

Report to: **Scrutiny Committee for Children's Services**

Date: **14 March 2008**

By: **Chair of the Review Board**

Title of report: **Scrutiny Review of Alcohol Misuse amongst Children and Young People**

Purpose of report: **To present the outcomes of the review and propose recommendations relating to alcohol misuse amongst Children and Young People**

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**RECOMMENDATION – that the Committee considers the report of the Review Board and makes recommendations to Cabinet for comment and County Council for approval.**

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### **1. Financial Appraisal**

1.1 There are no specific financial implications arising from the recommendations in the Review Board report.

### **2. Supporting Information**

2.1 The attached report contains the findings and recommendations of the Review Board. Supporting documentation is in the Members' Room.

2.2 The Review Board comprised of Councillor Pat Ost (Chairman), Sam Gregory (parent governor representative), Mrs Carole Shaves MBE, JP (Sussex Police Authority representative) and Councillor Joy Waite.

2.3 The Review Board took evidence from County Council officers, the Under 19s Substance Misuse Service, the Centre for British Teachers (the School Improvement Service for East Sussex County Council), Sussex Police, Hastings & Rother PCT and East Sussex Downs & Weald PCT.

2.4 Members of the Review Board also met with vulnerable young people from TAP (Training Assessment Progression) and users of the Under 19s Substance Misuse Service.

### **3. Recommendation**

3.1 The Committee is recommended to agree the Review Board's report and submit it to Cabinet on 6 May for comment and County Council on 20 May for approval.

**Councillor Pat Ost**  
**Chairman of the Review Board**

Contact Officer: Gillian Mauger (01273) 481796

Local Members: all  
Background docs: none

# Scrutiny Review of Alcohol Misuse amongst Children & Young People

## Report by the Project Board

Councillor Pat Ost (Chairman)

Sam Gregory, Parent Governor Representative

Mrs Carole Shaves, MBE, JP, Sussex Police  
Authority

Councillor Joy Waite

**March 2008**

Children's Service Scrutiny Committee – 14 March 2008

Cabinet – 6 May 2008

Full Council – 20 May 2008

**The report of the Scrutiny Review of Alcohol Misuse amongst Children & Young People**

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## Recommendations

Recommendation		Page
1	<p><b>East Sussex County Council to:</b></p> <ul style="list-style-type: none"> <li>• <b>Voice its concern to Central Government and the Local Government Association regarding the mixed messages being given out at a national level about alcohol and ask that it be addressed;</b></li> <li>• <b>Recommend that Central Government reconsider the way in which 24 hour drinking is marketed and implement tighter controls on the advertising and marketing of alcohol (to more closely align them with those now applied to smoking); and</b></li> <li>• <b>Recommend that, as part of the marketing campaign highlighted in the 'Safe. Sensible. Social. Strategy', Central Government uses British sports stars taking part in the 2012 British Olympics as a platform to promote an anti-alcohol misuse message.</b></li> </ul>	12
2	<p><b>That the PSHE Team assist and encourage schools to put in place a system for obtaining feedback from young people on a regular basis to assess their views on the quality of the alcohol lessons that they receive. This information would then be used by schools, the PSHE Team and the Neighbourhood Schools Team at Sussex Police to ensure that individual classroom lessons on alcohol misuse continue to remain as effective as possible as trends and attitude to alcohol change over time.</b></p>	12
3	<p><b>The Children's Services Scrutiny Committee to continue to monitor how current initiatives by East Sussex County Council on personal safety and early intervention work and work by Sussex Police has impacted on:</b></p> <ul style="list-style-type: none"> <li>• <b>Local priorities to reduce the harm caused by alcohol misuse as outlined in the East Sussex Safer Communities Plan 2007-10</b></li> <li>• <b>Reducing the numbers of children who are victims of crime (Local Area Agreement target 1.3.1)</b></li> <li>• <b>Increasing participation of problem drug users in drug treatment programmes (Local Area Agreement target 17.4.1)</b></li> <li>• <b>Reducing the number of anti social behaviour incidents</b></li> <li>• <b>Reducing the numbers of young people presenting at A&amp;E who are under the influence of alcohol</b></li> </ul>	13
4	<p><b>East Sussex County Council and its relevant partners to develop future initiatives, as and when resources become available, that target parents and carers by providing information on:</b></p> <ul style="list-style-type: none"> <li>• <b>the impact that alcohol misuse can have on health,</b></li> <li>• <b>harm reduction information (including information around physical safety and sexual health matters); and</b></li> <li>• <b>support and signposting for parents and carers on how to tackle the issue of alcohol misuse</b></li> </ul>	14

## **Objectives and scope of the review**

1. The scrutiny review of the Youth Offending Team (completed in March 2007) noted that many of the young people involved in criminal activities had consumed alcohol prior to their offence and flagged up alcohol misuse as an area for future investigation. This new Review Board, therefore, decided to focus on the issue of alcohol misuse amongst children and young people and examine the information and education that is provided to them about alcohol misuse.
2. The objectives of the review were to:
  - a) Examine the range of policies and initiatives in place at a national and local level aimed at informing and educating children and young people about the dangers of alcohol misuse;
  - b) Examine what message children and young people are receiving; and
  - c) Assess what impact this message is having and, where necessary, make recommendations on how to improve the information provided to young people
3. During the course of the review the Review Board also:
  - a) Examined the short and long term impact that alcohol misuse can have on the health of children and young people
  - b) Gathered the views of a range of children and young people on why they drink alcohol/binge drink and what impact they think alcohol misuse can have on their health
  - c) Considered the impact that the drinking habits and attitudes towards alcohol by parents/carers can have on children and young people
4. The Review Board used the findings from recent assessments by the Personal, Social and Health Education (PSHE) team; and Sussex Police on alcohol education provided in East Sussex schools. It also used the results of a Health Related Behaviour Questionnaire completed by just under 4,000 year 10 students (aged 14-15) during the autumn term of 2007.
5. To complement this work the Review Board carried out a series of focus groups with vulnerable young people. This group may not have participated in, or benefited from, alcohol education at school.

## Background

6. It is estimated that over 90% of the adult population in England drink alcohol. Alcohol can play an important and positive role in British culture and is widely associated with socialising, relaxing and pleasure. It also accounts for a substantial section of the UK economy: the value of the alcoholic drinks market is more than £30 billion per annum and it is estimated that around 1 million jobs are linked to it.<sup>1</sup>

7. The British attitude to alcohol differs greatly from many of our continental neighbours and "for an increasing numbers of people in England getting drunk has become the definition of a 'good night out'."<sup>2</sup> This attitude, and the subsequent behaviour, is costing the country around £20 billion a year in terms of alcohol-related harm to health, crime and anti-social behaviour, loss of productivity in the workplace, and social harms, such as family breakdown.<sup>3</sup>

### What is alcohol misuse?

8. The 1995 guidelines issued by the Department of Health recommended that men could drink between 3 to 4 units of alcohol per day, and women 2 to 3 units, without serious risk to health. Although it has recently been revealed that the limit was not based on firm evidence but was considered to be an "intelligent guess" as to what a safe level of alcohol consumption should be.<sup>4</sup>

9. There is no separate advice regarding what should be a safe maximum daily alcohol intake for those under the age of 18.

10. Alcohol misuse, drinking above these 'safe' levels on a regular basis, can be harmful to health. Two drinking patterns that are likely to lead to harm are:

Type of drinking	Criteria <sup>5</sup>
Harmful drinking (also known as chronic drinking)	Drinking at a level that leads to significant harm to physical and mental health Those at risk are women who regularly drink over 6 units a day (or over 35 units a week) and men who regularly drink over 8 units a day (or over 50 units a week)
Binge drinking	Drinking too much alcohol over a short period of time e.g. over the course of an evening, and typically drinking with the aim of becoming drunk There is no internationally agreed definition of binge drinking and it can vary from as high as ten or more drinks <sup>6</sup> to as low as five or more drinks on one occasion. <sup>7</sup> In most UK surveys, the definition is taken to be double the maximum recommended 'safe limit', which equates to at least 8 standard units for men and at least 6 standard units of alcohol for women in a single day. <sup>8</sup>

<sup>1</sup> Prime Minister's Strategy Office, Alcohol Harm Reduction Strategy for England, p9 (March 2004)

<sup>2</sup> Prime Minister's Strategy Office, Alcohol Harm Reduction Strategy for England, p22 (March 2004)

<sup>3</sup> Prime Minister's Strategy Office, Alcohol Harm Reduction Strategy for England, p9 (March 2004)

<sup>4</sup> Richard Smith, member of the Royal College of Physicians, newspaper articles in October 2007

<sup>5</sup> HM Government, Safe. Sensible. Social. The next steps in the Alcohol Strategy, p3, (June 2007)

<sup>6</sup> Alcohol Concern, Factsheet 20: Binge drinking

<sup>7</sup> Institute of Alcohol Studies, Binge Drinking and Europe, p1, (July 2007)

<sup>8</sup> Institute of Alcohol Studies, Binge Drinking – Nature, prevalence and causes, p3 (June 2007)

## **Alcohol consumption by young people**

### **National surveys<sup>9</sup>**

11. The number of young people aged between 11 and 15 who are drinking is actually falling, with the number of young people who had ever had an alcoholic drink dropping from 65% in 1994 to 55% in 2006. However, the volume of alcohol that young people are drinking is rising. In 1990 young people drank on average 5 units per week, by 2006 this had risen to an average of 11 units per week.

12. The most popular drinks for young people in 2006 was beer, lager or cider (drunk by 72% of young people), spirits (drunk by 63% of young people) and alcopops (drunk by 60% of young people).

13. Young people are more likely to obtain alcohol from a family member than purchase it in a shop. When surveyed as to where they had obtained alcohol over the past 4 weeks the responses from young people showed that:

- 40% had been given alcohol by family members
- 31% had taken it or stolen it from home or a friend's home
- 26% had been given alcohol by friends
- 11% had tried to buy it from a shop or pub

*(figures total over 100% as young people gave more than one answer)*

### **Local surveys<sup>10</sup>**

14. It is difficult to make direct comparisons between the national and local figures on young people's drinking habits, as the data in each survey has been compiled in a different way. Data from Health Related Behaviour Surveys in East Sussex supports the national picture that the number of young people who are drinking alcohol is declining. The data also suggests that the number of young people drinking over 14 units a week may have hit a peak and is now declining, although data from future surveys is needed to confirm that this is actually a trend.

<b>SHEU Survey</b>	<b>1993</b>	<b>1999</b>	<b>2004</b>	<b>2007</b>
<i>Percentage of young people who have had at least 1 alcoholic drink in the past week</i>	56%	52%	46%	39%
<i>Percentage of young people who have drunk over 14 units in the past week</i>	11%	12.5%	8%	6%

*(When considering the 2007 data it should be noted that this survey, unlike previous the 2004 survey was carried out in the autumn term rather than in the spring term. Christmas can be the time when many 14-15 year old begin drinking and this factor may affect the lower figures in the 2007 survey)*

15. The survey results from 2007 also revealed that 19% of young people had obtained their alcohol from a family member, 15% from a friend and 12% got someone else to buy it for them. Only 4% bought it from a supermarket or off licence and only 2% from a nightclub or pub/bar.

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<sup>9</sup> The Information Centre, Smoking, drinking and drug use amongst young people in England in 2006, (2007)

<sup>10</sup> Surveys carried out on in East Sussex schools by the Schools Health Education Unit (SHEU). Survey canvassed approximately 3,000 young people each time in year 10 (aged 14-15)

## ***Impact of drinking alcohol at an early age***

16. Evidence suggests that drinking at an early age can impact on health in later life. Repeated exposure to alcohol during adolescence (100 or more total drinking sessions) has been shown to lead to "long-lasting deficits in cognitive abilities, including learning and memory."<sup>11</sup> It is also considered to be a contributory factor in the doubling of the number of cases of alcohol related cirrhosis of the liver amongst young people aged 25-34 over the last decade.<sup>12</sup>

17. The impact that drinking at an early age can have on later drinking habits is not altogether clear. UK research suggests that unhealthy patterns of drinking in adolescents may lead to an increased level of addiction and dependence on alcohol in adulthood.<sup>13</sup> But, in comparison, a US study of high school students found that 20% of those surveyed went from frequent binge drinking during adolescent to little or no binge drinking as an adult.

18. This contradictory evidence highlights the fact that binge drinking for many young people can just be a 'phase' they go through as part of growing up and need not always lead to addiction, and harm to their health, in later life. But for some young people it can be a problem and, as it is not possible to identify these young people from an early age, it is important that all young people receive information and support at an early age.

## ***National strategies relating to alcohol misuse***

19. The Government response to concerns over alcohol misuse in England, both in terms of the social problem around crime and anti-social behaviour and the risks to health, has been to introduce two strategies:

- The Alcohol Harm Reduction Strategy (2004), which contains 4 key aims:
  - better education and communication
  - improving health and treatment services
  - combating alcohol related crime and disorder
  - working with the alcohol industry to promote the sensible drinking message
- Safe. Sensible. Social. (2007), which focuses on 3 areas:
  - ensuring laws and licensing powers are being used widely and effectively to tackle alcohol fuelled crime and disorder
  - focus on drinkers who cause harm to themselves and their communities
  - working to shape an environment that actively promotes sensible drinking

## ***Local targets relating to alcohol misuse***

At a local level targets to tackle alcohol misuse by young people appear in several plans and agreements:

- The East Sussex Safer Communities Plan - objectives to reduce the harm caused by alcohol misuse, including a target to provide education and harm reduction information to young people.

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<sup>11</sup> Aaron M White, PhD, Alcohol and the adolescent brain

<sup>12</sup> Figures obtained by Liberal Democrats from parliamentary answers, March 2007

<sup>13</sup> British Medical Association, Adolescent Health (December 2003)



- The East Sussex Children and Young People's Plan - includes an outcome priority for reducing the number of young people involved in alcohol [and substance] misuse.
- East Sussex Local Area Agreement - target to increase participation of problem drug users in drug treatment programmes (LAA 17.4.1), as well as to reduce the number of young people who are victims of crime (LAA 1.3.1) (which is often seen to be as a result of a young person being intoxicated).

### ***Educating children and young people about alcohol misuse***

20. The Review Board focused on two distinct areas of work that are taking place in East Sussex to provide education and information to children and young people about alcohol misuse and the impact it can have on health:

- Alcohol education in schools
- Specific projects aimed at providing information and support to vulnerable young people

### **Alcohol education in East Sussex schools**

21. The Healthy Schools Programme was launched in 1999. The programme is a joint initiative between the Department of Health and the Department for Children, Schools and Families and aims to promote a whole school approach to health.

22. In 2004 the public health white paper Choosing Health set a target for 75% of all schools (primary, secondary and special) to have achieved healthy schools status by 2009 and for all other schools to be working toward this target.

23. At a local level the East Sussex Local Area Agreement target for 2007/08 was for 55% of schools to have achieved the National Healthy Schools Status (NHSS) by December 2007. By June 2007 this target had been exceeded, with 64% of East Sussex schools (a total of 124) having achieved it. By January 2008 this had risen to 71%, a total of 139 schools. The target for 2008/09 is for 75% schools to have Healthy Schools Status and for all schools to be engaged with the programme.

24. There are four core themes within the Healthy Schools Programme:

- Personal, Social and Health Education (PSHE)
- healthy eating
- physical activity
- emotional health and well-being

25. The PSHE theme promotes pupils' personal, social and emotional development, as well as their health and wellbeing. It is within this area that children and young people receive advice and guidance on drugs and alcohol.

26. Schools do not have a statutory responsibility to provide PSHE or to have a drug and alcohol policy in place (although schools must a drug and alcohol policy in place as part of the requisite for receiving the Healthy Schools status). The amount of time dedicated to PSHE, and any of the subjects within this theme, is therefore at the discretion of the school. Whilst this does allow schools to tailor the lessons to suit the needs of their pupils, there is a danger that some schools may choose not to give drugs and alcohol education as much time within the schools timetable as is necessary.

27. The Review Board did not visit individual drug and alcohol lessons in schools as it felt that it could be invasive and detrimental to the teaching of the lessons. Instead it received an overview from the PSHE team as to how a general lesson would be provided. A typical alcohol lesson in a secondary school will involve young people discussing issues relating to alcohol and its impacts through discussions, problem solving exercises, role play and giving presentations to their peers on a particular issue that they had researched. A typical alcohol lesson in a primary school would typically involve using a story, picture or object relating to alcohol to help enable group discussions.

### **Continuing development of alcohol education**

28. Schools in East Sussex receive support from the PSHE and Healthy Schools Team (provided through the School Improvement Service) to help them deliver an effective PSHE and the Healthy Schools programme. The team also convenes a local Healthy Schools Partnership Group, which includes senior community nurses; and officers from Sussex Police, which advises the East Sussex Healthy Schools Programme. Secondary schools also meet as a Joint Action Consortium group to consider key issues relating to young people, including alcohol. The consortium enables the sharing and development of good practice amongst schools, works to develop and resource focussed initiatives in schools and provide training for teachers.

29. Consultation by the PSHE team in 2005/06 with students in secondary schools has led to recent improvements in the alcohol education provided. Actions have included the rewriting of the drug and alcohol curriculum in several schools, teacher workshops to help deliver the lessons and improvements to the alcohol education programme through the use of more up to date resources and interactive sessions.

30. Results from the latest survey of young people in East Sussex<sup>14</sup> show that the information provided in the classroom is well received. 68% of young people felt that the information provided on drug education (including alcohol and tobacco) had been either of some use (31%), quite useful (26%) or very useful (11%). These results were a slight decline on the 2004 survey results, when 74% of young people felt that it has been of some use (27%), quite useful (29%) or very useful (18%).

### **INSPIRE programme**

31. The Sussex Police education programme INSPIRE (INputs from Sussex Police In Real-life Education) commenced in 2004. The programme operates across East Sussex, West Sussex and Brighton & Hove and is delivered in schools by a total of 13 Neighbourhood School Officers as part of the PSHE programme. The INSPIRE programme covers both personal safety and citizenship, with lessons covering a range of topics as drugs, alcohol, personal safety citizenship and carrying weapons. In 2006/07 a total of 677 INSPIRE lessons were held in schools across East Sussex (reaching over 20,000 children).

### **Education and information to parents and carers**

32. Children and young people are not the only ones who receive education and information on alcohol misuse from schools. Schools also provide parents and carers with information on alcohol misuse, as well as a range of other health and well-being issues, that could be affecting their children. The PSHE team, Sussex Police and the primary care trusts, provide support to schools to hold these parent evenings and to disseminate information. The PSHE team is presently working with the primary care trusts and Sussex Police to produce a leaflet on alcohol misuse especially aimed at primary school parents.

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<sup>14</sup> Health Related survey carried out in the autumn term of 2007 by year 10 students (aged 14-15).

## Specific projects relating to alcohol misuse

Project	Activities	Relevant targets
<p><b>Early interventions work around alcohol</b></p> <p>Running from Sep 07 - Sep 08.</p> <p>The aim is to prevent young people from misusing alcohol and enhance their personal safety strategies</p> <p>Partners: -Youth Development Service -U19 Substance Misuse Service</p>	<ul style="list-style-type: none"> <li>- provide training and resources on alcohol and personal safety to Further Education colleges</li> <li>- develop referral system to the Under 19's Substance Misuse Service Early Interventions Worker for young people needing a specific service.</li> <li>- disseminate accurate information and advice on alcohol and personal safety to generic youth support services</li> </ul>	<ul style="list-style-type: none"> <li>- Reduce the number of young people who are victims of crime (LAA 1.3.1)</li> <li>- Increase participation in drug treatment programmes (LAA 17.4.1)</li> <li>- East Sussex Safer Communities Plan priorities around misusing alcohol</li> </ul>
<p><b>Children &amp; young people personal safety and alcohol</b></p> <p>Running from Sep 07 – Sep 08</p> <p>The aim is to raise awareness of alcohol use and personal safety amongst children and young people</p> <p>Partners: -Youth Development Service -Safer Communities Team -Sussex Police -U19 Substance Misuse Service</p>	<ul style="list-style-type: none"> <li>- youth workers and U19's Substance Misuse Workers carrying out targeted detached sessions with young people in both rural and urban areas (often in parks/open spaces) who are using alcohol. Aim to provide information, advice, harm minimisation on alcohol and personal safety, as well as referring young people to treatment services as necessary.</li> <li>- train personal tutors to enable them to deliver alcohol education sessions in the Further Education colleges</li> <li>- develop a range of young person specific alcohol and personal safety material and resources – posters, public awareness campaign, development of specific website pages on Connexions website</li> </ul>	<ul style="list-style-type: none"> <li>- Reduce the number of young people who are victims of crime (LAA 1.3.1)</li> <li>- East Sussex Safer Communities Plan priorities around misusing alcohol</li> </ul>
<p><b>Operation Blitz</b> – police operation in Eastbourne, although similar models are being delivered across the county.</p> <p>Running since 2006. At present funding is due to end in March 2008</p> <p>The aim is to target young people who are misusing drugs and alcohol and carrying out anti-social behaviour</p> <p>Partners: - Sussex Police - U19 Substance Misuse Service</p>	<p>Police officers stop under age teenagers on the streets and confiscate the alcohol.</p> <p>First incident - parents are informed that their child has been drinking on the street and are provided with details of the U19's Substance Misuse Service.</p> <p>Second incident - Police send a letter informing parents a referral has been made to the U19's Substance Misuse Service.</p> <p>Third incident - can result in the issuing of an ABC (Acceptable Behaviour Contract) which requires that the young person accesses the U19's Substance Misuse Service.</p>	<p>To reduce the number of young people drinking alcohol on the streets</p>

## Findings and conclusions

33. There is a great deal of conflicting evidence and advice regarding alcohol consumption and its impact on health:

- Original guidance on which sensible drinking guidelines were based has been thrown into doubt as it was not based on any firm evidence but was considered to be an "intelligent guess" as to what a safe level of alcohol consumption should be (see paragraph 8).
- Whilst evidence shows that harmful/chronic alcohol consumption does have a detrimental impact on long term health, the impact of moderate consumption is not conclusive, as it can be both beneficial and detrimental to health (see appendix A on page 18)
- It is difficult to set general limits for the general public when the same amount of alcohol can have such a significantly different impact from person to person (see appendix A on page 17)

34. This means that it can be extremely difficult to provide a clear message to children and young people about how much alcohol they can safely consume and, if they consume too much, what the short and long term health impacts will be for them.

35. The Review Board noted that young people also receive mixed messages about alcohol from the media. On the one hand there are negative images in the media of drunken teenagers and their resulting anti-social behaviour. Yet at the same time viewers of British soaps see the pub as the community focal point in all these fictional societies. These mixed messages are further compounded by the fact that many adults still consider it acceptable to get drunk at a social event and are not ashamed of their subsequent behaviour.

36. Central Government itself also appears to give out mixed messages about alcohol. On the one hand two key strategies have been developed in recent years with the aim of curbing alcohol misuse (see paragraph 19). Yet at the same time 24 hour drinking is being promoted, although the vision of a European style drinking culture in England is not apparent. The sale of cheap alcohol is widespread in our shops and supermarkets and is still far too easily accessible for young people under eighteen years old. Young people are also exposed to a great deal of alcohol advertising on a daily basis. Research by Alcohol Concern in its 'Not in Front of the Children' publication shows that the majority of TV alcohol advertising is scheduled before the 9pm watershed and alcohol companies often target their products directly to young people through their sponsorship of sporting and music events.

37. The Review Board recognised that it can take many years to change people's attitudes on a particular issue, as has been demonstrated with the anti drink driving and smoking campaigns. These campaigns relied on not only legislation and enforcement of this legislation, but also hard-hitting advertising campaigns to help change peoples' attitudes and behaviour.

38. Many campaigns in England have made use of celebrities from the world of sport and entertainment to get important messages across to young people, such as stopping smoking, fighting bullying and reducing obesity. The Review Board believe that if Central Government is committed to reducing the numbers of young people who misuse alcohol it has to put in place a publicity campaign, using celebrities that young people identify with, to get the message across.

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## **Recommendation 1.**

### **East Sussex County Council to:**

- **Voice its concern to Central Government and the Local Government Association regarding the mixed messages being given out at a national level about alcohol and ask that it be addressed;**
- **Recommend that Central Government reconsider the way in which 24 hour drinking is marketed and implement tighter controls on the advertising and marketing of alcohol (to more closely align them with those now applied to smoking); and**
- **Recommend that, as part of the marketing campaign highlighted in the 'Safe. Sensible. Social. Strategy', Central Government uses British sports stars taking part in the 2012 British Olympics as a platform to promote an anti-alcohol misuse message.**

39. It is important that the issue of alcohol misuse by young people in East Sussex is kept in perspective. The recent local Health Related Behaviour Questionnaire (see paragraph 14) shows that more than half (61%) of the young people aged 14-15 who responded stated that they had not had an alcoholic drink in the last 7 days.

40. However, the majority of young people will experience binge drinking at least once during their teens (often seen as a 'rights of passage') and it is therefore unrealistic to expect that young people can be prevented from consuming large amounts of alcohol at some stage during their teenage years. It is therefore extremely important that young people are provided with information from an early age about not only the health risks associated with alcohol misuse but also other risks around physical safety and sexual health, as well as the action that they can take to reduce these risks. This information must be provided in a format that is relevant and engaging for young people. Only by having sufficient information about alcohol misuse can young people themselves make informed decisions on how much they drink and how to reduce the risks from alcohol misuse.

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## **Recommendation 2.**

**That the PSHE Team assist and encourage schools to put in place a system for obtaining feedback from young people on a regular basis to assess their views on the quality of the alcohol lessons that they receive. This information would then be used by schools, the PSHE Team and the Neighbourhood Schools Team at Sussex Police to ensure that individual classroom lessons on alcohol misuse continue to remain as effective as possible as trends and attitude to alcohol change over time.**

41. Unfortunately, some young people in East Sussex do consume too much alcohol on a regular basis. The Health Related Behaviour Questionnaire also found that 6% of young people aged 14-15 who responded (a total of 234) had drunk over 14 units during the past week. For these young people the provision of information on alcohol misuse in a school environment seems to have little or no impact on their drinking habits.

42. Research carried out by the Review Board with groups of vulnerable young people found that the understanding of the health impact of alcohol misuse were mixed, with only some of these young people being aware of the long term damage it could do to their health. However, even though young people who knew the risks said that this would not stop them from binge drinking. These findings were corroborated by discussions with the police and youth development service officers whose evidence confirmed that young people they came into contact with either didn't understand the health impact of alcohol misuse or didn't worry about its impact on their health.

43. The Review Board recognised that projects working with vulnerable young people, need to tackle the issue of binge drinking primarily from the standpoint of providing young people with information on how to stay safe when they binge drink, and then offer support and help to reduce the levels of alcohol they consume as and when young people are willing to take this help.

44. The Review Board was initially concerned about the effectiveness of short term projects, particularly as it can take a long time to win the trust of vulnerable young people who are questioning of 'authority'. However, whilst the projects themselves might be short term, the Review Board was satisfied that they had been designed so that some of the outcomes will be longer lasting, such as the training being provided for staff and colleges, the production of guidance packs and the development of information pages on the Sussex Connexions website (a website specifically for young people which offers advice and support).

45. The Review Board recognised that that these projects would not produce 'quick wins' in reducing the number of young people who misuse alcohol. It would also be difficult to measure the positive impact that initiatives would have as positive impacts might manifest themselves in different ways. For example through a reduction in anti social behaviour or through a reduction in the number of young people not in education, employment and training.

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### **Recommendation 3.**

**The Children's Services Scrutiny Committee to continue to monitor how current initiatives by East Sussex County Council on personal safety and early intervention work and work by Sussex Police has impacted on:**

- **Local priorities to reduce the harm caused by alcohol misuse as outlined in the East Sussex Safer Communities Plan 2007-10**
- **Reducing the numbers of children who are victims of crime (Local Area Agreement target 1.3.1)**
- **Increasing participation of problem drug users in drug treatment programmes (Local Area Agreement target 17.4.1)**
- **Reducing the number of anti social behaviour incidents**
- **Reducing the numbers of young people presenting at A&E who are under the influence of alcohol**

46. Young people told the Review Board that they were given alcohol by their parents or that the drinking habits of their parents or other family members had encouraged them to drink. The Review Board also heard anecdotal evidence from both Youth Development Service workers and Sussex Police that parents and carers are often aware that a young person is drinking too much alcohol. Unfortunately in some cases these parents either condone it or fail to recognise this to be a problem that needs addressing.

47. The Review Board also heard anecdotal evidence that, whilst some young people succeed in purchasing alcohol from off licences and shops, many are actually supplied by their parents. This is backed up by survey results which reveal that nationally 40% of young people had been given alcohol by family members (see paragraph 13).

48. The Review Board recognised how difficult it can be for even the most responsible parents and carers to decide what message they should give young people and how to balance allowing their children to drink whilst ensuring that they know the dangers of alcohol misuse. However, without the co-operation of parents and carers any message that is being given to children and young people by schools or the youth service will be undermined by the behaviour or actions that the young people experience in their homes.

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**Recommendation 4.**

**East Sussex County Council and its relevant partners to develop future initiatives, as and when resources become available, that target parents and carers by providing information on:**

- **the impact that alcohol misuse can have on health,**
- **harm reduction information (including information around physical safety and sexual health matters); and**
- **support and signposting for parents and carers on how to tackle the issue of alcohol misuse**

## **Appendix 1: Membership and evidence**

### ***Board membership and project support***

49. Review Board Members: Councillor Pat Ost (Chair), Sam Gregory (Parent Governor representative), Carole Shaves, MBE, JP, (Sussex Police Authority representative) and Councillor Joy Waite.

50. The Project Manager was Gillian Mauger (Scrutiny Lead Officer) with logistics and support provided by Sam White (Scrutiny Support Officer).

### ***Project Board meeting dates***

19 September, 19 October, 6 November, 3 December 2007, 7 January, 1 February, 15 February 2008

### ***Witnesses providing evidence***

**The Board would like to thank all the witnesses who provided evidence in person:**

- Justine Armstrong, Strategy and Partnership Manager, Safer Communities Team, ESCC
- Colin Edgley, Planning and Commissioning Manager, Integrated Services, ESCC
- Neil Fidler, Youth Work Co-ordinator, Youth Development Service, ESCC
- Vicky Finnemore, Operations Manager, Children and Families, ESCC
- Police Constable Ginny Jupp, Sussex Police
- Mark Manning, Under 19s Substance Misuse Service
- Frances McCarron, Health Promotion Specialist: Substance Misuse, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Inspector Diane Roskilly, Sussex Police
- Marilyn Stephens, Associate Advisor for PSHE and Healthy Schools, Inclusive Learning, CfBT

### **Consultation with young people**

51. The Review Board carried out two focus groups with vulnerable young people who are either supported by the TAP (Training Assessment Progression) organisation or use the Under 19 Substance Misuse Service. It recognised that its findings from these focus groups were not representative of the views of all young people across East Sussex. However, it did give members a good insight into young people's attitude and understanding of the impact alcohol misuse can have on their health.

52. The Review Board would like to thank these young people for taking the time to speak with them in such an honest and open way.



**The Review Board would also like to thank the following for their help:**

- Caroline Adams, Youth Safety & Intervention Team, Sussex Police
- Angela Balding, Schools Health Education Unit
- Mandy Foyster, Project Consultant for the 2007 Health Related Behaviour Questionnaire
- Philip Gadsby, Head of Performance and Information, East Sussex Hospitals NHS Trust

***Evidence papers***

<b>Item</b>	<b>Date</b>
Alcohol Harm Reduction Strategy for England, Prime Minister's Strategy Office	2004
A Glass Half Empty (review of impact of Alcohol Harm Reduction Strategy), Alcohol Concern	
Alcohol Misuse, British Medical Association	June 2007
Alcohol and the adolescent brain, Aaron M White, PhD	
Adolescent Health, British Medical Association	December 2003
Binge Drinking and Europe, Institute of Alcohol Studies	July 2007
Binge Drinking – Nature, prevalence and causes, Institute of Alcohol Studies	June 2007
DAAT Alcohol Harm Reduction Strategy 2006-2008 (now incorporated into the East Sussex Safer Communities Plan)	
East Sussex Children & Young People's Plan 2006/08, East Sussex Children's Trust Executive Group	2006
Factsheet 20: Binge drinking, Alcohol Concern	
Health Related Behaviour Surveys, Schools Health Education Unit	
Not in Front of the Children, Alcohol Concern	2007
Safe. Sensible. Social. The next steps in the national alcohol strategy, HM Government	2007
Smoking, drinking and drug use amongst young people in England in 2006, The Information Centre	2007

Contact officer:

Gillian Mauger (Scrutiny Lead Officer)

Telephone: 01273 481796

E-mail: [gillian.mauger@eastsussex.gov.uk](mailto:gillian.mauger@eastsussex.gov.uk)

## Appendix 2: Supporting evidence

### *The British law in relation to drinking alcohol*

Age	British law
Under 5 years old	It is illegal to give an alcoholic drink to a child under 5, except in an emergency, and then only under medical supervision
Aged 5 to 17	It is legal to drink alcohol <u>but</u> it is against the law to buy alcohol in a pub, supermarket or other licensed outlet in the UK.  It is also illegal for an adult to buy alcohol for someone under the age of 18 to consume in a pub or a public place. The only exception to this rule is that an adult can buy beer, wine or cider for 16 and 17 year olds when having a meal in a licensed premises.  Police have powers to confiscate alcohol from under 18's drinking in public spaces (eg in the street or in parks)
Aged 18 and over	Legal to buy alcohol in a pub, supermarket or other licensed outlet in the UK. Drinking is banned in some public places under Local Authority by-laws

### *What is a unit?*

1 unit of alcohol varies depending on the strength and the measure of a particular drink:

Wine	125ml (small glass)	175ml (standard glass)
12% proof	= 1.5 units	= 2.1 units
14% proof	= 1.75 units	= 2.45 units
Beer	half pint	pint
4% proof	= 1.1 units	= 2.2 units
5% proof	= 1.4 units	= 2.8 units
Spirits	25ml (single)	50ml (double)
40% proof	= 1 unit	= 2 units

### *The effect of alcohol on health*

When an alcoholic drink is consumed the alcohol is absorbed into the blood stream and transported around the body to the vital organs. It is the percentage of alcohol circulating in the blood stream at any given time (known as blood alcohol concentration or blood alcohol level) that affects the brain and its functions.

This concentration/level is dependent not just on the amount of alcohol you consume, but also on other factors such sex, age, weight and build, as well as if alcohol is consumed on an empty stomach and personal 'tolerance' to alcohol. These variations also add weight to the argument that setting a general 'safe limit' is impossible to do as what would be considered a safe limit for one person would not necessary be the safe for someone else.

Children and young people can easily become intoxicated when they drink even small amounts of alcohol because their bodies are smaller and less able to process the alcohol. In some cases the impact can be so severe that it can result in the child falling into a hypoglycaemic coma.<sup>15</sup>

### ***Short-term health impacts***

Harmful drinking can lead to:

- Slower reaction times and reflexes
- Heavy sweating
- Blurry or double vision
- Nausea and vomiting
- Lowered reasoning ability
- Lowered inhibitions (doing or saying things you otherwise would not)
- Memory loss

### ***Long-term health impacts***

<b>Amount of alcohol</b>	<b>Impact</b>	<b>Research source</b>
1 drink every second day	<u>reduces</u> the risk of a heart attack	Institute of Alcohol Studies – Alcohol and Health fact sheet
up to 2 drinks a day	<u>reduces</u> the risk for stroke by half	Drinking and you website produced by Alcohol in Moderation
2 or more drinks a day	<u>increases</u> the risk of a heart attack	Institute of Alcohol Studies – Alcohol and Health fact sheet
3 drinks a day	<u>increases</u> the risk of cancer, liver cirrhosis and chronic pancreatitis	Institute of Alcohol Studies – Alcohol and Health fact sheet
20g or more a day (approximately 3 drinks)	<u>increases</u> the likelihood of diabetes for lean women, BUT not for overweight women or men	Drinking and you website produced by Alcohol in Moderation
<u>women</u> drinking 1 to 2 drinks a day	<u>increases</u> the risk of breast cancer by 3%	Drinking and you website produced by Alcohol in Moderation
1 to 3 glasses of <u>wine</u> a day	<u>reduces</u> the risk of cancer by 20%	Drinking and you website produced by Alcohol in Moderation

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<sup>15</sup> Dr Thomas Stuttaford, Drinking is a real medical problem for the young (Times article) (August 2007)