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Mr Greening

Enclosed the specific response from the Child and Adolescent Faculty of the Royal College of Psychiatrists re National Alcohol Reduction Strategy Consultation Document.

As Child and Adolescent mental health professionals particularly those of us working with young people displaying antisocial behaviour and/or those who have become traumatised through domestic violence or violence on the street as a part consequence of the alcohol misuse of others, we very much welcome the opportunity to respond to this document.

We would urge that any strategies emerging are carefully integrated with the very many positive initiatives occurring across government departments around education e.g. BEST Teams, Youth Justice Board initiatives (for which our own Research Team in Manchester has just finished a programme of research including a Mental Health Screen subsuming issues of alcohol misuse), Looked After Children and Quality Protects initiatives in social care and the very important but difficult task of health promotion where it is unrealistic to expect a normally healthy experimenting risk taking adolescent to take on board heavy messages about substance misuse. We would commend to you the sort of approach adopted by our Child Psychiatry Campaign in particular our Changing Minds CD Rom with its interactive non patronising approach to understanding your own

health and mental health as a teenager and how to respect the rights and safety of others.

If we can be of any more assistance, we would be more than happy to be further involved with this strategy.

All best wishes.

Sue Hawley

Dr Susan Bailey
Chair, Faculty of Child and Adolescent Psychiatry

National Alcohol Harm Reduction Strategy – Consultation Document

The Child and Adolescent Faculty Royal College of Psychiatrists welcome the opportunity to respond to this document in general and in particular to issues of crime, disorder and antisocial behaviour and implications for vulnerable groups, children and young people.

Public Education

Delivery in manner young people will engage with:

*Self help
Advice
Interactive
Realistic in expectations*

See CD – developed by Royal College of Psychiatrists.

Changing Minds – Mental Health : What it is, What to do, Where to go.

Children, vulnerable, at risk of harm as a direct consequence of alcohol misuse

Established in literature harm to children, especially of alcohol misuse in context of domestic violence, impact of PTSD, depression, and anxiety in children.

Some children, role model on parent or deal with own PTSD, depression, anxiety through alcohol misuse, leading to cycle of domestic violence with child violent to parent under influence of alcohol or violent under influence of alcohol in own subsequent adult relationships.

Mental Health Specific

From recent studies, need to be alert to evidence of depression in young people misusing alcohol both in antisocial and non-antisocial young people.

Mental Health Screen including substance misuse, alcohol now being completed for the Youth Justice Board to detect and screen out young people with alcohol misuse problems early in their contact with Youth Justice System – to be attached to ASSET (Bailey et al, 2002), screen arising from Health Needs Assessment (Lancet, June 2002) (Kroll L, Rothwell J, Bradley et al – Mental Health Needs in Secure Care, for serious or persistent offending – a prospective longitudinal study. Lancet. June 2002, 359, 1975-1979.

Specific Comments – Antisocial behaviour, young people, alcohol misuse

- There is considerable overlap between mental health problems and antisocial behaviour.
- Certain kinds of antisocial behaviour have long been regarded as primarily mental health problems, including serious aggression.
- The term mental health problems also include problems that are not necessarily antisocial. These include internal psychological problems such as depression or anxiety, and also certain styles of external behaviours such as abusing alcohol or illegal drugs.

Extent of association – Alcohol misuse and antisocial behaviour

Many studies have demonstrated associations between adolescent alcohol use and various forms of psychopathology including low self-esteem, depression, antisocial behaviour, aggressiveness, crime and poor school performance (Angold 1999).

Angold A, Costello E J and Erkanu A (1999). Co morbidity *Journal of Child Psychology and Psychiatry* 40, 57-87.

Meaning of the association

Substance abuse, including alcohol misuse and antisocial behaviour increase in frequency over the same adolescent age period and have also shown a parallel rise over the last 50 years. (Rutter and Smith 1995).

Rutter M, Smith D J (Eds) (1995). *Psychosocial Disorders in Young People. Time Trends and their Causes.* Chichester, Wiley.

To a considerable extent both problems involve similar risk factors and thus it seems not unreasonable to regard them both as part of the same propensity to engage in socially disapproved behaviour. However, studies of temporal ordering have generally found that the onset of antisocial behaviour usually precedes the alcohol abuse.

Criminality and alcohol misuse

From the study of Cohen and Brook 1981, childhood aggression was associated with an increased risk of adolescent substance misuse. In turn substance abuse including alcohol misuse, increased the risk of subsequent delinquency even when childhood aggression was taken into account. In addition to shared risk factors therefore,

alcohol misuse predisposed to crimes by several mechanisms.

1. Alcohol misuse – reduces inhibitions.
2. Provides a need for money to purchase alcohol.
3. Creates a peer group culture that fosters further alcohol abuse and delinquency.

Alcohol abuse shows a substantial association with crime with bi-directional cause and processes

Interventions of young people who abuse alcohol

Alcohol problems in adolescents tend to be different in character from those in adults. Physical addiction is uncommon but can occur. There have been few well-controlled studies of specific treatments for adolescent alcohol misuse.

Factors in psychosocial therapies

Successful outcomes in adolescents include, staff characteristics, availability of special services and family participation. Length of treatment is related to reduced alcohol abuse in residential treatment programmes. Characteristics that provide poor compliance are younger age of onset, serious alcohol abuse, and severity of behavioural disorder. Predictors of relapse post treatment include cravings about alcohol, low involvement in work and low involvement in hobbies or other leisure time activities (American Academy of Child and Adolescent Psychiatry, 1998).

Individual approaches to treatment have been based mostly on cognitive behavioural principles

By identifying and modifying maladaptive thinking patterns adolescents can reduce their negative thoughts and abusive behaviour including alcohol misuse.

Participation in self-help groups is an important feature of many treatment programmes. Community meetings can facilitate the young persons transmission from core programme to after care or follow up. Recovering peers and older mentors can offer support, and remind the adolescent of the negative consequences of the abuse.

Family therapy approaches have received most attention in review of treatment for adolescents with alcohol abuse. Stanton and Shadish (1997).

Standing M D, Shadish W R (1997). Outcome attrition and family/couples treatment for drug abuse. A meta-analysis and review of controlled and comparative studies, *Psychological Bulletin* 127, 170-191, found

support for the superiority of family therapy, but not family education or support for adolescent substance use disorders over other modalities.

Structural strategic family therapy treatment involves all family members whether present or not at the sessions because the misuse is understood as being related to family dysfunction, common dysfunctions targeted include, under or over involvement, avoidance of conflict and levels of supervision.

Family therapy is often accompanied by skills training for parents. Such approaches aim to reduce the adolescent's alcohol abuse by changing the caretaker's management policies.

Studies of multisystemic therapy have shown reductions in alcohol abuse and deviant behaviours.

Summary re interventions – can interventions work

Meta-analysis reviews and randomised trials suggest that both re-offending rates and antisocial behaviour including alcohol abuse can be reduced by behavioural and skills orientated "here and now therapies". Intensive, multimodal therapies are more effective than brief therapies that focus on just one problem. Many of these therapies are capable of being integrated into other systems, e.g. juvenile justice and social care.

Do interventions work in everyday practice?

- Drop out rates from many treatments are high. This will dilute the effects of interventions.
- Ensuring practitioners working in justice, education, and social care as well as health receive adequate training in evidence-based interventions.
- For many interventions it is not clear whether beneficial effects persist.

It is worth it

Are the benefits of an intervention worth its costs?

This is a key issue because the review of studies suggest brief interventions are less effective than more intensive and expensive multimodal interventions.

It is therefore necessary to know

The size of the treatment effect
The nature of the outcome
Cost of intervention (Scott, Knapp et al 2001)

Scott S, Knapp M, Henderson J, Maughan B (2001). Financial cost of social exclusion. Follow up study of antisocial children into adulthood. *British Medical Journal* 323, 191-197.

It cannot be assumed that cost effectiveness data from one country will necessarily apply in another.

Alternative treatment, intervention approaches in the USA

“Drug Courts” – Judge, defence lawyer, public defender, mental health professional create community based treatment interventions as multisystemic therapy or “wrap around services” which are implemented under court supervision to ensure compliance. Multisystemic therapy provides home visits, and community based services that target problems in the family, at school and with peers. This approach decreases recidivism, substance abuse including alcohol abuse in young people with antisocial behaviour.

Wrap around services – Canadian (John Brown) along with links of individualised care plans for young people that build on their strengths. This philosophy has been most successful in Milwaukee where many antisocial young people are integrated into the community utilising care co-ordinators from within the community.

*Kamraolt B, Wrap around Milwaukee aiding youth with mental health needs. *Juvenile Justice Journal* 2000, 7, 1-16.*

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