North West Young People and Alcohol Programme

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

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## Background

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.

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

#### 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.

Partners	Parents/carers, Nursery, Children's Centres, Childcare providers, Health Visitors, Siblings, Childcare Services, Third Sector, Homestart, Domestic Violence leads, midwives, GPs
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.

Partners	Parents/family, Teachers, School Health, GPs, Childcare Services, Police, Community Safety, Social Care, Domestic violence leads, activity providers
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

	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/Delay Consumption	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
Reduce Associated risks	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	

### Secondary School Age (11-16)

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.

Partners	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
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. Bellis et al, 2006; Hughes et al, 2008; Springer et al, 2004; Velleman, 2009; Percy et al, 2011
	School input to develop life skills, aspirations, confidence and well-being Donaldson, 2009; Redgrave and Limmer, 2004; Allen et al, 2008; Elliott et al, 2009; Jones et al, 2009; NICE, 2007a; Mistral, 2009; Tyler, 2009; NIH, 2006; Home Office, 2009; PPN, 2010, Templeton, 2009; Hughes et al, 2004; Kennedy and Limmer, 2007; Phillips-Howard et al, 2010. Durham
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. Meier et al, 2008; Bellis et al, 2006; Phillips-Howard et al, 2004; Chisholm et al, 2004; Mistral, 2009; Morleo et al, 2010; NIH, 2006; Velleman, 2009; Home Office, 2009 St Neots

	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 Oxfordshire
	Alcohol education in school focusing on understanding the impact of alcohol use and what constitutes safe levels of drinking. Most effective when involving parents. Hughes et al, 2008; Donaldson, 2009; Hasan et al, 2005; Jones et al, 2009; NICE, 2007a; Mistral, 2009; Templeton, 2009; Percy et al, 2011 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.
	Atkinson et al, 2007; Hughes et al, 2008; Donaldson, 2009; Elliott et al, 2009; Marlatt et al, 1999; Springer et al, 2005; Breich et al, 2002; NICE, 2007b 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.

Partners	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	
Increase Resilience	Newsletter for parents with encouragement and tips for living with a teenager Cox et al, 2006; Hayes et al, 2004 Managing the transition from compulsory school to more independent living including reduction in NEETs NICE, 2007a; NIH, 2003 Improve pastoral care in FE colleges and 6 <sup>th</sup> forms to support young people who are becoming vulnerable NWRYWU, 2009; Home Office, 2009	
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. 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 Parental and community role modelling of appropriate drinking behaviours. Bellis, 2006; Cox et al, 2006; Hayes et al, 2004 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	

	Establishing and communicating social norms in relation to alcohol.
	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

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# **Practice Case Studies**

Addenbrookes Hospital	FAS study and guide	http://www.hubcapp.org.uk/0WBC
Bath	Project 28	http://www.hubcapp.org.uk/ARSQ
Bolton	GP Surgery Alcohol Local Enhanced Service	http://www.hubcapp.org.uk/O4SA
Bradford & Airdale	Brief Intervention Training	http://www.hubcapp.org.uk/6P8F
Camden 1	Alcohol Photo Voice Project	http://www.hubcapp.org.uk/YIAP
Camden 2	Local Enhanced Service	http://www.hubcapp.org.uk/6IR5
Cornwall	Trelya fLASH Initiative	http://www.hubcapp.org.uk/MWQV
Derby	Bottle It Peer Education Project	http://www.hubcapp.org.uk/OGMM
Doncaster	Alcohol Hotspots Project	http://www.hubcapp.org.uk/D2NJ
Durham	Just for a Laugh?	http://www.hubcapp.org.uk/ZZPG
East Midlands	Young Potential – On the Binge	http://www.hubcapp.org.uk/AGRP
East Sussex	Action for Change Young Person's Worker	http://www.hubcapp.org.uk/WDRT
Gtr London Authorities	Peer Outreach Team	http://www.hubcapp.org.uk/UWKM
Haringey	Speakeasy	http://www.hubcapp.org.uk/Y49V
Hartlepool	Straight Line Project	http://www.hubcapp.org.uk/MDKJ
Kirklees	Adolescents Anonymous	http://www.hubcapp.org.uk/ISBP
Lambeth	Pharmacy based Identification & Brief Advice	http://www.hubcapp.org.uk/0320
Lancashire	LookOut Alcohol Website	http://www.hubcapp.org.uk/IRPJ
Leeds 1	Pharmacy Brief Alcohol Interventions	http://www.hubcapp.org.uk/oFaT
Leeds 2	Web based social norms intervention	http://www.hubcapp.org.uk/Q7PS
Liverpool	Alcohol Education Resource Pack	http://www.hubcapp.org.uk/Q62J
Liverpool Hospital	Young Person Alcohol Related Attendance	http://www.hubcapp.org.uk/QJDK
Manchester 1	Alcohol IBA Emergency Departments	http://www.hubcapp.org.uk/6H1T
Manchester 2	Comprehensive care pathway development	http://www.hubcapp.org.uk/LMFZ
Manchester 3	Doctor Sober	http://www.hubcapp.org.uk/T1B3
Manchester 4	GP Practice Alcohol IBA Pilot Programme	http://www.hubcapp.org.uk/MR6Y
Milton Keynes	Brief Interventions for Alcohol Misuse	http://www.hubcapp.org.uk/CCK7
Norwich	SOS Bus	http://www.hubcapp.org.uk/JLLZ
Oxfordshire	Parent Alcohol Workshop	http://www.hubcapp.org.uk/GXBB
Paddington	Alcohol Health Work in St Mary's Hospital	http://www.hubcapp.org.uk/GWAQ
Pembrokeshire	Dignity – Use It. Don't Lose It	http://www.hubcapp.org.uk/7ESS
Portsmouth	Alcohol Interventions Team	http://www.hubcapp.org.uk/9JGK
Salford 1	Alcohol Peer Education Project	http://www.hubcapp.org.uk/01T4
Salford 2	FKD Fanzine	http://www.hubcapp.org.uk/R2L7
South Tyneside	Alcohol Identification and Brief Advice Training	http://www.hubcapp.org.uk/NYEI
St Neots	Community Alcohol Partnership Pilot Project	http://www.hubcapp.org.uk/YH5N
Suffolk	NORCAS Alco Cards & YP and Alcohol Research	http://www.hubcapp.org.uk/TA6I
Swindon	Last Orders Alcohol Education Project	http://www.hubcapp.org.uk/UHV2
Warrington	A&E Brief Interventions Project	http://www.hubcapp.org.uk/08OR
Wigan	Mainstreaming IBA Project	http://www.hubcapp.org.uk/R8H2

