

RESPONSE FROM THE DRUG EDUCATION FORUM TO THE NATIONAL ALCOHOL HARM REDUCTION STRATEGY CONSULTATION DOCUMENT



The Drug Education Forum (The Forum) was founded in 1995 and works to ensure the provision of effective drug education for all children and young people across all aspects of their lives. The Forum brings together a range of national organisations from health, education, police and voluntary sectors that deliver or support the delivery of drug education (see list attached). An important and central theme of the Forum's work is to ensure that children and young people have opportunities to participate in Drug Education policy and practice development. Through the Forum, members work together to carry out work that falls into three main areas – Policy and Advocacy, Information Dissemination and Practice Development.

The Forum believes that alcohol is an important issue and has recently carried out a consultation with young people on alcohol education on behalf of DfES; the consultation report will be available by February. The Forum is also organising and facilitating a consultation meeting with education providers on behalf of the Strategy Unit at the Cabinet Office on January 29.

The Forum welcomes the opportunity to respond to this consultation document. The Forum has focused on four main headings within the document which presented in the same order as in the consultation document itself. Our response also includes comments from young people gathered at the aforementioned consultation event; direct quotes from young people are presented in italics.

THE CULTURAL AND BEHAVIOURAL ISSUES AROUND ALCOHOL USE AND MISUSE

You have to be realistic about it. You cannot expect us not to drink if adults are drinking all around us.'

'I think you have to change the culture; make it o.k. to drink in reason, but here we seem to just drink, drink, drink.'

'Broader culture change needed over education. Attitude is more important than knowledge when it comes to drinking'

While the proportion of 11-15-year-olds who don't drink at all has remained at about 40% since 1988, those that do drink are doing so more often and more heavily. The average amount drunk by 11-15-year-olds in 1990 was 0.8 units per week, rising to 1.6 units in 1998.ⁱ 56% of 15-16 year olds have drunk more than 5 drinks on a single occasion in the last 30 days. 30% of this age group report this behaviour 3 or more times in the last 30 days. Comparison with an earlier edition of this survey shows that the proportion of young people who binge has increased from 22% in 1995 to 30% in 1999.ⁱⁱ The proportion of 11-15-year-olds who drink at least once a week has fluctuated over the last decade rising from 21% in 1990 to 27% in 1996 but dropping suddenly to 21% again in 2000. By 2001 the proportion had risen again to 26% of 11-15 year olds drinking at least once a week ^{iiiiv}.

Like adults, young people drink for a variety of reasons, which are influenced by gender, local culture, family and support characteristics, parental attitudes and behaviour, age and religious and ethnic identity. The University of Glasgow examined young people's reasons for drinking across age groups. They found that 12-13-year-olds use alcohol to experience the adult world, to satisfy their curiosity, to start socialising and to say they have tried alcohol. They experiment with any available drinks; 14-15-year-olds are testing out their own

limits and having fun. They enjoy losing control occasionally, getting drunk and sharing the experience with others. They prefer their drinks relatively strong, cheap and pleasant-tasting; 16-17-year-olds are anxious to show their maturity and experience by drinking more like adults. They want to appear adult and sophisticated and to impress their girlfriends and boyfriends^v.

Families shape children's initial attitudes to drinking and drinking behaviour. Children of both abstainers and heavy drinkers are more likely to become heavy drinkers themselves.^{vi} Children with parents who are problem drinkers are at greater risk of abuse or neglect than children of non-problem drinkers. Although it is not always the case that problem drinkers abuse or neglect their children. Forrester found that alcohol was the main substance of concern and was identified in 24% of a sample of families on the child protection register of an inner London district office. Neglect was a particular issue for these children ^{vii}.

In the recent consultation with young people on alcohol education, it was evident that young people gained information and messages about alcohol from observing adult culture and behaviour. They were aware of advertisements about alcohol and the role that alcohol played in society. For instance, one young person voiced concern about drinking at football matches which are then televised. There is some indication that young people feel excluded by current messages such as drink driving campaigns. They were also concerned about the impact that alcohol advertising may have on young people. It is clear that as well as alcohol education in schools and other venues, we need to consider young people when developing community wide campaigns and in any attempts to bring about changes in drinking culture. It is also important to consider placement of alcohol outlets in relations to schools. Young people tend to experience messages targeted specifically at young people as 'telling them what to do' and hypocritical given the importance that adults place on alcohol. They felt that messages about alcohol should encourage people to drink more safely. Young people also indicated that alcohol education was delivered in isolation from other subjects particularly sex and relationship education. This method of delivery did not meet their needs.

The Forum recommends that young people are included involved in the development of public health campaigns in relation to alcohol and in policy decisions about alcohol advertising. This is in line with Children's and Young Peoples Unit *Learning to Listen: Core Principals for the Involvement of Children and Young People* and the increasing commitment to children's and young peoples participation at local and national levels.

The Forum recommends that responses to alcohol are part of a whole agency approach including pupils, parents, staff, partner agencies and the broader community and covering policy, curriculum and access to support services. Both the National Healthy School Standard and National Healthy Care Standard advocate this approach.

The Forum recommends that alcohol issues are dealt with in the context of broader and social, cultural and emotional issues, specifically that alcohol education is delivered as part of a planned programme of PSHE and Citizenship within schools and other youth specific settings.

HEALTH: PREVENTION, TREATMENT AND THE IMPACT ON THE NHS

'In school time you (should be able to) go to (see an) alcohol counsellor'

The major consequences of young people's drinking relate to intoxication rather than long-term health risks. Young people drink less often than adults, but when they drink, they tend to drink in large amounts^{viii}. Young people consciously plan to 'binge drink'^{ix}. A recent survey shows that young people aged 16-24 are more likely to report hazardous drinking patterns with 53% of men and 30% of women drinking hazardously^x. In this context the term 'hazardous' does not just refer to levels of drinking but also covers associated behaviour such as impulsivity, risk taking or becoming involved in arguments or having accidents. A survey of 14 to 20 year olds found that 20% of young men and 13% of young women cited alcohol as a main reason for first sex^{xi}. A recent report by the Chief Inspector of Prisons found that a quarter of young prisoners had been drinking when

they committed their crime^{xii}. This is not to support the 'gateway theories' that alcohol and soft use lead to hard drug use and crime. A recent Home Office study refutes the gateway theory and indicates that it is likely alcohol; drug use and crime are more strongly linked to individual and social situations rather than each other^{xiii}. In one study 10% of pupils had experienced being ill enough to stay at home or needing a drink the next day or having problems at school as a result of drinking^{xiv}. 1 in 8 (13%) pupils excluded from school were suspended for drinking.

It is clear that exclusion is not an effective way of managing alcohol related issues, with 28% of excluded adolescents drinking at least once a week, compared to 19% of those in school^{xv}. Hughes (1997) describes how patterns of drinking change with age with 12-13 year olds experimenting and drinking any available alcohol; 14-15 year olds testing their own limits, enjoying getting drunk and occasionally losing control^{xvi}. It is likely that nearly 15% of young people aged 16-24 are dependent on alcohol^{xvii}.

Young people feel that there should be less emphasis on preventing young people from drinking and more emphasis placed on supporting young people who needed it. They said that responses to individuals who are alcohol affected at school should be based on individual needs and recommended that family and social issues should be taken into account when responding to such situations.

The Forum recommends that young people in all settings are given opportunities to develop the knowledge and skills and attitudes necessary to reduce alcohol related harm. Young people also need to learn about the role of alcohol in relation to other risk taking behaviours. This is best delivered as part of a PSHE and Citizenship programme which explores the social and cultural context of young people's alcohol use. Implementation of such a programme would be vastly improved by making provision of PSHE and Citizenship statutory across all key stages.

The Forum recommends that provision for early identification and intervention of alcohol related issues are improved and integrated with all relevant youth specific and population wide plans. These include Young Peoples Substance Misuse Plans, the National Treatment Agencies *Models of Care* and *Children's and Young People's Strategic Plans* for all settings.

THE IMPLICATIONS FOR VULNERABLE GROUPS

The Forum is pleased that young people are listed as one of the target groups of the alcohol strategy. It is important to include young people belonging to various vulnerable groups as they are at greater risk of a range of problems including alcohol misuse. Other young people who are not so easily identifiable will experience more vulnerable periods as a result of life events such as bereavement or divorce and this should be taken into account. A study by Communities that Care lists a number of risk and protective factors for problem drinking and other risk taking behaviours derived from longitudinal research studies^{xviii}. The risk factors which were identified cover the areas of family, school, community and friends. These include poor parental supervision and discipline, truancy from school, disadvantaged neighbourhood and early involvement in problem behaviour. There are protective factors which are linked to positive outcomes even when children are growing up in adverse circumstances and are heavily exposed to risk. These include strong bonds with family friends and teachers, healthy standards set by parents, teachers and community leaders, opportunities for involvement in families, schools and the community, social and learning skills to enable participation and recognition and praise for positive behaviour

The Forum recommends that the alcohol strategy addresses risk and protective factors impacting on problematic alcohol use and is well co-ordinated with public health, social care, community development and regeneration programmes that seek to prevent and address these factors. The strategy should also be consistent with and well coordinated with drug policy, strategy and programmes.

The Forum recommends that the well being of young people is primary in responses to alcohol use in

schools and other settings and that exclusion is minimised as this reduces protective factors, increases risk factors and promotes rather than reduces alcohol misuse.

EDUCATION AND COMMUNICATION

MESSAGES

It's got to be real—really real. You say don't drink, hypocrite. You say don't drink it is dangerous. I know it's not if you are careful. You say don't drink—I get bored.'

'Alcohol Education .. needs to be open and honest. Avoiding the issue does not help, nor does telling people that they shouldn't go near alcohol as it is bad '

'Some people aren't really bothered about learning about effects because they enjoy it so they won't stop, however much you teach them'

Some young people felt that alcohol education was less of a priority than both drug education and the rest of the curriculum. Young people who took part in the consultation had many ideas about alcohol education. Young people indicated that we should not use alcohol education in an attempt to stop them from drinking; they found attempts hypocritical and unrealistic. They also indicated that such attempts could make them distrust the drug educator or information source and make it difficult for them to believe any information provided. However, young people gave some indication that we needed to protect them from alcohol. They talked about their concerns about the impact of advertising, off licences near schools and adult drinkers.

Young people advocated for teaching safer or more sensible drinking. Young people seemed to have some idea that alcoholic drinks varied in strength, 'Alco pops are sooo Nice! They just don't taste like alcohol, but they are really strong'; one young person saw it in terms of which alcohol was 'worse'; 'Some alcohol is worse than other alcohol—Gin is like 471 that is much worse than like wine. Whilst some young people were aware of the term 'unit', there was little indication that they understood what the term meant or how might help them to drink more safely. Some young people felt that it was not a useful concept for young people as they would be unlikely to count their drinks. Suggestions for harm reduction information varied with age with younger children wanting to know about the effects of alcohol and why people drink. Older groups wanted harm reduction information such as how to get home safely and how to look after drunk people. Given that research indicates that young people drink in order to get drunk and that much alcohol related harm for young age groups results from intoxication, it is important to develop messages and approaches that reduce harm for those young people who do decide to get drunk.

The Forum recommends that alcohol education should increase children and young people's knowledge and understanding of drugs and their usage, and help them develop skills and attitudes, so that they can take great responsibility for themselves and their behaviour.

The Forum recommends that alcohol education should be an entitlement for all children and young people, including those with physical, learning or emotional difficulties. It should involve not only schools, youth organisations, children and young people, adults and professionals working in a range of settings but also families and the wider community. Harm reduction messages need to be relevant to for all patterns of use including non-use, experimental, recreational and misuse or dependence.

DELIVERY

'We need to give younger people (i.e., 5 & 6) Alcohol Education so they're informed when they move up to Comp'; 'Alcohol Education needs to be more in tune with young people and their lifestyle', it needs to be 'Fun! Interesting, Involving—not just lecturing'

Young people indicated that alcohol education should start early and be age and gender appropriate. Young people felt that alcohol education should start at Year 5 or 6. Whilst younger age groups wanted more general information about why people drank and the effects of alcohol use, older age groups wanted more practical harm reduction information. All ages felt that an interactive approach which enabled them to explore and develop their own ideas was best. Across all age groups young people indicated that drug education should be interactive and based on young people's needs and experiences. Young people said that alcohol education needed to be more 'in tune' with their lifestyles. It is clear that young people value discussion and an interactive approach. One young person said that the way drug or alcohol was delivered was more important than what was taught.

The Forum recommends that alcohol education is responsive to children and young people's needs, views and opinions; that educators should identify children and young people's knowledge and experience and use this as a starting point for further learning. Alcohol education should be a continuous part of the learning process beginning in childhood and going on right through to adulthood.

THE ROLE OF TEACHERS AND PARTNER AGENCIES

'Same people – to build trust and relationship, understands needs of group ' Trained teachers you trust, know, easy to relate to.'

'not teachers—people may feel uncomfortable about confidentiality'

'People may want access to a stranger.'

Young people were very aware of the role of the person delivering drug or alcohol education, the credibility of the deliverer was vital in the way that the message was received. Some young people described sessions where they were able to be open about their drinking without being judged as useful, both teachers and partner agencies had delivered these types of sessions. There was particular ambivalence about teachers delivering alcohol education whilst some were concerned about confidentiality and being told what to do or patronised. Others felt that some teachers would be suitable and felt that the teachers relationship with pupils facilitated effective alcohol education. The idea of people from partnership agencies was also popular, young people valued their specialist knowledge and felt these services could offer confidentiality and anonymity. There was much support for peer education and support models.

The Forum recommends that teachers and their partner agencies are supported to work together to deliver alcohol universal and targeted education and information in line with National Healthy School Standard and Young Peoples Substance Misuse Plans.

The Forum recommends that teachers and partner agencies are supported to develop the confidence, skills and knowledge to build positive and meaningful relationships with young people in order to provide balanced and effective alcohol education and facilitate access to support services.

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VOTING MEMBERS OF THE DRUG EDUCATION FORUM

Association of Teachers and Lecturers	Life Education Centres
National Association of Schoolmasters/Union of Women Teachers	Local Government Association
National Association of Head Teachers	Mentor UK
National Union of Teachers	National Association of Youth and Community Education Officers
Professional Association of Teachers and Secondary Heads Association.	National Children=s Bureau,
Alcohol Concern	NHEG (National Health Education Group)
Association of Chief Police Officers,	NSCOPSE (National Standing Committee of Advisors, Inspectors and Consultants of Personal and Social Education)
DARE	Release
Drug Education Practitioners Forum	TACADE (The Advisory Council on Alcohol and Drug Education).
DrugScope	
Health Promotion England	
Hope UK	

NON VOTING MEMBERS

Department for Education & Employment, Department of Health, Home Office DPAS (Drug Prevention Advisory Service), UK Anti-Drugs Coordination Unit, Ofsted (Office For Standards In Education) The London Drug Policy Forum.

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