North West Young People and Alcohol Programme

A Review of the Evidence Base for Effective Interventions with Young People

March 2011

Mark Limmer
Catherine Alexander

mark.limmer@nwrywu.org.uk

Design and layout by Sharon Watts (North West Regional Youth Work Unit)
This paper summarise interventions that have evidence of effectiveness in addressing issues relating to alcohol and young people according to the extensive literature available from the UK, US and Europe. It is structured to reflect the importance of addressing alcohol from a very early age to ensure that skills, attitudes and norms of a healthy relationship with alcohol are in place. Four strands of intervention have been identified, some of which are more important at particular stages of young people’s lives, and which taken together provide a holistic approach engaging the key partners within Local Authorities, PCTs/GP consortia, Police, Trading Standards and the voluntary sector.

Although this document provides specific examples from the literature and case studies from across the NW, there is no evidence that simply cherry-picking isolated interventions will have any appreciable or sustained impact. This paper sets out a menu of provision which taken together will provide a holistic response to young people and alcohol and provide consistency and coherence to the endeavours of a range of partner organisations.

The current climate is one of uncertainty and austerity within the public sector. This paper seeks, where possible, to promote approaches that are flexible in terms of where and who delivers them and which require minimal additional resources. The model is to adapt and develop existing roles and responsibilities, to promote more flexible and holistic working and to maintain the focus on those interventions that have good evidence of effectiveness.

Although there is uncertainty of the detail of the government’s expectations in relation to alcohol and young people some indication of broad approaches are beginning to emerge increasingly clearly and this paper attempts to reflect these.

**Early intervention:** The recently released Allen Report makes clear that services are expected to intervene as early as possible both as a way of maximising prevention and of saving money further down the line. Early intervention is intended to cover both early in life (i.e. parenting and family based interventions) and early on the pathway to harm (i.e. identification of vulnerable young people prior to the onset of seriously harmful behaviour).

**Local Accountability:** The government has been explicit in placing the responsibility for setting priorities (in terms of outcomes and funding) on local organisations, principally Local Authorities and GP Consortia with the expectation that these agencies will commission and provide services that directly reflect local need. This increases the need to be able to demonstrate need at a local level and ensure that the alcohol agenda is being effectively championed. Good quality local data and needs assessment are going to be key and there will be a shift from demonstrating population impact to demonstrating local impact.

**Value for money:** Local areas are being expected to deliver a range of outcomes with significantly less resources and the need to demonstrate value for money and cost effectiveness will become increasingly important. A challenge for effective alcohol interventions is that current constraints mean that cost effectiveness needs to be demonstrated in the short term when the evidence points to early and sustained intervention the benefit of which may not be seen for some years.
**Targeting:** The government sees the targeting of those most at risk being the main function of locally commissioned services with universal prevention being delivered through schools, the home and the Big Society.

**Outcomes:** Outcomes rather than process targets will be the benchmark of effectiveness for local services, though how these outcomes will be monitored is currently unclear. Whilst this provides the potential for greater creativity and intervention, commissioning against outcomes can be challenging in terms of ascribing causality, particularly with an issue as complex as young people and alcohol.

<table>
<thead>
<tr>
<th>Increase Resilience:</th>
<th>Interventions that increase young people’s resilience and ability to identify and manage risk now and in the future.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce/Delay Consumption:</td>
<td>Interventions that either delay the initiation of drinking or reduce the amount and frequency of consumption.</td>
</tr>
<tr>
<td>Reduce Associated Risk:</td>
<td>Interventions that reduce risks associated with drinking including regretted or unprotected sex, poor mental health, violence, drugs, domestic violence, accidents, obesity etc.</td>
</tr>
<tr>
<td>Address Direct Consequences:</td>
<td>Interventions that address the direct consequences of drinking – physical, emotional, economic and social.</td>
</tr>
</tbody>
</table>

**Using this document**

The key interventions suggested by the evidence base are listed under their relevant age category within the life-course model. The evidence for each intervention is listed and, where available, is followed by a practice case study. A full list of the evidence and case studies appears at the end of the document and clicking on the links opens up further details in a new window.

You can also access A Scoping Document which provides an overview of the available literature/research within the field of alcohol with a key focus on interventions designed to prevent alcohol misuse. Scoping Document.doc
### Pre-School (Age pre-birth-5 years)

At this age the overwhelming influence comes from the parents and to a lesser extent the extended family and community. This influence begins even before birth as excessive alcohol use by the mother can lead to a range of developmental, physical and/or psychological issues for the unborn child through Foetal Alcohol Spectrum Disorders. Family structures, boundaries and expectations are important in setting the blueprint for parenting throughout childhood. Children’s Centres, nurseries and other child care provision have an important role in supporting parents.

In terms of alcohol the concerns relate to the impact of other people’s alcohol use – particularly parents – contributing to family conflict and poor parenting.

The principal aim at this point is the development of strong, supportive family and community networks.

<table>
<thead>
<tr>
<th>Partners</th>
<th>Parents/carers, Nursery, Children’s Centres, Childcare providers, Health Visitors, Siblings, Childcare Services, Third Sector, Homestart, Domestic Violence leads, midwives, GPs</th>
</tr>
</thead>
</table>
| Increase Resilience | Improve parenting skills to enable parents to develop appropriate structures, discipline and boundaries.  
Burke et al, 2006; Dalton et al, 2005; NIH, 2006; Velleman, 2009  
Target vulnerable families identified through Sure Start/Children’s Centres and provide additional support.  
NIH, 2006; Home Office, 2009; PPN, 2009  
Help parents recognise the importance of establishing positive family patterns and norms early so that they are embedded in later childhood and adolescence.  
Foxcroft et al, 2008; Burke et al, 2006; PPN, 2009  
Ensure that the Local Authority meets its responsibilities as corporate parent – Looked After Children are at particular risk of negative outcomes |
| Reduce/Delay Consumption | Support for parents to manage their own alcohol use especially in family situations.  
Dalton et al, 2005; Velleman, 2009 |
| Reduce Associated risks |  
| Address Direct Consequences | Brief interventions through midwifery and antenatal services to reduce the risk of Foetal Alcohol Spectrum Disorders and evidence of increased alcohol harm later in child’s life.  
Addenbrookes Hospital |
Primary School Age (5-11 years)

Parents remain a key influence but increasingly the gaze is outside the family. Peer Groups at school, teachers and support staff all begin to exert influence. Children have a growing awareness of media through advertising and television. Pressures towards early sexualisation and the desire to appear grown up begin to have significant influence.

This is an important stage as family boundaries are challenged from outside for the first time. Young people measure themselves against ‘norms’ outside the home. Peer Groups become established and gender becomes an issue in relation to behaviour and risk. Advertising that glamorises youth, sex and alcohol begins to have resonance with some young people – especially girls.

The selection of peer groups begins and these gain greater strength as young people grow older. Exploration and a fascination with the adult world draw young people towards alcohol and sexualisation. Parental boundaries are stretched and pushed at a time when support for parents tends to dip. Adult patterns of alcohol use contribute to the setting of individual and groups norms, providing a model for alcohol use in the future.

Key agencies are schools and other activity providers and children’s social care for those already identified as at risk. As most young people’s behaviour does not yet raise serious alarm specialist agencies are unlikely to be involved. Alcohol use at this stage remains relatively unusual but early warnings in relation to disengagement from school, disruption and violence will manifest in some young people.

This is a key prevention phase – building resilience and skills; acknowledging the reality of alcohol; and equipping young people with the knowledge that they need in terms of alcohol, sex and risk are all crucial. The role of parents and school in peer group selection, particularly among boys, is important and inappropriate norms of behaviour need to be directly addressed. Some direct alcohol education is appropriate but more important is the modelling provided by parents and other trusted adults. Communication between partners and early intervention are crucial.

<table>
<thead>
<tr>
<th>Partners</th>
<th>Parents/family, Teachers, School Health, GPs, Childcare Services, Police, Community Safety, Social Care, Domestic violence leads, activity providers</th>
</tr>
</thead>
</table>
| Increase Resilience | Family support and parenting skills, with the focus more specifically on the child. Including conflict management; academic/school skills; peer selection and influence. Key is the opportunity for children to practice the skills that they are learning. 
**Foxcroft et al, 2008; Burke et al, 2006; Lloyd & Joyce, 1999; Velleman, 2009; NREPP, 2008b**

Local Authorities to fulfil their responsibilities as corporate parent – Looked After Children and young people in the criminal justice system are at particular risk of negative outcomes.

Schools to provide a positive and affirming ethos, develop aspirations, emotional intelligence, self-efficacy and set positive expectations of engagement in secondary school. Schools should also provide appropriate information about alcohol and associated risks.

**Hughes et al, 2008; Rothwell, 2009; Allen et al, 2008; Elliott et al, 2009; NICE, 2007a; Tyler, 2009; Lloyd & Joyce, 1999; Velleman, 1999; Home Office, 2009; NREPP, 2008a; NIH, 2003**

Lancashire; Durham
| **Reduce/Delay Consumption** | Continual Professional Development (CPD) to ensure well trained teachers with good classroom skills.  
NICE, 2007a; Velleman, 2009  
Extra curricula activities – setting patterns and expectations of engagement in positive activities through the teenage years.  
Velleman, 2009  
Targeting of interventions on those at risk or vulnerable. Assessment using recognised tools including PASS  
Keogh et al, 2003; Springer et al, 2004; NICE, 2007b; Velleman, 2009; NIH, 2003 |
| **Reduce Associated risks** | Guidance for parents on the impact of their alcohol use on their children.  
Hughes et al, 2008; Donaldson, 2009; Beich et al, 2002; NREPP, 2008b  
Address the needs of those running away from home as a result of parental alcohol use.  
Provide positive activities to reduce the risk of anti-social behaviour and risk taking.  
Hughes et al, 2008; Velleman, 2009 |
| **Address Direct Consequences** | |
At the beginning of this phase very few young people will be drinking and by the end it will be a common place activity for many. An age of exploration and experimentation not just in relation to alcohol but also other activities including sex and smoking.

During this time parental influence declines, though for many it is still a significant factor. Peers become the most important influence and arbiter, contributing to the setting and policing of norms and the parameters of risk taking.

Where young people engage with them, school and non-school activities become important. Gender social development tends to be unequal and the majority of peer groups are single sex. Access to a wider range of media, including the internet increases and becomes a key source for information, role models and communication.

Concerns at this age tend to be the prevention of regular and heavy drinking whilst recognising the near-inevitability of experimentation. Towards the latter end of this phase concerns relating to regular and excessive drinking amongst a minority become the focus of concern, not least the relationship between this and poor school attendance, anti-social behaviour, violence and sexual risk taking. Drinking tends to be visible and community concerns focus on nuisance and anti-social behaviour. Drinking norms become more firmly established based on a range of influences including family, peers, media and advertising.

Current interventions tend to fall in to three approaches – education, restricting access and combatting nuisance.

<table>
<thead>
<tr>
<th>Partners</th>
<th>Parents/family, Teachers, Learning Mentors, School Health, Connexions, Youth Services, Youth Offending Teams, Childcare Services, Drug and Alcohol Services, Police, Community Safety, Pupil Referral Units, Alcohol Industry (on and off sales), media</th>
</tr>
</thead>
</table>
| Increase Resilience | Support for parents needs to continue particularly in relation to communication and boundary setting  
Hughes et al; 2008; Cox et al, 2006; Hayes et al, 2004; NREPP, 2008b; Templeton, 2009  
Involvement in positive activities outside of school, particularly sport and physical activity.  
School input to develop life skills, aspirations, confidence and well-being  
| Reduce/Delay Consumption | Reduce access to alcohol through: Increasing price; reducing under aged sales; preventing access to fake age identification; stopping advertising that targets or particularly appeals to this age group.  
**Parental and community modelling of appropriate drinking.**
*Hughes et al, 2008*

Work with parents to reduce supply to young people – especially unsupervised supply, including reducing young people’s access to money.
*Bellis et al, 2006; Hughes et al, 2004*

**Alcohol education in school focusing on understanding the impact of alcohol use and what constitutes safe levels of drinking.** Most effective when involving parents.

Kirklees; Salford 1; Derby; Swindon

**Targeted interventions (such as brief interventions or motivational interviewing) with young people who are either already drinking problematically or are at risk of doing so.**

Bath; Haringey; Salford 2; Cornwall; Hartlepool; Pembrokeshire

**Reduce Associated risks**

Provide education programmes that explicitly link alcohol use to other risks and vulnerabilities.
*Bellis et al, 2009; Redgrave and Limmer, 2004; NIH, 2006; NWRYWU, 2009; PPN, 2010; Leslie, 2008; Kennedy and Limmer, 2007*

East midlands; Manchester 3; Camden 1; Liverpool; Suffolk

Reduction of anti-social behaviour through positive activities, youth work interventions and appropriate policing.
*Coleman & Ramm, 2006; Drug & Alcohol Findings, 2009; NWRYWU, 2009; Velleman, 2009*

Doncaster; Hartlepool

Ensure that all staff that engage with young people have training in how to engage and signpost young people to appropriate services and support.
*NWRYWU, 2009*

Bradford; South Tyneside; Wigan

Provision of tier one sexual health services through agencies addressing alcohol use.
*Keogh et al, 2003*

Social norms approaches to moderate behaviour and reduce associated risks
*Elliott et al, 2009; Mistral, 2009; Velleman, 2009; Hughes et al, 2004*

Leeds 2

**Address Direct Consequences**

Referral pathway or direct provision of brief interventions in Emergency Departments
*Chisholm et al, 2004; Latimer & Guillaume, 2010*
**Post Compulsory School Age (16-18)**

Influence of parents is now relatively weak with many young people, but peers remain very influential as do organised activities where they are accessed. Marketing and media become more directly relevant, with images linking alcohol to having a good time and being adult, pervasive.

Remaining engaged in education (formal and informal) seems to be protective against harmful consequences if not to drinking per se. Peer norms and social groups seem to define the frequency and level of drinking.

Main concerns remain nuisance and anti-social behaviour; violence; sexual risk-taking and vulnerability; and the establishment of lasting, poor drinking habits. Much focus moves away from the person drinking on to the impact that this drinking has on other people – consequently much of the engagement is punitive.

Current interventions are heavily focused on addressing access to alcohol through crack downs on underage sales; proof of age schemes; pricing; licence variations etc. For those drinking most heavily, access to treatment including brief interventions, is available.

Behaviour change with this age group is particularly challenging.

<table>
<thead>
<tr>
<th>Partners</th>
<th>Childcare Services, Drug and Alcohol Services, Police, Community Safety, Alcohol Industry (on and off sales), Licensing Authorities, Parents/family, College/Schools, Connexions, Youth Services, Youth Offending Teams, Trading Standards, GPs, media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Resilience</td>
<td>Newsletter for parents with encouragement and tips for living with a teenager Cox et al, 2006; Hayes et al, 2004</td>
</tr>
<tr>
<td></td>
<td>Managing the transition from compulsory school to more independent living including reduction in NEETs NICE, 2007a; NIH, 2003</td>
</tr>
<tr>
<td></td>
<td>Improve pastoral care in FE colleges and 6th forms to support young people who are becoming vulnerable NWRYWU, 2009; Home Office, 2009</td>
</tr>
<tr>
<td>Reduce/Delay Consumption</td>
<td>Reduce access to alcohol through: Increasing price; reducing under aged sales; preventing access to fake age identification; stopping advertising that targets or particularly appeals to this age group. Meier et al, 2008; Bellis, 2006; Phillips-Howard et al, 2008; Chisholm et al, 2004; Mistral, 2009; Morleo et al, 2010; NIH, 2006; Velleman, 2009; Home Office, 2009; St Neots</td>
</tr>
<tr>
<td></td>
<td>Parental and community role modelling of appropriate drinking behaviours. Bellis, 2006; Cox et al, 2006; Hayes et al, 2004</td>
</tr>
<tr>
<td></td>
<td>Motivational interviewing to address alcohol use and facilitate wider risk taking behaviour change Atkinson et al, 2007; Keogh et al, 2003; Phillips-Howard, 2004; Mistral, 2009; Marlatt et al, 1999; Baer et al, 2001; NICE, 2007b; Leslie, 2008; Alcohol Concern, 2010; Bath; Wirral; Lambeth; Leeds 1</td>
</tr>
</tbody>
</table>
| Establishing and communicating social norms in relation to alcohol. | Motivational interviewing to address alcohol use and facilitate wider risk taking behaviour change.  
**Elliott et al, 2009; Mistral, 2009; NIH, 2006; Velleman, 2009**  
Greater London Authorities; Leeds 2 |
|---|---|
| **Reduce Associated risks** | Motivational interviewing to address alcohol use and facilitate wider risk taking behaviour change  
**Atkinson et al, 2007; Keogh et al, 2003; Phillips-Howard, 2008; Mistral, 2009; Marlatt et al, 1999; Baer et al, 2001; NICE, 2007b; Leslie, 2008; Alcohol Concern, 2010**  
Bath; Wirral; Lambeth; Leeds 1  
Schools/colleges to adopt a broader harm reduction approach rather than abstinence – explicitly linking alcohol with other risk taking.  
**Bellis et al, 2009; Jones et al, 2009; NWRYWU, 2009**  
Establish young people friendly health services covering the full range of risk outcomes including alcohol, sexual health and mental health.  
**Hurcombe et al, 2010**  
Bolton; Camden 2; East Sussex; Manchester 4  
Ensure that all staff that engage with young people have training in how to engage and signpost young people to appropriate services and support.  
**Keogh et al, 2003; NWRYWU, 2009**  
Bradford  
Provide services to address domestic and relationship violence.  
Night buses, safe routes home etc to address alcohol fuelled violence.  
**Norwich** |
| **Address Direct Consequences** | Motivational interviewing to address alcohol use and facilitate wider risk taking behaviour change  
**Atkinson et al, 2007; Keogh et al, 2003; Phillips-Howard, 2008; Mistral, 2009; Marlatt et al, 1999; Baer et al, 2001; NICE, 2007b; Leslie, 2008; Alcohol Concern, 2010**  
Bath; Wirral; Lambeth; Leeds 1  
Arrest referral programmes with a clear pathway into brief interventions and motivational interviewing.  
**Phillips-Howard, 2008**  
Referral pathways between Emergency Departments and brief interventions and motivational interviewing.  
**Elliott et al, 2009; Leslie, 2008; Hughes et al, 2004**  
Liverpool Hospital; Manchester 1; Manchester 2; Milton Keynes; Paddington; Portsmouth; Warrington  
Access to Cognitive Behavioural Therapy |
## References/Articles

**Alcohol Concern** (2010) *Right time, right place: Alcohol harm reduction strategies with children and young people.* Alcohol Concern: London  
*Alcohol Scoping Literature\Alcohol Concern 2010.pdf*

*Alcohol Scoping Literature\Allen et al.pdf*

**Atkinson C, Amesu M.** *Using solution-focused approaches in motivational interviewing with young people.* Pastoral Care 2007;June:31-37.

**Baer, J; Kivlahan, D, Blume, A; McKnight, P; Marlatt, A** (2001) *Brief Intervention for Heavy-Drinking College Students:* 4 year Follow-Up and Natural History. American Journal of Public Health 91:8 pp 1310-1316  
*Alcohol Scoping Literature\Baer et al. 2000.pdf*

**Beich, A; Gannik, D; Malterud, K** (2002) *Screening and brief intervention for excessive alcohol use: Qualitative interview study of the experiences of general practitioners.* British Medical Journal 325 pp 1-5  
*Alcohol Scoping Literature\Beich 2002.pdf*

**Bellis, M; Hughes, K; Morleo, M; Tocque, K; Hughes, S; Allen, T; Harrison, D** (2006) *Patterns of risky alcohol consumption in North West teenagers and their implications for preventing alcohol related harm.* Centre for Public Health: Liverpool  
*Alcohol Scoping Literature\Bellis et al. 2006.pdf*

**Bellis, M; Morleo, M; Tocque, K; Dedman, D; Phillips-Howard, P; Perkins, C; Jones, L** (2009) *Contributions of alcohol use to teenage pregnancy: An initial examination of geographical and evidence based associations.* Centre for Public Health: Liverpool  
*Alcohol Scoping Literature\Bellis et al. 2009.pdf*

**Burke, S; Schmied, V; Montrose, M** (2006) *Parental alcohol misuse and the impact on children: Literature Review.* Centre for Parenting and Research: NSW, Australia  
*Alcohol Scoping Literature\Burke 2006.pdf*

**Chiodo, L; Da Costa, D; Hannigan, J; Covington, C; Sokol, R; Janisse, J; Greenwald, M; Ager, J; Delaney-black, V** (2010) *The impact of maternal age on the effects of prenatal alcohol exposure on attention.* Alcoholism: Clinical and Experimental Research 34:10 pp 1813-1821  
*Alcohol Scoping Literature\Chiodo et al. 2010.doc*

*Alcohol Scoping Literature\Chrisholm et al. 2004.pdf*
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Institution</th>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coleman, L; Ramm, J</td>
<td><em>Researching the effects of Digital Story-telling as a brief intervention for young people delivered in non-medical settings</em>.</td>
<td>Trust for the Study of Adolescence: Brighton</td>
<td>2006</td>
<td>Title</td>
</tr>
<tr>
<td>Cox, L; Sherriff, N; Coleman, L; Roker, D</td>
<td><em>Parent-young people communication about alcohol</em>.</td>
<td>Trust for the Study of Adolescence: Brighton</td>
<td>2004</td>
<td>Title</td>
</tr>
<tr>
<td>Dalton, M; Bernhardt, A; Gibson, J; Sargent, J; Beach, M; Adachi-Mejia, A; Titus-Ernstoff, L; Heatherton, T</td>
<td>“Honey have some smokes”: Use of cigarettes and alcohol by pre-schoolers whilst role-playing as adults.</td>
<td><em>Archive of Paediatric Adolescent Medicine</em></td>
<td>2005</td>
<td>Title</td>
</tr>
<tr>
<td>Donaldson, L</td>
<td><em>Guidance on the consumption of alcohol by children and young people</em>.</td>
<td>Department of Health: London</td>
<td>2009</td>
<td>Title</td>
</tr>
<tr>
<td>Elliott, G; Morleo, M; Cook, P</td>
<td><em>Identifying Effective Interventions for Preventing Underage Alcohol Consumption</em>.</td>
<td>Centre for Public Health: Liverpool</td>
<td>2009</td>
<td>Title</td>
</tr>
<tr>
<td>Foxcroft, D; Ireland, D; Lowe, G; Breen, R</td>
<td><em>Primary prevention for alcohol misuse in young people</em>.</td>
<td><em>The Cochrane Collaboration</em> John Wiley and Son Ltd: London</td>
<td>2008</td>
<td>Title</td>
</tr>
<tr>
<td>Hasan, M; Moore,L; Chalder, M</td>
<td><em>Feasibility study for an evaluation of schools based, peer led intervention to reduce pupil problem drinking: The Teenage Alcohol Project (TAP)</em>.</td>
<td></td>
<td>2005</td>
<td>Title</td>
</tr>
<tr>
<td>Hayes, L; Smart, D; Toumbourou, J; Sanson, A</td>
<td><em>Parenting influences on adolescent alcohol use</em>.</td>
<td>Australian institute of Family Studies: Melbourne</td>
<td>2004</td>
<td>Title</td>
</tr>
<tr>
<td>Home Office</td>
<td><em>Pathways to Problems: A follow up report to the implementation of recommendations from Pathways to Problems</em>.</td>
<td>Crown Copyright: London</td>
<td>2009</td>
<td>Title</td>
</tr>
<tr>
<td>Hughes, K; Tocque, K; Humphrey, G; Bellis, M</td>
<td><em>Taking Measures: A situational analysis of alcohol in the North West</em>.</td>
<td>Centre for Public Health: Liverpool</td>
<td>2004</td>
<td>Title</td>
</tr>
<tr>
<td>Hughes, S; Bellis, M; Hughes, K; Tocque, K; Morleo, M; Hennessey, M; Smallthwaite, L</td>
<td><em>Risky drinking in North West school children and its consequences: A study of fifteen and sixteen year olds</em>.</td>
<td>Centre for Public Health: Liverpool</td>
<td>2008</td>
<td>Title</td>
</tr>
<tr>
<td>Hurcombe, R; Bayley, M; Goodman, A</td>
<td><em>Ethnicity and Alcohol: A review of the UK literature</em>.</td>
<td>Joseph Rowntree</td>
<td>2010</td>
<td>Title</td>
</tr>
</tbody>
</table>
### Alcohol Scoping Literature

**Hurcombe et al. 2010.pdf**

**Jones, L; Bates, G; Downing, J; Sumnall, H; Bellis, M (2009)** *A review of the effectiveness and cost-effectiveness of personal, social and health education in primary schools focusing on sex and relationships and alcohol education for young people aged 5-11*. Centre for Public Health: Liverpool

**Jones et al. 2009.pdf**

**Keogh, P; McGough, P; Macfarlane, D (2003)** *Determining the effectiveness of alcohol screening and brief intervention approach in a young people’s sexual health service*. Sandyford Centre: Glasgow.

**Keogh et al. 2003.pdf**


**Latimer and Guillaume, 2010.pdf**


**Leslie, 2008.pdf**

**Lloyd, C; Joyce, R (1999)** *Teaching in the tender years*. *Drug and Alcohol Findings* 1 pp 4-7

**Martlatt, 1998.pdf**

**Meier, 2008.pdf**

**Mistral 2009.pdf**

**Morleo et al. 2007.pdf**

**Morleo et al. 2010.pdf**

**Mistral, W (2009)** *Effectiveness of national policies and initiatives to reduce alcohol related harm among young people*. Thomas Coram Research Institute: London

**Morleo, M; Hughes, K; McVeigh, J (2007)** *Evaluation of Preston’s alcohol brief intervention training pack*: “Training the Trainers”. Centre for Public Health: Liverpool

**Morleo, M; Cook, PA; Bellis, MA; Smallthwaite, L (2010). Use of fake identification to purchase alcohol amongst 15-16 year olds: a cross-sectional survey examining alcohol access, consumption and harm*. Substance Abuse Treatment, Prevention and Policy. 5:12.
[NICE Scoping Literature\NICE 2007a.pdf](http://www.nice.org.uk/CG86)

[NICE Scoping Literature\NICE 2007 b.pdf](http://www.nice.org.uk/CG86)

[NIH, 2003.pdf](http://www.nih.gov/)

NIH (2006) *Underage Drinking: Why do adolescents drink, what are the risks, and how can underage drinking be prevented?* Alcohol Alert: 67
[NIH, 2006.pdf](http://www.nih.gov/)

[NREPP, 2008 a.pdf](http://www.nrepp.samhsa.gov/)

[NREPP, 2008 b.pdf](http://www.nrepp.samhsa.gov/)


Percy, A; Wilson, J; McCarten, C; McCrystal, P (2011) *Teenage Drinking Cultures.* Joseph Rowntree Foundation: York
[Percy, 2011.pdf](http://www.jrf.org.uk/)

Phillips-Howard, P; Morleo, M; Cook, P; Bellis, M (2008) *Alcohol availability to underage drinkers.* Centre for Public Health: Liverpool


[PPN, 2009.pdf](http://www.promisingpractices.net/)


North West Young People and Alcohol Programme  Mark Limmer (mark.limmer@nwrywu.org.uk)  March 2011


Alcohol Scoping Literature\Rothwell et al. 2009.pdf


Alcohol Scoping Literature\Springer, 2004.pdf


Alcohol Scoping Literature\Templeton et al. 2009.pdf


Alcohol Scoping Literature\Tyler 2009.pdf


Alcohol Scoping Literature\Velleman 2009.pdf
<table>
<thead>
<tr>
<th>Area</th>
<th>Project/Service</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addenbrookes Hospital</td>
<td>FAS study and guide</td>
<td><a href="http://www.hubcapp.org.uk/OWBC">http://www.hubcapp.org.uk/OWBC</a></td>
</tr>
<tr>
<td>Bath</td>
<td>Project 28</td>
<td><a href="http://www.hubcapp.org.uk/ARSQ">http://www.hubcapp.org.uk/ARSQ</a></td>
</tr>
<tr>
<td>Bolton</td>
<td>GP Surgery Alcohol Local Enhanced Service</td>
<td><a href="http://www.hubcapp.org.uk/O4SA">http://www.hubcapp.org.uk/O4SA</a></td>
</tr>
<tr>
<td>Bradford &amp; Airdale</td>
<td>Brief Intervention Training</td>
<td><a href="http://www.hubcapp.org.uk/6P8F">http://www.hubcapp.org.uk/6P8F</a></td>
</tr>
<tr>
<td>Camden 1</td>
<td>Alcohol Photo Voice Project</td>
<td><a href="http://www.hubcapp.org.uk/YIAP">http://www.hubcapp.org.uk/YIAP</a></td>
</tr>
<tr>
<td>Camden 2</td>
<td>Local Enhanced Service</td>
<td><a href="http://www.hubcapp.org.uk/6IR5">http://www.hubcapp.org.uk/6IR5</a></td>
</tr>
<tr>
<td>Cornwall</td>
<td>Trelvak FLASH Initiative</td>
<td><a href="http://www.hubcapp.org.uk/MWQQ">http://www.hubcapp.org.uk/MWQQ</a></td>
</tr>
<tr>
<td>Derby</td>
<td>Bottle It Peer Education Project</td>
<td><a href="http://www.hubcapp.org.uk/OGMM">http://www.hubcapp.org.uk/OGMM</a></td>
</tr>
<tr>
<td>Doncaster</td>
<td>Alcohol Hotspots Project</td>
<td><a href="http://www.hubcapp.org.uk/D2NJ">http://www.hubcapp.org.uk/D2NJ</a></td>
</tr>
<tr>
<td>East Sussex</td>
<td>Action for Change Young Person’s Worker</td>
<td><a href="http://www.hubcapp.org.uk/WDRT">http://www.hubcapp.org.uk/WDRT</a></td>
</tr>
<tr>
<td>Gtr London Authorities</td>
<td>Peer Outreach Team</td>
<td><a href="http://www.hubcapp.org.uk/UWKM">http://www.hubcapp.org.uk/UWKM</a></td>
</tr>
<tr>
<td>Haringey</td>
<td>Speakeasy</td>
<td><a href="http://www.hubcapp.org.uk/Y49V">http://www.hubcapp.org.uk/Y49V</a></td>
</tr>
<tr>
<td>Hartlepool</td>
<td>Straight Line Project</td>
<td><a href="http://www.hubcapp.org.uk/MDKJ">http://www.hubcapp.org.uk/MDKJ</a></td>
</tr>
<tr>
<td>Kirklees</td>
<td>Adolescents Anonymous</td>
<td><a href="http://www.hubcapp.org.uk/ISBP">http://www.hubcapp.org.uk/ISBP</a></td>
</tr>
<tr>
<td>Lambeth</td>
<td>Pharmacy based Identification &amp; Brief Advice</td>
<td><a href="http://www.hubcapp.org.uk/032O">http://www.hubcapp.org.uk/032O</a></td>
</tr>
<tr>
<td>Lancashire</td>
<td>LookOut Alcohol Website</td>
<td><a href="http://www.hubcapp.org.uk/IRP">http://www.hubcapp.org.uk/IRP</a></td>
</tr>
<tr>
<td>Leeds 1</td>
<td>Pharmacy Brief Alcohol Interventions</td>
<td><a href="http://www.hubcapp.org.uk/0fAT">http://www.hubcapp.org.uk/0fAT</a></td>
</tr>
<tr>
<td>Leeds 2</td>
<td>Web based social norms intervention</td>
<td><a href="http://www.hubcapp.org.uk/Q7PS">http://www.hubcapp.org.uk/Q7PS</a></td>
</tr>
<tr>
<td>Liverpool Hospital</td>
<td>Young Person Alcohol Related Attendance</td>
<td><a href="http://www.hubcapp.org.uk/0J1D">http://www.hubcapp.org.uk/0J1D</a></td>
</tr>
<tr>
<td>Manchester 1</td>
<td>Alcohol IBA Emergency Departments</td>
<td><a href="http://www.hubcapp.org.uk/6H1T">http://www.hubcapp.org.uk/6H1T</a></td>
</tr>
<tr>
<td>Manchester 2</td>
<td>Comprehensive care pathway development</td>
<td><a href="http://www.hubcapp.org.uk/LMF2">http://www.hubcapp.org.uk/LMF2</a></td>
</tr>
<tr>
<td>Manchester 3</td>
<td>Doctor Sober</td>
<td><a href="http://www.hubcapp.org.uk/T1B3">http://www.hubcapp.org.uk/T1B3</a></td>
</tr>
<tr>
<td>Manchester 4</td>
<td>GP Practice Alcohol IBA Pilot Programme</td>
<td><a href="http://www.hubcapp.org.uk/MR6Y">http://www.hubcapp.org.uk/MR6Y</a></td>
</tr>
<tr>
<td>Milton Keynes</td>
<td>Brief Interventions for Alcohol Misuse</td>
<td><a href="http://www.hubcapp.org.uk/CCK7">http://www.hubcapp.org.uk/CCK7</a></td>
</tr>
<tr>
<td>Norwich</td>
<td>SOS Bus</td>
<td><a href="http://www.hubcapp.org.uk/JLLZ">http://www.hubcapp.org.uk/JLLZ</a></td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>Parent Alcohol Workshop</td>
<td><a href="http://www.hubcapp.org.uk/GXBB">http://www.hubcapp.org.uk/GXBB</a></td>
</tr>
<tr>
<td>Paddington</td>
<td>Alcohol Health Work in St Mary’s Hospital</td>
<td><a href="http://www.hubcapp.org.uk/GWAQ">http://www.hubcapp.org.uk/GWAQ</a></td>
</tr>
<tr>
<td>Pembrokeshire</td>
<td>Dignity – Use It. Don’t Lose It</td>
<td><a href="http://www.hubcapp.org.uk/7ESS">http://www.hubcapp.org.uk/7ESS</a></td>
</tr>
<tr>
<td>Portsmouth</td>
<td>Alcohol Interventions Team</td>
<td><a href="http://www.hubcapp.org.uk/9JKG">http://www.hubcapp.org.uk/9JKG</a></td>
</tr>
<tr>
<td>Salford 1</td>
<td>Alcohol Peer Education Project</td>
<td><a href="http://www.hubcapp.org.uk/01T4">http://www.hubcapp.org.uk/01T4</a></td>
</tr>
<tr>
<td>Salford 2</td>
<td>FKD Fanzine</td>
<td><a href="http://www.hubcapp.org.uk/R2L7">http://www.hubcapp.org.uk/R2L7</a></td>
</tr>
<tr>
<td>South Tyneside</td>
<td>Alcohol Identification and Brief Advice Training</td>
<td><a href="http://www.hubcapp.org.uk/NYEJ">http://www.hubcapp.org.uk/NYEJ</a></td>
</tr>
<tr>
<td>St Neots</td>
<td>Community Alcohol Partnership Pilot Project</td>
<td><a href="http://www.hubcapp.org.uk/YH5N">http://www.hubcapp.org.uk/YH5N</a></td>
</tr>
<tr>
<td>Suffolk</td>
<td>NORCAS Alco Cards &amp; YP and Alcohol Research</td>
<td><a href="http://www.hubcapp.org.uk/TA6I">http://www.hubcapp.org.uk/TA6I</a></td>
</tr>
<tr>
<td>Swindon</td>
<td>Last Orders Alcohol Education Project</td>
<td><a href="http://www.hubcapp.org.uk/UHV2">http://www.hubcapp.org.uk/UHV2</a></td>
</tr>
<tr>
<td>Warrington</td>
<td>A&amp;E Brief Interventions Project</td>
<td><a href="http://www.hubcapp.org.uk/080R">http://www.hubcapp.org.uk/080R</a></td>
</tr>
<tr>
<td>Wigan</td>
<td>Mainstreaming IBA Project</td>
<td><a href="http://www.hubcapp.org.uk/R8H2">http://www.hubcapp.org.uk/R8H2</a></td>
</tr>
<tr>
<td>Wirral</td>
<td>IBA within Pharmacies</td>
<td><a href="http://www.hubcapp.org.uk/W11M">http://www.hubcapp.org.uk/W11M</a></td>
</tr>
</tbody>
</table>