion. But it would be necessary to look behind that behaviour because they could be asking you for help but aren’t able to vocalise it.” (Youth worker).

Suggestions for making a difference

For Commissioners

- Ensure that services have policies on dealing with incidents of drunkenness and that these policies contain both disciplinary and pastoral elements.

For Service Managers

- Ensure that your organisation has a policy on handling drunkenness in a way which ensures safety and maximises the opportunity for engagement.
- Ensure that your staff are able to handle incidents of drunkenness in line with this policy.
- Ensure young people using the service are aware of the policy and any sanctions

For Workers

- Ensure that you know how to handle incidents of drunkenness in line with your organisation’s policy.



Enforcement



14



Enforcement

Some young people's drinking will pose such a risk to themselves or other people that more assertive steps need to be taken to control their behaviour and protect them and others from harm.

The first step should be:

- Assessment using the Common Assessment Framework and the development of a multi-agency care plan.

Joint working between relevant agencies will be essential. A good example of this is the police and youth services linking together to provide outreach services to young people drinking in public places. This approach can be used to target particular individuals whose behaviour is causing concern.

A number of powers currently exist which can have an impact on an individual's drinking. The most obvious are Acceptable Behaviour Contracts, Anti-social Behaviour Orders (ASBO) and Curfew Orders. The use of such powers is often viewed negatively, but they can be used to protect a young person from harm and should be considered - in discussion with the police or community safety officers. ASBOs, in particular, can impose Individual Service Orders for young people which can compel treatment.

Drink Banning Orders have also recently been introduced for people over 16. A drink banning order can be put in place to prevent an individual from

- Entering premises that sell alcohol
- Entering pubs / clubs in a specified area or vicinity

A Drink Banning Order is a civil order meaning that it does not carry criminal penalties and will be dealt with by a civil court so will not appear on an existing criminal record or create a new criminal record. If however, the terms are breached then that person will have committed a criminal offence.

In a few extreme cases, chaotic drinking may be a symptom of an underlying mental health problem and in these cases discussions should be held with mental health services about possible courses of action including, ultimately, use of the 1983 Mental Health Act and subsequent legislation.

In some other cases, the use of alcohol may raise child protection issues. Examples can be found of adults supplying alcohol in order to abuse and exploit young people. This is clearly a serious concern and must be discussed with the police or social services.

Suggestions for making a difference

For Commissioners

- Ensure that young people's services and community safety agencies work together to determine whether it is appropriate to use legal powers with particular young people with severe alcohol problems.

For Service Managers

- Ensure that staff working with young people are aware of the range of legal powers and when it is appropriate to employ them

For Workers

- Ensure that you know about the range of legal powers and when it is appropriate to use them.





**Promoting
parental
responsibility**

15



Promoting parental / carer responsibility

There is some evidence showing that one of the key sources of supply of alcohol is parents / carers or young people taking it from home. Therefore, promoting parental responsibility is vital. This can operate at two levels

- Work with individual parents or carers
- Work to promote parental responsibility generally

Consider a programme of information and other educational initiatives to target parental responsibility in relation to alcohol. In the specific case of a young problem drinker, consider talking to parents and exploring whether there are ways of reducing supply.

Evidence suggests that educational messages to parents are more effective at point of sale. One systematic review presented evidence of a moderate but consistent association between point of purchase promotions and effects on alcohol consumption among under-age drinkers, binge drinkers and regular drinkers (NICE Guidelines on Alcohol use disorders).

Suggestions for making a difference

For Commissioners

- Ensure that services are promoting parental responsibility both with young people generally and with specific young people with alcohol related problems.

For Service Managers

- Consider how your service can promote parental responsibility both with young people generally and with specific young people with alcohol related problems.

For Workers

- Consider how you can promote parental responsibility with specific young people with alcohol related problems.



**Promoting
community
responsibility**

16



Promoting community responsibility

Young people may also access alcohol by theft from shops, the use of false identification or via proxy purchase. Adults, especially young adult peers, may be buying alcohol and supplying it to young people. This is illegal.

If you are aware of these situations you should talk to the police or the licensing authorities about tackling the problem. You should also remind older young people of the law on proxy purchase in case they are asked to buy alcohol for younger friends.

Young people should be reminded that the use of false identification is a crime.

Suggestions for making a difference

For Commissioners

- Remind services of the importance of reporting suspicions of underage or proxy sales by local licensed premises to the police or licensing officers in the local authority.

For Service Managers

- Remind staff of the importance of reporting suspicions of underage or proxy sales by local licensed premises to the police or licensing officers in the local authority.

For Workers

- Ensure that you report suspicions of underage or proxy sales by local licensed premises to the police or licensing officers in the local authority.

Appendices



Appendix I - Intervention Tools

The tools on the subsequent pages provide a framework for an extended intervention with a young drinker. They can be used in one of three ways

- The young person can use them themselves, depending on their age and ability
- The worker and young person can use them together
- The worker can use the themes covered by the tools rather than the tools themselves.

These are not a magic solution; they are simply a useful framework to structure interventions. They were developed by Alcohol Concern drawing on a range of national and international tools.

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DRINKING DIARY

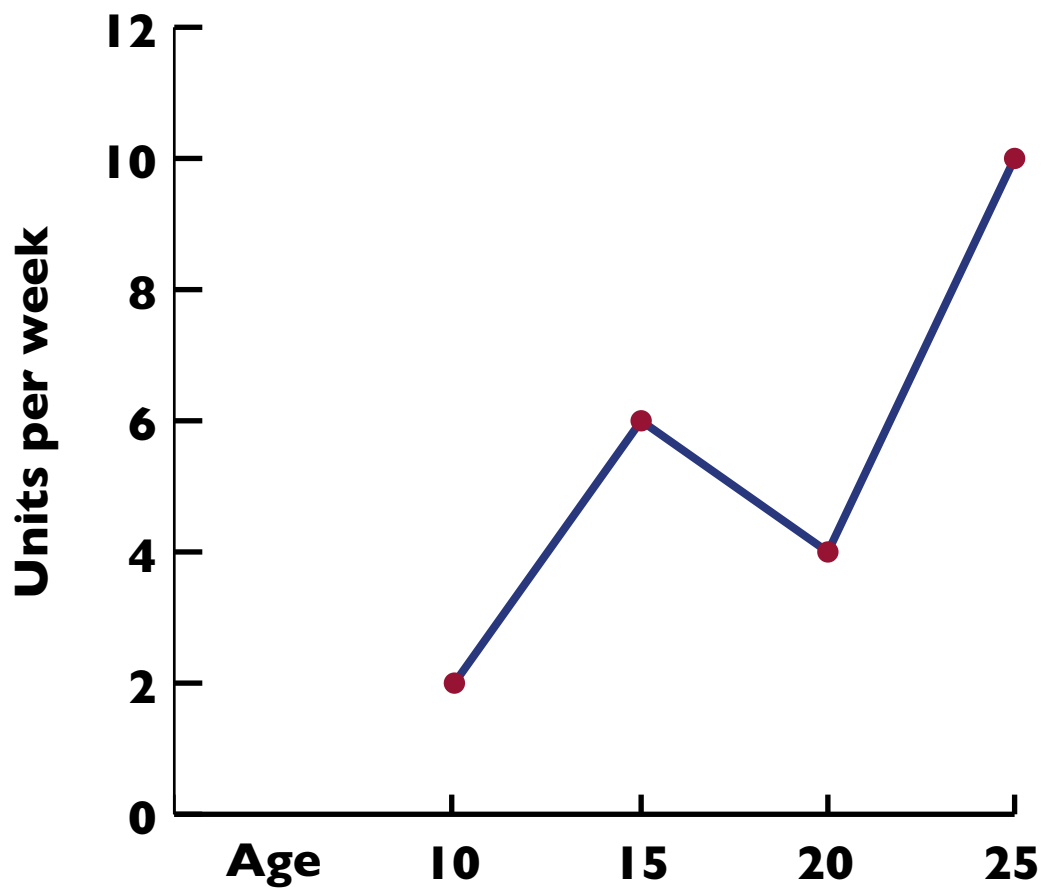
Each day, record on this sheet where, what, why and with whom you drank. In the small boxes, put the number of units consumed in the session.

| | <i>Time am/pm/ eve</i> | <i>Where and with whom/ alone</i> | <i>Type of drink</i> | <i>No. of units</i> |
|------------------|----------------------------|---------------------------------------|----------------------|---------------------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |
| | | | Total units | |

Now check how much is safe to drink..

Life Graph

Plot the increase of units consumed by the young person in correlation to their age. If there are any peaks in consumption, or decreases, explore what was happening in their lives at the time. This tool helps to link behaviour with situations. You could use the graph over a much shorter period with young people e.g. how has your drinking changed over the last 12 months?



.....

Think about your drinking by completing this table:

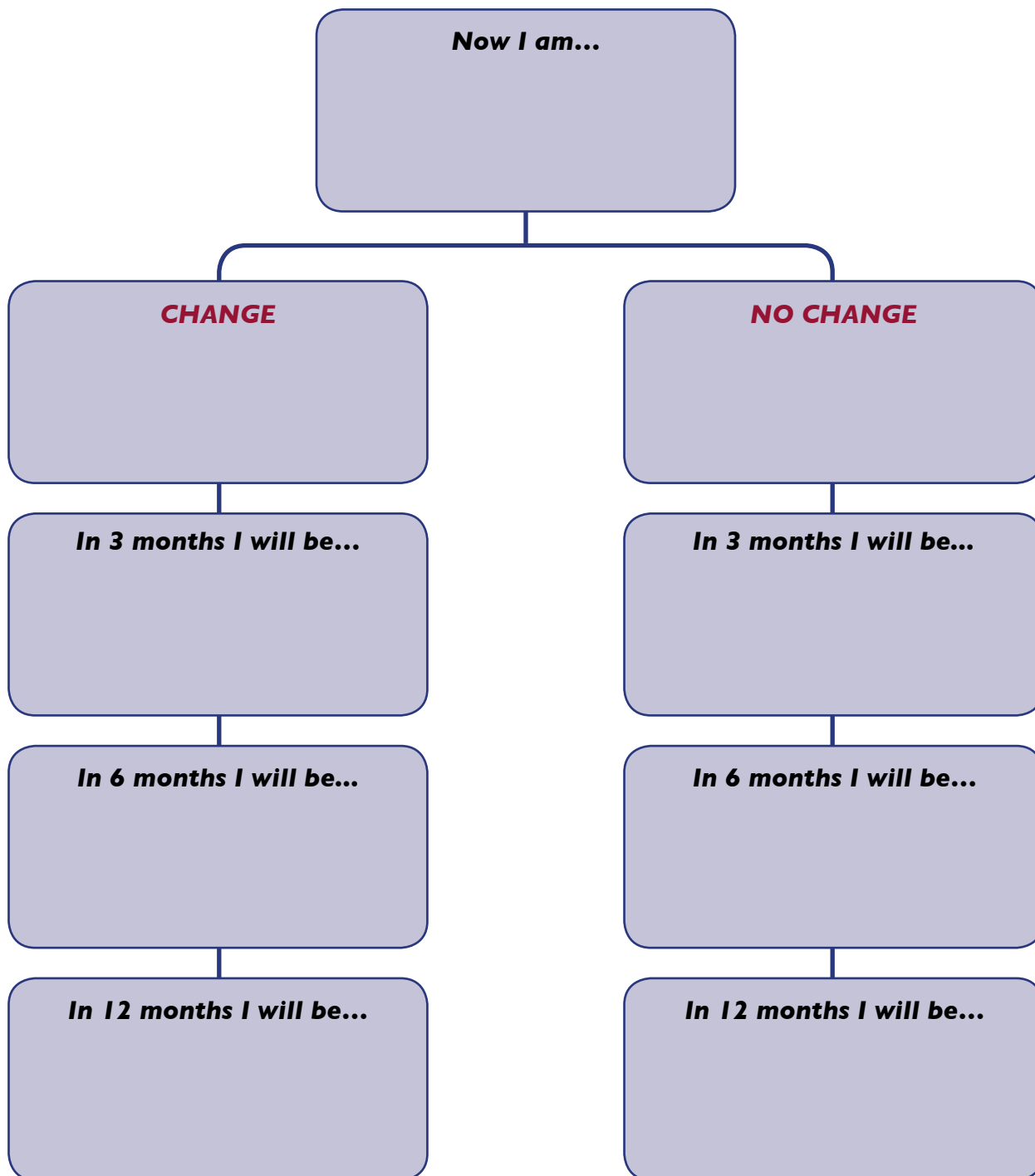
| | <i>The Good Things About My Drinking</i> | <i>The Bad Things About My Drinking</i> |
|------------|---|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |

Turn over to continue to think about your drinking

.....

.....

Continue to think about your drinking by completing this chart:



If you think that changing your drinking pattern would make you feel happier about yourself and your lifestyle, then ask yourself:

DO I WANT TO CHANGE THE WAY I DRINK?

.....

.....

Reasons for drinking...

| Reason for drinking | Tick if it applies to me | Other ways I might achieve this |
|-----------------------------|---------------------------------|--|
| To relax | | |
| To give confidence | | |
| Because friends do | | |
| To help sleep | | |
| For company | | |
| Boredom | | |
| I like the taste | | |
| Because I'm angry | | |
| To cope with worries | | |
| To celebrate | | |
| | | |
| | | |
| | | |

How can we make your drinking less harmful...



Plan how you will change your drinking by completing this table:

| | <i>I Can Cut Down My Drinking By...</i> | <i>This is Easy/Difficult Because...</i> |
|------------|--|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |





GOALS AND REWARDS

My drinking goal this week is: Units

I will avoid the following situations this week:

Instead I will try to do the following, which will enable me to maintain a lower level of drinking:

What else I will change this week:

How will I reward myself if I succeed?

Signed

Date



Appendix 2 National sources of information

The Alcohol Learning Centre

www.alcohollearningcentre.org.uk

This is a Department of Health run website which has a wealth of information on alcohol, interventions, commissioning and professional development.

Alcohol Concern

www.alcoholconcern.org.uk

64 Lemn Street

London E1 8EU

Tel: (020) 7264 0510

Alcohol concern is the national agency on alcohol misuse. They work to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems.

Frank

www.talktofrank.com

Advice and information about drugs and alcohol for young people, their parents/carers. Assistance with finding nearest drugs service.

Design by



www.jamroxdesign.co.uk