Alcohol Consumption among Young People... and activities to promote responsible drinking
Excessive alcohol consumption and binge drinking have become an integral part of modern society and seem to be synonymous with today’s ‘youth culture’. Although drinking alcohol is accepted and enjoyed by the majority of the adult population, the worst excesses can have significant consequences, both for the individuals involved, their families and the community at large.

There has been considerable national press attention on the increase in binge drinking and concerns raised regarding the implications of the Licensing Act 2003 which will result in longer opening hours and greater access to alcohol. Although the impact of this legislation has yet to be fully felt, it seems unlikely that recent trends towards increased binge drinking will change overnight.

Although the decision whether to drink alcohol and how much to consume is an individual one, the causes and consequences can be far reaching, cutting across both the individual and a range of statutory and voluntary agencies including education, health, police together with the legal system, publicans and local authorities.

The annual report written by Dr Andy Wakeman, Director of Public Health, entitled Public Health Profiles 2003 - 4 identified a very high incidence of heart disease and strokes locally, particularly amongst women. Examining possible causes, we noted a trend towards increased smoking and drinking amongst young women and the Lichfield and Tamworth Joint Health Scrutiny Committee chose to research alcohol consumption.

I place on record my appreciation of the work done by the sub committee and local authority officers in support of the project, in particular the commitment and dedication of Helen Spearey, Strategic Director Community, Housing and Health, without whose support this project would not have been possible.

I thank also the many ‘expert witnesses’ who gave so freely of their time and expertise, and during many interviews gave honest and full answers to the questions asked. Finally I thank the Members of both Lichfield and Tamworth Councils whose encouragement has been invaluable and is much appreciated, whilst also acknowledging the assistance of Joan Bramall, who fulfilled the role of Project Co-ordinator supporting the review.

Councillor Mrs Brenda L. Constable
BA, RGN, RCNT, RNT, DN, Cert.EdFE
Chairman of Lichfield and Tamworth Joint Health Scrutiny Committee

February 2006

Aqua Direct Ltd are proud to be a sponsor of this initiative. Current trends in alcohol consumption and associated health and social implications are a real concern for the future. Aqua Direct is a local producer and supplier of Elmhurst Spring Natural Mineral Water bottled at source in Elmhurst, Lichfield and a supplier of bulk spring water tankers to the soft drinks industry as well as emergency supplies and social events. Our parent company is South Staffs Water and we would like to encourage people to drink in moderation and consider drinking water between alcoholic drinks.

The statistics in this review show why there is and should be growing concern about alcohol consumption, particularly among young people. It is clear that there is no quick fix and a structured and coordinated approach, involving all influential and responsible parties is required. These reasons are why this review is so important and why Aqua Direct and South Staffs Water are delighted to contribute to such a worthy cause.
Local authorities with Social Services responsibilities were given the powers to scrutinise health and health services following the introduction of the Health and Social Care Act 2001. The power came into force on 1 January 2003 and subsequent guidance on the implementation of this function was given by the Department of Health in May 2003, spelling out the underlying principles behind these new powers:

"The overview and scrutiny of health is an important part of the Government’s commitment to place patients and the public at the centre of health services. It is a fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond. In this way, local authorities can assist to reduce health inequalities and promote and support health improvement."

"The Government’s intention is that the focus of health scrutiny is on health improvement, bringing together the responsibilities of local authorities to promote social, environmental and economic well-being and the power to scrutinise local services provided and commissioned by the NHS. This will be achieved by addressing issues of health inequalities between different groups, and working with NHS and other partners to develop a dialogue to achieve health improvement."

It is recommended that best use of these powers will depend on committees scrutinising a health issue, system or economy, not just services provided, commissioned or managed by the NHS.

The Staffordshire Health Scrutiny Committee is made up of 16 elected Members - eight County Councillors and eight District/Borough Councillors. The Staffordshire Health Scrutiny Committee currently meets nine times per year in public at County Buildings, Martin Street, Stafford. Members are not experts in health; rather they see themselves as ‘critical friends’.

The Staffordshire Health Scrutiny Committee has agreed joint working arrangements with local District and Borough Councils in Staffordshire devolving some of their health scrutiny powers to local district and borough councils. The Lichfield and Tamworth Joint Health Scrutiny Committee has been established to scrutinise issues relevant to their local area.

The Lichfield and Tamworth Joint Health Scrutiny Committee identified the subject of this review following consideration of the 2003/4 Annual Report of the Director of Public Health, which mirrors national concerns about binge drinking and increased consumption of alcohol among the younger age groups. The original remit of the review was 15 to 25 year olds in the Lichfield and Tamworth areas; however, in recognition of the fact that alcohol consumption is becoming an issue in younger children, the age range was extended to include children from the age of 10.

The aims of the review were to:

- Quantify the nature and extent of alcohol consumption among young people and the impact this has on health and related issues such as anti-social behaviour, domestic violence etc.
- Identify and examine the current interventions aimed at promoting sensible levels of alcohol consumption among young people, focusing on prevention and where appropriate secondary health or social care services.
- Make recommendations to statutory and other bodies aimed at reducing excessive levels of alcohol consumption.

The Committee established an Alcohol Subgroup to undertake this review:

**Lichfield and Tamworth Joint Health Scrutiny Committee**

- **Councillor Mrs B. Constable**
  - Lichfield District Council
  - Chairman of Alcohol Project Subgroup

**Councillor Mrs Barratt**
- Lichfield District Council

**Councillor Cook**
- Councillor Oates
- Tamworth Borough Council

**Councillor Mrs Bayliss**
- Councillor McDermid
- Staffordshire County Council
Introduction

The Subgroup was supported by officers from both Lichfield District Council and Tamworth Borough Council, and by the Director of Public Health, Burntwood, Lichfield and Tamworth Primary Care Trust.

Information on the subject was gathered from interviews with expert witnesses, who provided both factual information and informed opinions, national and local publications and guidance, and from sources on the Internet.

Contributors to the review were consulted on the report and further consultation with a wider group of stakeholders took place following approval of the report for consultation by the Lichfield and Tamworth Joint Health Scrutiny Committee. The consultation period lasted from June to September and some 24 responses were received from a range of stakeholders, spanning statutory agencies, voluntary and community groups and also from members of the public who had seen the draft report on Councils’ websites.

It is planned that there will be an event to launch the final report and to publicise its findings and recommendations.

The implementation of the recommendations made in the report will be monitored by the Lichfield Lifestyle and Wellbeing Theme Group and the Tamworth Health, Housing and Social Inclusion Theme Group (both of which report to their respective Local Strategic Partnerships). Progress reports will be provided to the Lichfield and Tamworth Joint Health Scrutiny Committee after 6 months and again after 12 months.

A glossary of terms used in this document can be found at Appendix 5.
The Lichfield and Tamworth Joint Health Scrutiny Committee identified alcohol consumption among young people as an area of concern, and established a Subgroup to review the extent of alcohol misuse among young people, current interventions focused on promoting responsible drinking and to make recommendations aimed at reducing excessive alcohol consumption.

The Subgroup gathered evidence from expert witnesses from organisations involved with young people and with the licensed trade, and from national and local reports. Members of the Subgroup also spoke directly to young people to ascertain their view of this issue.

Contributors were consulted on the first draft of the report in order to check the accuracy of the content, and then an amended draft was circulated to a wider group of stakeholders for comment, leading to the production of the final report.

The Alcohol Project Subgroup concluded that there was evidence of worrying levels of alcohol misuse among a minority of young people locally and that their concerns were shared by expert witnesses interviewed during the course of the review.

Expert witnesses talked of a culture of binge drinking and deliberately setting out to get drunk among some young people, and that young people can find it quite easy to obtain alcohol, both from shops and stores and from the home.

However, this needs to be set against a background of overall increased alcohol consumption across the population and a need to address the nation’s drinking culture, and alcohol misuse with all age groups.

The Subgroup found that there are many initiatives and interventions aimed at promoting responsible drinking and at supporting young people who misuse alcohol. However, initiatives aren’t always well co-ordinated, and much of the funding available for substance misuse services is targeted at drugs.

In relation to promoting responsible drinking, drug education (including alcohol) is a requirement for all schools and national guidance has been published. The school curriculum now covers a range of topics such as drugs, alcohol, relationships, roles and responsibilities as a citizen, which were not taught in the past, and young people are probably now better educated about drugs and alcohol than ever before. However, individual schools are free to choose how they will address these issues, and approaches vary. Schools also vary in the use they make of the resources and support available to them, and there are differences of approach between secondary and primary schools so that children do not always get a consistent message when moving between schools.

The Youth Service has a curriculum which covers issues such as alcohol and has detached youth workers who work with young people in the community and seek to engage them in diversionary activities. However, resources are limited and requests for outreach work have to be prioritised.

Setting aside the statutory services’ responsibilities for alcohol education, a key theme from consultees was the role of parents in encouraging a responsible attitude to alcohol consumption, and in exercising care and control of their children. Many felt parents were best placed to educate and provide guidelines on what is acceptable, yet for many young people, the only education they receive on alcohol is from schools. Parents also need education on the effects of alcohol and on interventions they can themselves make to encourage responsible drinking.

A number of contributors and consultees commented about the influence of the media and role models on young people. Recent high profile news stories involving popular sports personalities and celebrities may make some young people feel that bad behaviour is acceptable. On the other hand, appropriate coverage of the impacts of alcohol misuse in a popular TV soap opera may be effective in getting the message over to young people.

In its response to consultation on the ‘Choosing Health’ Public Health White Paper, the Portman Group, which is made up of companies involved in the alcohol industry, comments that the rules regarding advertising of alcohol on TV should be tightened, especially where adverts have a strong sexual theme, and that OFCOM [the independent regulator of UK television and radio services] needs to consider whether advertisers are going too far in suggesting irresponsible or excessive consumption of alcohol. It also comments that the alcohol industry must ensure that it is not itself encouraging alcohol misuse through its marketing practices.

In relation to supporting young people who misuse alcohol, the Subgroup heard from the Youth Offending Team (YOT) that around 85% of violent or public order offenders have alcohol related issues, and all Anti-social Behaviour Orders locally at the time of the review were alcohol related; however, there is little specific funding for alcohol as funding is mostly ring fenced for drugs.

There are concerns about the health impacts on young people of alcohol misuse, and the costs to the Health Service of dealing with these. Treatment services for alcohol are limited; however, the Public Health White Paper, ‘Choosing Health’ will bring additional resources some of which can be used for alcohol services.
Enforcement is working well; however, the Licensing Act 2003, which moved the responsibility for issuing licences from Magistrates to Local Authorities, confers only limited powers on Local Authorities in relation to imposing conditions on licences.

The Licensed Trade acknowledge the issues and are prepared to work with the police and other agencies to find solutions, and there are examples of good practice both locally and from elsewhere which can be used to support this.

The Subgroup have made 27 recommendations, which, if implemented, will help to reduce the prevalence of alcohol misuse among young people and will improve both preventive services and also treatment and support services for young people who already have a problem with alcohol misuse. Although this review has concentrated on Lichfield and Tamworth, it is likely that many of the recommendations will apply equally to Staffordshire as a whole, and that there will be opportunities for joint work across the county to address the issues.

**Recommendations:**

In making the following recommendations, the Alcohol Subgroup is mindful that these recommendations relate predominantly to actions required by statutory agencies, but that alcohol education must begin in the home, and that parents are responsible for providing positive role models to their children on responsible drinking and acceptable behaviour both in the home and when out socially. Initiatives to promote responsible drinking are likely to be more effective where there is a consistent message coming from home and from other agencies and where parents and agencies support each other’s roles.

**Education**

1. There should be a Governor on every school board who takes a lead responsibility on health issues across the school, including alcohol.

2. An audit of schools’ drugs policies should be undertaken to check whether they exist and whether they comply with the Department for Education and Skills publication, ‘Drugs - Guidance for Schools’ and an audit should be undertaken of drug and alcohol education programmes used by schools to clarify their accreditation status and to evaluate their effectiveness for engaging with young people of different ages.

3. All schools should be strongly encouraged to make use of the resources available to them, including the Staffordshire Healthy Schools Programme, school nurses, peer educators and the various techniques most appropriate for engaging with young people of different ages; and to work towards the National Healthy Schools Status.

4. Regular meetings and events should take place:
   - between secondary schools, their feeder schools and parents
   - between secondary schools
   - between primary schools
   - between schools’ PSHE co-ordinators
   - on the issue of alcohol to ensure a consistent approach and to enable the sharing of good practice.

5. Alcohol education should target 10 to 12 year olds to try to ensure they have sufficient information to make informed choices before they start drinking.

6. Leaflets on alcohol should be put into children’s new starter packs/school prospectus.

**Health and Health Promotion**

7. The Primary Care Trust (PCT) should carry out a Lifestyle Survey of children in Burntwood, Lichfield and Tamworth, including the use of alcohol and its associated problems.

8. The PCT should audit need for and availability of alcohol services for young people, including health promotion activities.

9. More information should be provided for young people in a consistent way on issues such as units of alcohol and safe limits of alcohol intake and the impact of mixing drinks.

10. More information and education should be provided for parents and adults in general explaining the risks to themselves, to children and to society as a whole. This to include health promotion around alcohol in the workplace.

11. The local specialist public health workforce should be strengthened to enable it to work more closely with the Drug and Alcohol Action Team (DAAT) and school nurses on alcohol issues.

12. In determining how to spend new monies associated with the Public Health White Paper ‘Choosing Health’, the PCT should be mindful of the work carried out by the Alcohol Project Subgroup and the results of any Children’s Lifestyle Survey, and should consult through the relevant forums of the Local Strategic Partnership.

13. The PCT should:
   - periodically report to the Joint Health Scrutiny Committee on implementation of the White Paper, a key recommendation of which relates to increasing the school nurse workforce, and
   - evaluate the current pilot of school nurse cover during school holidays and consider whether this should be a permanent arrangement.

**Prevention and Diversion**

14. The funding of the DAAT should be realigned to include alcohol and enable the employment of an alcohol worker. Partner agencies should maximise the opportunity provided by the development of the DAT into a DAAT to create a strategic leadership role in relation to the commissioning and provision of alcohol services.
15. More facilities and diversionary activities should be provided, especially in Lichfield City and during school holidays.

16. There should be greater investment in detached youth workers in each area.

17. A standard ID scheme should be implemented for young people throughout Staffordshire.

**Licensing Authorities**

18. Licensing Authorities should ensure that they make full use of their powers to impose conditions on licences to prevent harm to children by encouraging licensees to adopt good practice such as

- ID schemes
- ‘Challenge 21’
- CCTV

on the basis that these are good child protection measures.

19. A review should be undertaken of the implementation of the Licensing Act 2003 to determine its impact in terms of numbers of licensed premises opening longer hours and incidence of violent and anti-social behaviour that can be attributed to changes resulting from the Act.

**Licensed Trade**

20. Venues should consider sponsoring late night public transport for people leaving their premises.

21. There should be closer liaison between the Lichfield, Burntwood and Tamworth Licensees Forums to share good practice.


23. There should be comprehensive use of Refusal Registers in all on and off-licensed premises.

24. The Licensed Trade should recognise the undesirable nature of promotions which may result in irresponsible drinking and proactively reduce the number of promotions.

25. The Licensed Trade should ensure that bar staff are appropriately trained to enable them to feel confident in refusing to sell alcohol to under age children.

**Communication and Partnership**

26. Alcohol as an issue for young people should be publicised through all means available to the Council and partner agencies, including newsletter, public media, events and through the launch of this report.

27. Licensing Authorities should work with partner agencies to mitigate the potential adverse health and social consequences of the Act.
Methodology

Stage 1 - selection of subject of review
Identification of an issue of mutual interest and concern for the Local Authorities and Primary Care Trust and partners.

Stage 2 - scoping the subject
Development of a project plan including identification of information required, from which organisations and framing of sets of questions.

Stage 3 - collecting the evidence
Member interviews with head teachers, Expert Witness interviews, literature search, talking to young people.

Stage 4 - collating the evidence and information
Contributions from interviews were summarised with key issues and considered by the subgroup at each meeting.

Stage 5 - validation of draft report
Draft report circulated to all contributors to check and comment/make amendments.

Stage 6 - finalisation of draft report
Format and recommendations agreed by a meeting of the Alcohol Subgroup.

Stage 7 - approval of draft report by Joint Health Scrutiny Committee
Meeting of Lichfield and Tamworth Joint Health Scrutiny Committee to comment and approve for draft report for consultation.

Stage 8 - reporting back to the county scrutiny committee
Draft report considered by Staffordshire Health Scrutiny Committee.

Stage 9 - consideration of feedback
Alcohol Subgroup considered comments received on draft report and agreed amendments.

Stage 10 - revision and production of final report
Alcohol Subgroup agreed final report and made recommendations on format for publication and circulation.

Stage 11 - approval by Joint Health Scrutiny Committee
Joint Health Scrutiny Committee approves final report, publication and circulation and requests formal response from key stakeholders within a specified timescale.

Stage 12 - response to recommendations
Alcohol Subgroup receives responses of key stakeholders to the Recommendations.

Stage 13 - Implementation of the recommendations
Alcohol Subgroup receives action plans from key stakeholders/partners.

Stage 14 - Monitoring implementation and outcomes
Lichfield Lifestyle and Wellbeing Theme Group and Tamworth Health, Housing and Social Inclusion Theme Group feedback via Chairman of Alcohol Subgroup to Joint Health Scrutiny Committee on progress on implementation and any improvements arising from the Review, after 6 months and after 12 months.

Stage 15 - Evaluation
Joint Health Scrutiny Committee evaluates the process of the review - what worked well, what could have been done better and uses this to inform and improve future reviews. Joint Health Scrutiny Committee evaluates the implementation of the recommendations.
National picture

In its Alcohol Harm Reduction Strategy, the Government estimates that in England alcohol misuse costs the country up to £20 billion, in health care costs, crime and disorder and in lost productivity - while the costs to individuals, their families and social networks are unquantifiable.

Costs to the Health Service are estimated at up to £1.7 billion, with up to 151,000 alcohol related hospital admissions per year. Around 70% of attendances at Accident & Emergency between midnight and 5 am on weekend nights are alcohol-related.

In terms of the impact on individuals' health, the Strategy acknowledges that excess alcohol consumption puts long term health at risk, and that the risk of harm increases with increasing consumption. Yet around 5.9 million people in England - almost one in three adult men and one in five adult women - exceed the recommended weekly guidelines. Up to 22,000 people per year die directly or indirectly as a result of alcohol misuse.

The Strategy also points out that alcohol is implicated in many crimes - both directly in crimes of drunkenness and also in assaults, sexual assaults and domestic violence. Nationally, half of all violent crimes are alcohol-related and some 360,000 incidents of domestic violence are linked to alcohol misuse. An estimated 78% of assaults and 88% of criminal damage cases are committed while the offender is under the influence of alcohol. One in five violent incidents takes place around clubs and pubs.

Many people feel that drinking in public places or in the streets is a problem in their area, and alcohol misuse is associated with anti-social behaviour and public disorder. According to the Strategy, around 61% of the population perceive alcohol-related violence as worsening, and the cost of alcohol related crime and public disorder is estimated at £7.3 billion.

Nor is it only adults who are drinking excessively. The age of highest consumption is 16-24, and this age group are more likely to binge drink. Figures from the Government’s latest annual report, ‘Smoking, Drinking and Drug Use among Young People in England in 2004’ show that 4% of all pupils aged 11 had had an alcoholic drink within the last week, while 45% of 15 year olds had done so. More than a third of 15 year olds report having been drunk at age 13 or earlier.

Although the report could identify no sustained pattern of increase in the overall number of under 16’s drinking (figures have fluctuated between 20% and 27% in the years since 1988), it found a significant increase in the amount young people are drinking, with a doubling in the last 10 years of the average number of units consumed, from around 5.3 in 1990 to 10.5 in 2004.

The latest figures available (for 2004) show that girls are catching up with boys in the amount of alcohol they are drinking:

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<tbody>
<tr>
<td>Age 11-13</td>
<td>5.2</td>
<td>8.1</td>
<td>Age 11-13</td>
<td>3.0</td>
<td>7.3</td>
<td></td>
</tr>
<tr>
<td>Age 14</td>
<td>6.7</td>
<td>10.1</td>
<td>Age 14</td>
<td>5.5</td>
<td>9.7</td>
<td></td>
</tr>
<tr>
<td>Age 15</td>
<td>8.8</td>
<td>13.9</td>
<td>Age 15</td>
<td>6.6</td>
<td>12.1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7.4</td>
<td>11.3</td>
<td>Total</td>
<td>5.4</td>
<td>10.2</td>
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According to a study by the European School Survey Project on Alcohol and Other Drugs, British teenagers are among the heaviest drinkers in Europe. The survey of 15 and 16 year olds found that 26% of boys and 29% of girls had indulged in binge drinking at least 3 times in the previous month.

The two Alcohol Misuse Enforcement Campaigns run in summer and during the Christmas period 2004 provided further information about alcohol and young people. In the summer campaign, 45% of the on-licences and 31% of the off-licences targeted by police were selling alcohol unlawfully to young people under the age of 18; in the Christmas campaign the figure for both on and off-licences was 31%. Over a third of more than 12,000 alcohol confiscations came from youths and 15% of 12 to 17 year olds reported committing a disorderly or criminal act during or after drinking.

Nationally, a culture, particularly among 18-24 year olds, of going out specifically to get drunk is now evident and acknowledged:

“It’s very important to get drunk. I’m spending money and I want to get drunk, and if I don’t it’s just a waste of money”.

Alcohol consumption among young people

At the same time, the Strategy points out that not all people who misuse alcohol will suffer harm but that alcohol misuse leads to an increased risk of harm:

Many young people who drink will experience nothing worse than a hangover. But some will suffer very serious consequences. They may progress less well at school and find it difficult to establish and sustain friendships. Evidence arising from our consultation exercise suggests the number of hospital admissions of children with acute alcohol poisoning has risen dramatically. Young people who drink are, like others, at higher risk of accidents, unwanted pregnancies and assault.


In one study quoted in the Alcohol Concern leaflet, ‘Alcohol and Teenage Pregnancy’, 40% of sexually active 13 and 14 year olds reported being drunk when they first had sex. In addition, there are potential impacts on health as each year, 1000 children under the age of 15 are admitted to hospital with acute alcohol poisoning.

In relation to prevention, the NHS Health Development Agency, ‘Prevention and reduction of alcohol misuse’, comments that there is currently a lack of evidence for the effectiveness of interventions in reducing alcohol misuse in young people, and that there is an urgent need to fill this gap. It also points out that the workplace is a major location that ‘captures’ many people in the heavier drinking groups, including 16-24 year olds, and as such is an important context within which to tackle attitudes and drinking behaviours, for example through workplace alcohol policies.

The Government acknowledges that alcohol services are patchy and is aiming to audit demand for and provision of alcohol treatment, and to publish guidance on the organisation of alcohol treatment and a road map detailing how to put this into practice.

The Government also intends to work with the Portman Group to cut down binge drinking, including a new information campaign. It plans to work with the industry to develop a voluntary social responsibility scheme for alcohol producers and retailers, with the aim of protecting young people by placing information on alcohol containers and in alcohol retail outlets, including reminders about responsible drinking on alcohol advertisements, checking identification and refusing to sell alcohol to people who are under 18. It also aims to support action by OFCOM to strengthen the rules of broadcast advertising of alcohol, especially to protect under 18’s.

The Portman Group, which was set up in 1989 by the UK’s leading drinks producers, works nationally with Government and other agencies and has produced a range of leaflets and education materials for parents and for schools, which they circulate free of charge. The Group focuses on education and prevention and its aims are:

- to promote responsible drinking
- to help prevent misuse of alcohol
- to encourage responsible marketing, and
- to foster a balanced understanding of alcohol issues.

In its response to consultation on the Public Health White Paper, Choosing Health, the Group sets out what the drinks industry is doing to support the Government’s aims in relation to alcohol misuse in areas such as advertising and marketing, public education for adults (including young adults), and education for health professionals.

Local picture

The population of Lichfield District and Tamworth Borough is 93,800 and 73,700 respectively, predominantly white, with relatively small numbers from minority ethnic communities. Young people between the ages of 15 and 24 make up 10% and 11.8% of the total population respectively, with slightly more males than females, especially in Lichfield.

Based on national measures of multiple deprivation, Lichfield has none of its population living in the 20% most deprived areas, compared with 16% of Tamworth’s population. However, Lichfield District has significant pockets of deprivation in North Lichfield, Chasetown and Chase Terrace, Fazeley and Armitage with Handsacre.

Lichfield District has 39 primary schools and 5 secondary schools. Tamworth has 25 primary schools and 6 secondary schools.

The most recent lifestyle survey covering Lichfield and Tamworth indicates that the proportion of people drinking in excess of safe alcohol limits has risen between 1995 and 2002. This is most marked among women, where the numbers have doubled in both Lichfield and Tamworth.

<table>
<thead>
<tr>
<th>Proportion drinking more than safe recommended levels*</th>
<th>1995</th>
<th>2002</th>
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<tr>
<td>Lichfield District:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>24%</td>
<td>26%</td>
</tr>
<tr>
<td>Women</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Tamworth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>24%</td>
<td>26%</td>
</tr>
<tr>
<td>Women</td>
<td>8%</td>
<td>17%</td>
</tr>
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</table>

*21 units per week for men, 14 units per week for women. Source: South Staffordshire Lifestyle Survey. MORI: 2002
The number of people covered by Burntwood, Lichfield and Tamworth Primary Care Trust who are alcohol dependent is estimated at over 8,000 - twice the estimated number of people who are dependent on drugs. Based on national figures, the annual health care costs of alcohol misuse within the Burntwood, Lichfield and Tamworth Primary Care Trust area are estimated at up to £5.7 million.

The picture locally regarding young people reflects the national picture, including the younger age groups. One head teacher interviewed during the course of this review stated, ‘Monday morning, teachers can see the effects of previous consumption of alcohol’.

Figures from a survey of young people reported in Tamworth’s latest Crime Audit indicated the prevalence of drinking alcohol among 13 to 25 year olds:

<table>
<thead>
<tr>
<th>Age group</th>
<th>Regularly use alcohol</th>
<th>Sometimes use alcohol</th>
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</thead>
<tbody>
<tr>
<td>Tamworth Town Centre</td>
<td>20-25</td>
<td>13-19</td>
</tr>
<tr>
<td>Amington/Bolehall</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Amington/Kerria</td>
<td>45%</td>
<td>45%</td>
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Community Safety staff reported that in Lichfield and Tamworth, at the time of the review, all Anti-Social Behaviour Orders were alcohol-related and all involved under 25 year olds.

Alcohol and its links to violent crime and anti-social behaviour emerge as a concern for residents - and for businesses - in the latest Crime Audits undertaken by Lichfield District Safer Communities Partnership and by Tamworth Community Safety Partnership.

The Lichfield District Community Safety Strategy notes, “In each of the 3 years of the audit the peak days for anti-social behaviour have been Friday and Saturday, with 33.5% of all incidents occurring over these 2 days. Fear of alcohol related violence or intimidation can mean that some people avoid town/city centres on weekend evenings”.

The Lichfield Strategy also reports that street drinking, considered by many residents as anti-social behaviour, has increased in recent years:

<table>
<thead>
<tr>
<th>Reported incidences of street drinking</th>
<th>2001/2</th>
<th>2002/3</th>
<th>2003/4</th>
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</thead>
<tbody>
<tr>
<td>2001/2</td>
<td>189</td>
<td>199</td>
<td>236</td>
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</table>

Tamworth’s Community Safety Strategy comments that, ‘The County Drugs Audit conducted by the DAT and the evidence found in the local Audit clearly demonstrates the importance of drugs and alcohol as crime and disorder generators. Public opinion across the spectrum supported greater emphasis on tackling drugs and alcohol’. Alcohol misuse was reported as a contributing factor to their offending behaviour by 13.4% of offenders.
Alcohol consumption among young people

From the social perspective, voluntary organisations working with young people who misuse alcohol are beginning to note debt related problems and even incidences of domestic violence where young people in financial difficulties due to their use of alcohol may use physical force to obtain money from parents or carers.

Articles in local newspapers involving young people misusing alcohol are relatively common, and reports at the time of the review include a 15 year old boy who had to be rushed to hospital after consuming a large quantity of whisky, a group of young people under 18 being found in a local pub being served alcoholic drinks during checks by police and licensing staff, and a girl found semi-naked and semi-conscious after binge drinking. During the course of this review, examples have emerged which demonstrate how consumption of alcohol by children has become part of the norm in some families, with children as young as 10 being given alcopops to drink with their Sunday lunch.

The concerns of the Lichfield and Tamworth Joint Health Scrutiny Committee in relation to alcohol misuse among young people have been echoed by all expert witnesses involved in the review and in a wide range of local reports and documents, including Staffordshire’s first Strategy for Healthier Communities, which contains a theme on alcohol and substance misuse.
Evidence was provided to the review by a range of expert witnesses, who gave both factual information and informed opinions.

**Schools**

Drug education is an entitlement for every pupil and is supported by Section 351 of the Education Act 1996, which requires every school to provide a balanced curriculum which:

- promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society
- prepares pupils at the school for the opportunities, responsibilities and experiences of adult life.

The Department for Education and Skills guidance, ‘Drugs: Guidance for Schools’ was issued in February 2004. It provides guidance on planning and teaching of drugs education and on handling drug-related incidents. It also provides guidance on developing a drugs policy, which all schools are expected to have. The Guidance makes it clear throughout that drugs education encompasses alcohol. The status of the Guidance is ‘Recommended action’.

Alcohol education is a statutory requirement of the National Curriculum for Science, which focuses on life processes and living things, and looks at the affect of alcohol on the body and how to stay fit and healthy. However, this is the statutory minimum requirement, and over and above this, the Department for Education and Skills expects that schools will extend and develop their alcohol education using the non-statutory framework for personal, social and health education (PSHE). The PSHE framework provides pupils with the opportunity at Key Stages 1 to 4 to develop their knowledge, skills, attitudes and understanding about alcohol. However, the decision to teach PSHE in primary schools (Key Stages 1 and 2) is at the discretion of the school and the school Governors.

Schools have further opportunities to address alcohol education in the Citizenship curriculum, which became statutory at Key Stages 3 and 4 in secondary schools in 2003. The Citizenship curriculum aims to ensure that pupils acquire and are able to apply knowledge and understanding about becoming informed citizens, and that they develop skills of enquiry and communication, and understand about participation and responsibility as citizens. Alcohol education is also one of the themes of the National Healthy Schools Status award.

It is evident that there is a clear framework for drugs and alcohol education in schools, and that teaching of this subject is now better both in quality and in volume and detail of information. Today’s pupils are probably better informed about drugs and alcohol than any previous generation of schoolchildren.

However, there are differences in the requirements at primary school and high school levels, with drug and alcohol education being compulsory at high school level in the PSHE and Citizenship curriculum. This difference was reflected in the findings of the review, with the high schools involved in the review being able to demonstrate that they had drug and alcohol policies in place, and provide examples of good practice in relation to alcohol education.

On the other hand, evidence from the primary schools involved in the review reflected the less stringent requirements on them in relation to alcohol education, and many of the following findings are more relevant to primary schools:

- Not all schools, particularly primary schools, have policies regarding alcohol, in some cases because they do not see it as an issue for their school.

- Knowledge of requirements of the national curriculum in relation to alcohol education and in relation to the requirement to have a drugs (including alcohol) policy appeared inconsistent.

- The support being accessed by schools to undertake alcohol education seemed to vary considerably, with some schools making good use of internal and external resources and others feeling there was little support available to them.

- Some schools appear to rely heavily on class teachers to deliver the sessions but often feel that these teachers don’t have specific training on drugs and alcohol education.

- The involvement of other professionals and organisations, for example school nurses, is variable.

- Some schools, especially primary schools, felt there were few opportunities to share good practice.

It is worth noting that the young people talked to as part of the review felt that they had had little education on alcohol, and that drugs had been the main focus of education on substance misuse.
**Summary of Evidence**

**Staffordshire Healthy Schools Programme**  
(formerly Health Promoting Schools)

The Staffordshire Healthy Schools Programme is a partnership between the Local Education Authorities in Staffordshire and Stoke on Trent and their associated Primary Care Trusts.

The programme is designed to support and accredit the work schools are undertaking to improve the health and education of their pupils. Its aims include:

- strengthening the planning and delivery of PSHE and Citizenship
- strengthening the local health and education partnership
- developing partnerships with schools and the wider community
- supporting schools in developing planned, implemented policy and practice relating to the health and well being of pupils and staff
- developing processes that recognise the value of the whole school approach

The Healthy Schools Programme supports schools to achieve National Healthy Schools Status. Schools may choose one of 7 themes, one of which is Drug Education, including alcohol. Teachers of PSHE can be accredited through the ‘Certification of the Teaching of PSHE Programme’. The Healthy Schools Programme is available to all schools but they have to opt in.

At the time of the review, 10 schools in Lichfield and 9 schools in Tamworth were either accredited or working towards accreditation for Drugs education.

**Life Education Centres UK** is a drug prevention charity offering programmes and resources for Year 1 to Year 6. All programmes link with and support the national curriculum and are led by trained educators in a specially-equipped mobile classroom. The programmes include sessions for children and support for parents, and teach children development skills to resist alcohol, as well as knowledge. The centre is a good learning resource for teachers too, and provides opportunities to gather examples of good practice. For Year 6, there is an ‘Alcohol Dilemmas’ video. The training is always evaluated. The programme is subsidised but schools have to ‘buy in’.

At the time of the review, 42 Lichfield schools and 27 Tamworth schools had been offered Health for Life training and resources, and all but 3 Lichfield schools and 1 Tamworth school had taken up this offer.

The Staffordshire Healthy Schools Programme has a website and a library of resources available to schools. The programme offers development meetings for PSHE co-ordinators, and carries out curriculum visits and write up good practice. The Government is increasingly using achievement of National Healthy Schools Status as an outcome measure.

At the time of the review, Staffordshire Healthy Schools Programme was running a pilot on Health Education in Newcastle and Norton Canes, working with a high school and its feeder schools. This involved a joint training day and a session for parents. The pilot was to be evaluated with a view to doing more work locally with high schools and their feeder schools.

It should be noted that Health Promoting Schools was itself the subject of a Review which was reported to the Staffordshire Health Scrutiny Committee on 4th November 2003. The purpose of the review was, “To examine the Health Promoting Schools Scheme and in particular the contribution that it makes to the reduction of health inequalities in Staffordshire”. In the report, the Health Promoting Schools Scheme Working Group commended the Health Promoting Schools Scheme for its achievements to date. It considered the Health Promoting Schools Scheme to be a useful mechanism for promoting the reduction in health inequalities amongst children and the wider community, and felt that if its role were strengthened, it could make a more positive contribution to reducing health inequalities in Staffordshire.

**Staffordshire Youth Service**

The Youth Service works to Government initiatives and directives and is now effectively an education service, delivering on a curriculum set by the Government. The key (compulsory) areas of the curriculum are:

- citizenship, including youth councils,
- personal development, including basic skills to help young people get on in life and
- health, including national issues such as drugs and alcohol, teenage pregnancy and healthy lifestyles.

Some recreational activities are provided, but they aim to achieve learning outcomes in support of the curriculum.

Although the wider group served by the Service includes 11 to 12 year olds and 20 to 25 year olds, the target group is 13 to 19 year olds, and 85% of the budget is targeted at this age group.

The Service has a target to engage 2.5% of the target age range, of which 60% have to demonstrate continued involvement. A proportion must achieve a recorded outcome, 30% of which should be accredited, such as the Duke of Edinburgh Award or Youth Achievement Award.
The majority of young people come to the Service of their own choice, but the Service still has to deliver its targets whilst trying to attract young people to use the service.

Both Lichfield and Tamworth Youth Services currently engage on average around 35% of the target age range of 13 to 19 year olds in their direct service delivery. In addition, the Youth Service supports voluntary sector youth provision in both districts.

Lichfield and Tamworth both have 2 main beacon sites. Beacon sites need to provide 20 hours service per week. Satellite sites provide a service on 1 or 2 evenings a week.

Each District has core funding, which covers staffing, premises and other running costs, and in addition, there are opportunities to bid for additional funding for specific projects. Lichfield has around £440,000 core funding and around £100,000 in successful bids for projects and Tamworth has around £400,000 core funding and around £78,000 additional income generated largely by successful bids for projects.

Health sessions are run regularly, with individual, group and follow up sessions. These cover sexual relationships, alcohol and drugs. A key area covered in alcohol is binge drinking, which can happen from 8 years old upwards.

The Service focuses on prevention, for example all centres have a ‘no smoking’ policy, which can be a problem as a large cohort of young people are smokers and may be put off using the service because of this.

The Service also carries out detached and outreach youth work on the streets with young people, trying to engage them with projects and activities. Outreach workers work unsocial hours and liaise closely with the police. The police inform them of concerns in an area and the workers try to engage with young people to prevent problems. However, this is not an instant response service and there is always a capacity issue, so requests for outreach work have to be prioritised.

Staffordshire Youth Service is currently working with the North Lichfield Initiative (a community-based regeneration partnership operating in the wards of Chadsmead, Curborough and Stowe in the North of Lichfield) to develop a programme of street-based education around alcohol misuse as well as sexual health.

Lichfield Youth Service was sponsored by the Community Safety Partnership to deliver ‘What’s Your Poison’, a drugs and alcohol programme, in schools. The programme was delivered to 3,880 pupils between April 2002 and July 2004, and it received a good response, with most questions from pupils at these sessions about alcohol.

Summary of Evidence

Lichfield District Safer Communities Partnership and Tamworth Community Safety Partnership

Community Safety Partnerships are an alliance of police, local authorities (District, Borough and County Councils), Primary Care Trusts, Fire and Rescue Services and other organisations and businesses required by the Crime and Disorder Act 1998 to generate strategies and policies and implement actions and interventions concerning crime, disorder and substance misuse within their area. They report to the Responsible Authorities, which is the strategic level body responsible under the Act for community safety. Drug Action Teams are an integral part of Community Safety Partnerships, and in some areas the two have merged.

The Lichfield District Safer Community Partnership, which is part of Lichfield District’s Local Strategic Partnership, aims “to make Lichfield District a safer place to live, work and visit by reducing crime and the fear of crime”. The Partnership has recently published its strategy for 2005-8 and the outcome from the Crime Audit which it is required to carry out every three years.

Similarly, the Tamworth Community Safety Partnership, whose aim is “to reduce crime and disorder and improve community safety in the Borough of Tamworth” is a Theme Group of the Local Strategic Partnership and has just published its 2005-8 Community Safety Strategy and Crime Audit findings.

Alcohol and its links to violent crime and anti-social behaviour emerge as a concern for residents - and for local businesses - in both audits, and actions are planned to address a range of alcohol related issues.

The Partnerships co-ordinate action to implement the Community Safety Strategy and ensure that agencies give due consideration to crime and disorder in their policies. Key players include Police, Street Wardens, Police Community Support Officers, the CCTV workers, substance misuse workers and Environmental Health.

The Police are an intelligence, prevention and enforcement service and they work with Trading Standards to combat underage drinking and sale of alcohol to underage children. Under the Licensing Act 2003, both the physical seller (i.e. the sales assistant or barperson) and the licensee are liable for prosecution if they are found to have sold alcohol to someone underage. There is a fixed penalty fine system for people who physically sell alcohol to underage children, but much heavier sanctions may be imposed on the employing company. There is also a fixed penalty fine for people who buy alcohol for underage children. The Police work with Trading Standards on test purchase exercises and on schemes such as ‘no ID, no sales’, which means that young people who are unable to provide proof of identity will not be served with alcohol in licensed premises.

However, sometimes young people obtain alcohol from home, either with or without the knowledge of their parents, and the only way to tackle this is to take it off them. Some young people hang around off-licences and get people to buy alcohol for them, and some people
Summary of Evidence

find this intimidating, especially elderly people. In these circumstances parents don’t know that their children are obtaining alcohol. A major chain has set up a campaign targeting adults who buy for children.

Expert witnesses felt that there is a difference in the approach between high schools and primary schools, with drugs and alcohol being given a greater focus in high schools, and that there perhaps is not enough continuity between them. The Lichfield District Safer Communities Partnership supports some joint input into Lichfield District schools by the Police, Trading Standards and the Youth Service at Year 9.

Drinking in the street is not an offence unless the Local Authority has a prohibition order in a local area. There are prohibition orders in Lichfield and Tamworth town centres. However, to work, prohibition orders need to be enforced and this is quite labour intensive.

The Partnerships are involved in reducing anti-social behaviour, and run campaigns such as ‘Operation Topple’. After complaints in an area, police identified young people using a hand held camera, confiscated alcohol from them and wrote to their parents explaining the consequences of their children drinking. The operation went on over several weeks and for repeat offenders, action moved to the next level - Acceptable Behaviour Contracts (ABCs). These are voluntary agreements in which young people agree not to do certain things and are monitored for 6 months. It is explained to them that breach may lead to an anti-social behaviour order (ASBO). At the ABC stage the need for intervention and possible diversion schemes can be assessed.

At the time of the review, all ASBO’s were drink-related and all related to under 25 year olds. The ABCs are successful in diverting 80% of those to whom they apply from future anti-social activities, leaving a hard core who persist in being involved in anti-social behaviour. Parenting Orders are an option for parents who need support.

The Partnerships take an overview of education, treatment and enforcement. There is a county-wide Integrated Drugs and Alcohol Service (IDAS) commissioned by the Drug and Alcohol Action Team (DAAT), but this focuses mostly on drugs and substance misuse, reflecting the DAAT’s prime focus on drugs, and also the funding regime. Drugs nationally have had a higher profile in the past, but now alcohol is coming up the agenda. However, Alcohol and Drug Services in Staffordshire (ADSIS), a voluntary body which is part of IDAS, does focus on alcohol. Access to treatment services by young people, however, is problematic both in terms of geography (IDAS is based in Tamworth) and in terms of times when the service is available. IDAS had 349 people present for treatment between April 2003 and April 2004, 42% referred by GPs and 31% self referrals. Other referrals came from relatives (3%) Social Services (5%), Probation (5%) and others (13%).

Alcohol Misuse Enforcement Campaigns (AMECs), which are a Home Office initiative, have been run twice, led by the police with the support of partner agencies. Locally there was a 14% reduction in crime during the summer AMEC and 12% during the Christmas 2004 AMEC, and, although these campaigns are time-consuming and cannot be sustained over the long term, lessons have been learned and elements of this model will be integrated into future enforcement activity.

The police have a database of all incidents that they attend at licensed premises. They go through a ‘last drinks’ proforma with anyone in the cells, covering when and where was your last drink, and this is fed into the database.

Lichfield District Council provide a CCTV scheme throughout Lichfield City Centre in partnership with St Martins Property (who own the Shopping Precinct) and Staffordshire Police. There are 80 fixed CCTV cameras across the District at locations identified by independent consultants and based on Government guidelines, and a mobile vehicle. These cameras are monitored 7 days a week with the aim of providing a safe public environment for the benefit of those who live, trade, visit, service and enjoy the facilities of the area covered by the CCTV scheme.

As part of its strategy to reduce violent crime and to improve safety for shoppers in the town centre, Tamworth Borough Council also operates CCTV cameras in its town centre and at key sites. In all, there are 64 fixed cameras installed across the Borough, and a further 3 mobile cameras which can be moved to target crime and disorder hotspots.

In Lichfield District, Trading Standards have worked closely with the police in the city centre and with managers of establishment to reduce crime. Joint visits to licensed premises involving Environmental Health, Police and Fire and Rescue have been very effective. However, campaigns need to be sustained to have a lasting effect.

There is a national agenda to eradicate special promotions where possible or at least to reduce them, by threat of enforcing licensing conditions.

The ‘10 Pints’ campaign was initially a partnership promotion in Tamworth which was then rolled out. Leaflets and posters were distributed saying, ‘3 pubs, 10 pints, 1 fight, 2 years in prison’. The aim was to make people aware of the consequences of excessive drinking, both in terms of
enforcement and health, including injury to self and others. Evaluation is difficult because it was run alongside other campaigns, however anecdotal feedback showed that some establishments put the posters up and some people were aware of it.

Since the installation of CCTV, there is a high chance of getting caught and although this may not have reduced drinking, it may have reduced fighting. With the independent evidence provided by CCTV, police will now prosecute public order offenders even if the victim doesn’t want to pursue it.

Examples of diversionary activities include Positive Futures, a Partnership project funded through Lichfield District Council and partners, which targets young people to get them involved in sport & leisure. In Tamworth, the Youth Service was funded by the Tamworth Partnership to run an estates-based diversion project at October 2004 half term, and this reduced crime before during and after the holiday by 70%.

It was felt that the Youth Service is often not enough to keep young people off the streets and that there are not enough detached youth workers. However, there have been some positive and successful projects for young people, for example the Youth Service sports activities in summer, and the Youth for Christ Warehouse Project which provided a hangar where young people could just ‘hang out’. Tamworth Partnership provided funding for the Youth Service to put on ‘Free Zone’ in identified hotspots and also obtained funding from the Children’s Fund for a range of youth activities.

### Youth Offending Team

The Staffordshire Youth Offending Service aims, through multi-agency partnership working, to reduce offending by young people and to build public confidence. The service has 3 divisional teams covering the county, based at Newcastle, Lichfield and Stafford and works with 10 to 17/18 year olds.

The Lichfield District divisional Youth Offending Team (YOT) covers Tamworth and Lichfield. It is a multi-agency team comprising around 23 staff, including 5 Social Workers, 4 Youth Offending practitioners, Substance Misuse Worker (seconded from ADSIS), a part time Substance Misuse Parent/Carer Worker, a Probation Officer, Connexions and a Health Worker who works with young people with Mental Health issues. Mental health problems can sometimes be triggered by substance misuse and sometimes substance misuse is a mental health issue. There is also an Education Worker.

The purpose of the team is to reduce offending and stop young people coming back into offending. The team carries out behaviour work and anger management with young people. Around 85% of violent or public order offenders have alcohol related issues. They deal with substance misuse issues but not to the same extent as alcohol. In the quarter to December 2004, there were 180 active cases, and each worker has a caseload of around 20.

A definite increase has been noted in alcohol-related cases. Although more males than females come to the YOT, the ADSIS view is that there is a 50-50 split - females are catching up when it comes to alcohol consumption.

The YOT Strategic Plan Aim 2, ‘To prevent youth crime and disorder’, links to alcohol. Since the introduction of Referral Orders, re-offending has decreased and is around 10%. Regarding Referral Orders, when the case goes to the panel, a referral is made to the Substance Misuse Worker to assess the level of response required.

Services operate at 3 levels:

* **Level 3** - cocaine and heroin etc
* **Level 2** - not dependent but need support - there are a number of schemes at this level;
* **Level 1** - assessment/advice - for example to keep a diary of when drinking.

There are more services for drug rehabilitation than for alcohol treatment and rehabilitation.

The Parent/carer worker gets involved where parents don’t appear to understand the dangers to their children of misuse of alcohol. More of the children come from single parent, low income families, although there are also some middle class young people who have a lot of money to spend on alcohol for themselves and friends, or they may be in good jobs. Cheap pub nights can be a factor.

If there are mental health concerns, the Health Worker would get involved and maybe also the Child and Adolescent Mental Health Service.

It’s now expected that all young people should go through the ‘TANKED’ programme, an alcohol training package developed by ADSIS for use with young people within the criminal justice system.

Young people have often started drinking at the age of 12 or 13. Work needs to start with them before they reach this age, to give them information so they can make informed choices and to get them involved in other activities.

### Staffordshire County Drug and Alcohol Action Team

Drug and Alcohol Action Teams (DAATs) are local partnerships charged with responsibility for delivering the National Drug Strategy at a local level, with representatives from the local authority (education, social services, and housing) health, probation, the prison service and the voluntary sector. They form part of the local Community Safety Partnership. The DAAT is a virtual team, run by the DAAT secretariat and with a Co-ordinator post funded by the Home Office to bring it all together. The DAAT funds Drug Advisers and commissions drugs services. Lichfield District and Tamworth Borough are members of locally based Substance Misuse Locality Groups.
Summary of Evidence

Alcohol is now the biggest issue for the partnership. It outstrips drugs as an issue and always has, but it is now more on the Government agenda. In Accident & Emergency statistics and treatment services, alcohol is the main problem, and nationally, inpatient beds for alcohol outnumber drugs 3 to 1.

Government funding which supports the DAAT is ring fenced for drugs and therefore cannot be used to support alcohol-related activities. If someone has an alcohol problem, the local Primary Care Trust is responsible for providing treatment.

The Staffordshire Young People’s Strategic Plan aims to ensure that all the organisations participating in Staffordshire Children and Young People’s Strategic Partnership will work together to ensure that all children in Staffordshire have access to high quality services, and that special attention will be paid to the needs of vulnerable children to ensure that they have opportunities to:

- grow up physically and emotionally healthy throughout their childhood and adolescence and into adulthood.
- have a strong sense of identity and self-esteem.
- be safe from harm, abuse, exploitation and discrimination.
- gain from education, and achieve fulfilling training/employment.
- acquire personal and social skills that enable them to contribute to and behave well in their communities.

The Plan covers substance misuse which includes alcohol. It is about how partners will deliver, including Education and schools. The Plan aims to get consistency about how schools deal with the issue, but it is the responsibility of Education as a partner sitting on the DAAT to achieve this. Schools should have an accredited programme, but all schools are independent so they can choose how they wish to deliver drug and alcohol education. The DAAT has no direct influence over schools, but it can do surveys and take the findings back to the Government.

In the past, the DAAT had funding of £200,000 which it put into education. However, this was subsequently devolved to schools without schools being aware of it and so has been spent on other things. DAATs are trying to work with schools on a cluster basis. There is a Lichfield Heads group which helps consistency. The DAAT has met with them about what training they can offer, and will channel its efforts through this group and see if that works. A tool for screening young people is being piloted, and 2 teachers from each school will be trained and then will train on.

There isn’t an equivalent group for primary school heads, but all agencies will have to use the tool to be able to make a referral, so primary schools will also need to learn how to use the tool, and the DAAT will be putting on an event for them. Secondary schools are more aware than primaries.

There is a need for more consistency on policy and how to engage young people. There are a lot of hidden young people, because they don’t think they have a problem. There hasn’t been an alcohol needs survey but one is pencilled in for 2006, to inform the alcohol strategy, and the DAAT will ask for young people to be included in this. If there was more money available, coverage should be extended across the county, and there should be a young people’s worker in each area.

The National Alcohol Harm Reduction Strategy aims to increase treatment services, and the DAAT model could provide leadership and bring in consistency for alcohol services. Targets for dealing with alcohol misuse would be included in the Youth Offending Service Strategic Plan and relevant services would be commissioned and outcomes monitored. However, there would be the same funding issues unless there were new monies. At present there is a good adults alcohol service but it is being funded from money targeted at drugs.

There will be an opportunity to lever in some of the extra money that’s coming in for the new Health White Paper, which does include alcohol.

The DAAT has to produce a 3 year plan from 1st April 2005 covering 5 areas one of which is Alcohol-related Crime and Disorder. This will link into the national drugs strategy, but no funding is expected for the alcohol element.

It should be noted that during the course of the review, the DAT was officially renamed the Drug and Alcohol Action Team (DAAT), to reflect the increased focus on alcohol.

Health agencies

Public Health Perspective

The NHS is at the service end dealing with the problems of alcohol abuse. Not only does it provide services, it works with others such as the Community Safety Partnership, Responsible Authorities Group and the Local Strategic Partnership.

Solutions to alcohol misuse are not just about information and leaflets, more about health promotion and empowering individuals and communities with relevant information and support. However, Burntwood, Lichfield and Tamworth Primary Care Trust has very limited health promotion resources, amounting to just 24 hours per week, covering diet and exercise, leaving no time for alcohol. Some PCTs are better resourced in relation to health promotion.

The issue is how the National Health Service is coping with the burden of alcohol, in terms of costs, hospital admissions and mortality and in terms of assaults.

In England, the direct and indirect costs of alcohol misuse to the NHS are estimated at £1.7 billion. It is estimated that alcohol will cost the NHS an extra £90 million over the next 3 years.
Nationally, 35% of Accident & Emergency cases are alcohol related across all times, costing £0.5 billion, with at least 60% of cases alcohol related in twilight hours. In city centres on Friday and Saturday nights, the figure is higher still. Victims of assaults locally usually go to minor injuries units. Figures for minor injury unit and A&E attendances as a result of assault for Burntwood, Lichfield and Tamworth residents show an increase overall of 13% between 2002/3 and 2003/4, with males showing a higher rate of increase.

Excess alcohol also contributes to other health problems. Between 2001/2 and 2002/3 there was a 6% increase in hospital admissions, followed by a 12% increase between 2002/3 and 2003/4. Locally, in 2003/4 334 hospital admissions were directly attributed to alcohol and of these, 288 involved over 25 year olds, 30 involved 15 to 24 year olds and 16 involved children under 14. Nationally, 1000 children under 15 are admitted to hospital with acute alcohol poisoning each year.

At present there is limited overall leadership in the NHS regarding prevention and treatment, and more needs to be invested in both these areas. There needs to be a strong leadership role to ensure consistency - this is happening with drugs but now needs to happen with alcohol. The Drug and Alcohol Action Team have taken on this leadership role, but it needs to be properly funded, and the PCT needs to strengthen its work with health promotion and school nurses. The national work on Models of Care needs to be implemented.

Increased resources are needed in the PCT for health promotion, and a specialist public health workforce needs to be developed to work with the DAAT and school nurses.

There are a lot of performance indicators which deal with hospital care, and there are some around drugs. The NHS needs to engage with the alcohol problem and develop national indicators relating to alcohol.

School Nurse Service

The school nurse service provides a range of health improvement services for school age children, which may include:

- immunisation and vaccination programmes
- support and advice to school staff on child health issues
- support to children with medical and educational needs
- support and counselling to promote positive mental health
- input to PSHE and Citizenship programmes
- identify and support social care needs, including child protection
- work with other services to meet the needs of young people
- work with parents to promote positive parenting

School nurses make regular appearances at school, act as advisers and write up lesson plans. They work closely with teachers, social workers and youth workers. Schools often see them as sexual health advisers, and everything else they do for schools is on an ‘as needs’ basis, for example education on eating disorders. They sometimes make presentations to Governors when new training materials are being proposed. Some Governors are receptive, but some are concerned about the reputation of the school and may not accept that there is an issue in their school.

Some schools have a Health Council, which is pupil-led and where young people discuss issues, such as alcohol. School nurses aren’t always invited.

School nurses believe that alcohol is quite well addressed in schools and that primary schools are getting better at dealing with alcohol issues. Some head teachers are working to change the ‘puberty package’ to include other issues - they have included smoking and are looking to include alcohol. Schools have to address the PSHE and citizenship curriculum, which covers alcohol education, but can approach it in different ways. The Local Education Authority and Health need to work together to achieve a standard approach.
Summary of Evidence

Some nurses may have training to talk on alcohol issues, for example the TANKED programme, but may not be asked to run sessions. The school nurse service is putting together a proposal for a theatre company, using an empowerment model. Young people often know the risks but still take them - the aim of the theatre group is to give skills to make choices. Theatre works well, as children like it and learn from it. There’s also a safety message to get across. Young people are often as young as 10 when they start drinking in Beacon Park. They’ll often get vodka as it is cheaper if several chip in. Parents will buy them alcopops not realising they’re equivalent to a glass and a half of wine.

The theatre group was intended for the older age group, but nationally 5% of 11 year olds are drinking regularly so they aim to cover the whole of the high school population, 5 schools in Burntwood and Lichfield, targeting those in the most deprived wards. The events can take place in the schools or in a theatre. The aim is to help young people put theory into practice and to share their experience and to challenge one another. The school nurse will follow up after the event.

Leaflets are not always widely distributed in schools if there is a cost. Pupils may be shown the leaflets and told where to get them. Where leaflets are handed out, some will go in the bin. The best way to give out leaflets is in the school prospectus - children get a pack when they start school, including health and other information, and they tend to keep these packs.

School nurses have worked with Health Promoting Schools, but there hasn’t been so much liaison recently, while changes have been taking place in Health Promoting Schools. There is a perception that Health Promoting Schools haven’t always been able to deliver what was promised.

School nurses receive referrals from Accident and Emergency if young people are seen there as a result of alcohol misuse, and they will follow this up. With the older age group, they go direct to the young person, but with younger children they speak to the parents. Most of these incidents are one-offs, but a lot of children binge drink without needing to go to A&E. Parents are usually fine when approached and most agree with the nurse, but it is hard to know whether they follow it through.

However, school nurses only work during term time, and therefore are not available to receive referrals from Accident & Emergency in school holidays, when it is likely that young people will drink more. At the time of the review, Burntwood, Lichfield and Tamworth PCT were funding a trial whereby the Lichfield and Burntwood school nurse team would provide 15 hours per week school nurse cover during the school holidays.

There is evidence that more first time sexual activity is taking place when drunk and that young people drink to heighten the experience and drink may contribute to having sex for the first time.

Currently, a full time school nurse can have a caseload of up to 3000 young people. The new Public Health White Paper proposes 1 school nurse to each High school and feeder schools cluster - which would require double the current workforce. Additional resources are expected, with the aim of having a Graduate school nurse to head up the high school with qualified school nurses working with feeder schools.

The GP perspective

Although alcohol misuse is seen on the streets and featured in reports, it is not seen in the surgery - people don’t come out with it, although there is a structure in place to ask about alcohol and smoking. With adults, GPs are more systematic about asking about lifestyle, including alcohol, but GPs only see what presents in surgeries.

Clinics for 13/14 year olds have not been well attended and young people who did attend were often with their mothers. Even when they attended alone, it seems unlikely that a 14 year old actually say that they are drinking. There used to be periodic checks, starting from age 14, but these are no longer done routinely - if people come in for something else, they may have a health check. Around 50% of young people and 80% of adults are checked. The information is kept on a database.

The new GMS contract has systematised a lot of what GPs do, especially around Coronary Heart Disease and Cancer, but there is nothing in the contract that will produce evidence of alcohol use.

There are screening methods and GPs do brief interventions on alcohol. If a young person has a problem, the GP can talk to parents. It’s hard to know how much notice a young person would take if told not to drink. The older ones in the age range up to 25 are more perceptive and will listen if they’re told that what they are drinking is excessive.

Support services do as much as they can but they are up to capacity. IDAS is unable to meet demand. GPs sometimes have to provide interventions themselves.

If a young person abuses alcohol at the weekend and ends up in hospital, the GP will get a referral note. However, it is rare for that to happen repeatedly. In terms of physical abuse linked to alcohol, people will often hide it, and not all abuse will be evident.

There are leaflets available at the surgery. If a nurse does a health check, she can hand out leaflets. A lot of the leaflets are based on what alcohol does to people.

Children need to be educated about alcohol at school where they’re a captive audience. It needs to be not just biology, but an opportunity for discussion and for young people to come to their own conclusions. It might be good to have similar opportunities to talk to parents, but it’s more difficult to reach them. The culture of the country is that people will drink and some will drink to excess. It’s best to catch young people in school, from primary school age, with information, and not just a message that says, “Don’t do it”
Trading Standards

The Trading Standards service aims to promote a safe and fair trading environment, through provision of advice to consumers and to businesses, and, where necessary, through firm enforcement of legislation.

Two years ago, Staffordshire County Council set up a Community Safety Team on a 2 year trial basis, based within Trading Standards, with the aim of reducing alcohol and solvent misuse. The posts in the team are funded by Staffordshire County Council and each of the Districts. The team is an active partner within the Community Safety Partnership and works with the Partnership to identify hot spots.

The team has an education role both in relation to young people and to the trade.

With regard to young people, every school in Staffordshire is offered training. This entails a 2 hour talk aimed at 13-15 year olds, but the team have had requests to run the sessions for year 9 students also. The programme was well received by those schools visited, although take up has been patchy.

With regard to the trade, advice is given to traders on how to avoid selling alcohol to underage people. This has been well received by large organisations who have since taken on board the recommendations. A training package to use with off-licences has just been approved and is about to be launched. This will involve 30 minute advice sessions delivered in shops.

Identity cards are a key element in advice on how to avoid selling alcohol to young people. ‘Challenge 21’ is a campaign which aims to create a culture of expectation that proof of age should either be offered or produced on demand, and that this should be the norm as far as the sale of alcohol to young people is concerned. The campaign calls for retailers to routinely ask young people attempting to purchase alcohol for appropriate identification if they appear younger than 21 years of age.

There are Home Office approved cards, which are recognisable by a hologrammed logo. Cards require a parental signature and a counter-signature of another responsible adult. The Portman Pass card, the Connexions card and Citizencard are recommended in Staffordshire.

Trading Standards tell the off-licence to only accept hologrammed cards and advise traders to seek identification as in ‘Challenge 21’ and to adopt a ‘no ID, no sale’ policy, but recognise that saying ‘no’ can lead to abuse of traders, including sometimes racial abuse. To counter this, leaflets have been produced for distribution amongst traders on how to say no without causing offence. Citizencard also produce posters for traders stating, ‘No card - no sale’. Young people themselves work in off-licences so there can be peer pressure from other young people to sell alcohol to them.

There is an excellent team of young people, mostly around 14 years old, in Lichfield and Tamworth who volunteer to become test purchasers in off-licences. They are not allowed to make themselves up to look older and they have to tell the truth when questioned. Sometimes, recording equipment is used and this can provide evidence which can lead to the possibility of licences being revoked where licensees have been shown to sell to under aged youngsters. Good licensees are unlikely to get caught out but some licensees still sell alcohol to under aged persons.

Test purchasing has been done mostly around school holidays, but it is now also carried out on Friday evenings and midweek to avoid a pattern emerging. It is done mostly in off-licences as this is within the remit of Trading Standards, but some pubs have been included. However, there are limitations due to safety considerations for the test purchasers, for example they can’t be used late at night, and also it is important to avoid being accused of entrapment.

Refusal registers have been used with some success. Off-licences can use these to demonstrate that they follow good practice and all off-licences in Lichfield have them. Police give the registers out in pubs and some pubs use them.

Joint working with the police means that crime information is used to decide which areas to spotlight.

There is a problem of older persons purchasing for youngsters, which carries a fine of £1000, but there is no crime committed if parents buy for home consumption.

Trading Standards would like to see licensees required to adopt good practice such as ‘Challenge 21’ rule and asking for ID on the basis that these make good child protection measures, when licences are being granted.

The Licensed Trade

The Licensing Act 2003 was developed as a result of the success of the extended Millennium opening hours, when licensing rules were relaxed and few problems were encountered. This led to consideration of liberalising licensing. The new Act was set to reform the 1964 Licensing Act, which was about keeping the workers out of the pub and is no longer appropriate.

Guidance notes were promised by the Government within 8 weeks but took a year to produce. In December 2003, it emerged that alcohol related crime had rocketed and the Alcohol Harm Reduction strategy was produced. It was decided to take the strategy into account in the Licensing Act 2003.
Summary of Evidence

The guidance which eventually came out was much more stringent than in the Act. The Government report, ‘Drinking Responsibly’, proposes that where there is concern, an alcohol harm zone can be created. Licensees will be told to sort out the problem, and where they don’t, they will have to cover the cost of policing.

The licensed trade already pay large amounts of taxes but will accept any further responsibility laid on them by the Government. An additional cost being met by responsible landlords is putting staff through courses so that there are sufficient personal licence holders to run the establishments.

Most establishments will be looking to see what everyone else is doing but will not be looking to apply for very late night or 24 hour opening. 24 hour/late night opening could increase the incidences of drunkenness and it could take a long time to educate customers that they will now be able to go out at a later hour because they will be able to drink until later.

Minimum drinks pricing may be one option to reduce alcohol related problems but this is can’t be done at present.

The industry stakeholder group is working towards a self-controlling code of practice. Currently there is a Code of Practice adhered to by the Police, Local Authority and Licensees for all city centre pubs in Lichfield. Tamworth also has a written Code of Conduct but this is in need of a review to establish consistency of adherence to it and its effectiveness. This together with radios linked to CCTV cameras enables establishments to pinpoint underage or inebriated customers and forewarn other establishments not to let them into their premises.

The Home Affairs Select Committee is considering what more can be done and is looking at the industry getting involved in local schemes, including contributing to funding of them, minimum drinks pricing and dispersal policies to limit problems of large numbers of people spilling out into the town centres at the same time. This can include more taxis and late night public transport and door supervisors highly visible at closing time.

A good example is the Manchester Night Safe scheme, which includes Best Bar None awards which recognise good practice in clubs and pubs.

Taxis play a vital role in getting people out of the city but there are not enough taxis to cope with late night demand. The taxi trade have great difficulty getting drivers, especially to work at 2 or 3 a.m. when they are more vulnerable to violence or to not being paid their fare at the end of the night.

There are examples of late night transport, for example in Worthing, West Sussex, being provided with sponsorship from local venues. Representatives of the licensed trade locally told the review they would be prepared to contribute to the cost as long as everyone contributes.

The licensee forum would like to see a minimum pricing structure, although this would need to be agreed by head offices, as pricing policies and special promotions are dictated by head offices and individual venues have little say.

They would also like to see more liaison between Lichfield & Tamworth Licensees Forum and sharing of good practice.

The licensed trade also feel that there is a need to educate parents, who often provide the alcohol that young people are drinking in the parks, and that cheap, ready availability of alcohol in supermarkets and other outlets needs to be examined.

Lichfield and Tamworth District Councils

The Licensing Act 2003 transferred the responsibility for licensing premises used for sale of alcohol from Magistrates to Local Authorities, who become licensing authorities. The Act introduced a new licensing system to bring together the sale of alcohol and the provision of regulated entertainment and late night food in one licence. The principles underpinning the Act are:

- to prevent crime and disorder
- to prevent public nuisance
- to protect children from harm
- for public safety

However, Local Authority powers are restricted. The function of the Licensing Authority is to grant a licence. It is up to the various statutory bodies who are consultees to object, not the Licensing Authority itself. The Licensing Authority role is very much hands off, and it is not a function of the Licensing Authority to impose conditions. The Licensing Authority can impose conditions on any of the above principles but only where they receive representations; the application then goes to the Licensing Consents Appeals Committee and it is at that point that the Committee can impose conditions. Both licensees and objectors have the right to appeal.

‘Grandfather Rights’ mean that if on or off licences applied before 6th August 2005 for their licence, they are guaranteed that their licence will be renewed. No additional conditions will be made with ‘like for like’ licence renewals. If there are no objections to a licence, it is granted. Now, a premises licence is granted in perpetuity.

The person who is responsible for selling alcohol is no longer attached to a particular pub, and must now obtain a separate personal licence which lasts for 10 years. This licence is portable, meaning that the licensee can trade anywhere in the country. Anyone with a current Justice’s Licence will automatically be issued with a Personal Licence. It can be treated like a driving licence and endorsed if an offence is committed.

The Licensing Authority can check whether premises with late hour licences are providing food, which is a stipulation of obtaining the late hours licence. However, these checks have highlighted a problem arising from this stipulation in that customers are sometimes eating outside premises and contributing to noise and litter.

With regard to drinks promotions, current legislation means that a minimum price cannot be applied to any product. ‘Happy hour’ has been imported from America, but this could be abolished in the future.
Expert witnesses felt that the culture of drinking has changed. Whereas, historically, young people would drink with older people, which militates against excessive drinking, now they deliberately go out with the objective of getting drunk. They often get ‘tanked up’ before going out, and obtaining alcohol products from the home is easy.

Most alcoholic drinks are now much stronger, for example 5% is now quite normal for lager, and spirits are very cheap. Young people add something to spirits, for example adding cider to vodka, to make it more palatable. The standard pub measure now is 35ml not 25 ml.

The Licensing Act is supposed to give the majority of responsible people more choice about the time they drink as well as protecting minors. However, the responsible majority is being frightened off late night drinking.

It was felt that there is a clear linkage between closure of premises at night and crime and disorder during the hours of 11 p.m. to 3 a.m. and between diversionary activities and young people hanging about drinking alcohol; the more diversionary activities there are, the fewer young people there are on the street drinking, and there is a reduction in alcohol related crime.

There is likely to be a uniform approach to licensing across Staffordshire County Council because of the networks which exist. Funding to Local Authorities for enforcement is not ring fenced and District Councils are looking in the long term for a review of the fee structure as enforcement is very resource intensive. As Local Authorities have limited powers, they will be looking to work with police and Trading Standards. Although currently there is routine inspection of premises, in future targeted campaigns are likely to be the norm, on the basis of risk assessment.

Voluntary sector

Alcohol and Drug Services in Staffordshire (ADSIS)

ADSIS deals with young people aged 10-18 years who use or abuse substances, including drugs and alcohol, and with their families. Most people using the service are males, but the number of females using the service is increasing.

Summary of Evidence

The service employs workers from a range of disciplines including Family Support Workers, Connexions workers and workers with the Youth Offending Team. They have tier 2 and tier 3 workers, who work with young people at the start of their journey with substance misuse, and with those using harder drugs and combinations of drugs, respectively.

They provide alternative prescribing, which aims to reduce substance misuse, and they also offer acupuncture, which helps with cravings and with relaxation. Young people abusing substances often have other problems, and when they stop abusing substances it means facing up to these.

ADSIS is well publicised, and staff network with the police, GPs and schools to increase awareness of what they can offer. The service receives self referrals and referrals from GPs, YOT, police, schools and other agencies. They provide the service in the client’s home or other more neutral settings as appropriate. All clients are voluntary except those young people who are on a court order, where the aim is to help prevent re-offending. There is no waiting list to access the service.

ADSIS works in partnership with a number of other key stakeholders in order to provide a full package of support; this works effectively with most other providers, although there is a waiting list to access mental health services and some GPs are reluctant to prescribe for substance abusers.

Although the majority of their work is dealing with abusers, they also undertake some preventive activities. Schools now have their own budgets for drugs awareness and some have provided funding for ADSIS to visit and talk to the pupils. However, health education in schools tends to focus on drugs and relatively little attention is given to alcohol issues.

The process of engaging with young people to discuss sensible drinking is a problematic area. Many young people think they have a comprehensive knowledge of alcohol issues, and individuals who abuse alcohol often find it difficult to admit this to themselves or others. Overall, it is important to provide young people with the facts so that they can make informed choices. Small group work is the most effective way to discuss such issues although close attention needs to be paid to group dynamics so that no individual is allowed to dominate.

ADSIS also seeks to engage young people through involvement in fun days and shows, and they have also set up displays in schools.

Although there are alternatives to drinking for young people, for example the cinema and the Snowdome, these tend to be expensive and in comparison the purchase of alcohol is very cheap.

Substance abuse is an important issue for the Crime Reduction Partnership, although drugs receive a greater priority than alcohol issues. Although the Drugs Action Team has responsibility for taking a strategic approach to all substance misuse, alcohol is not as high a priority as drugs.
Lichfield and Tamworth Youth Forums

Youth Forums are supported and facilitated by the Youth Service. They provide young people with the opportunity to discuss issues of concern and interest to them and also with a means of airing their views and having a voice and a say in areas which affect them.

The young people at the Forums reported that reasons for getting drunk included being bored, messing around with friends and wanting to get ‘wasted’. They felt that having more alternatives, such as cinema, would not make much difference, as people would drink after going to the cinema, and drinking is a cheaper option than other forms of entertainment.

They also did not think that peer pressure was a particularly strong influence on young people drinking; they felt that most young people enjoy alcohol, but drink responsibly. Having more soft drinks and food in pubs and clubs would not necessarily make a difference either, as the people who go to these venues are only interested in drink - if they wanted a nice meal, they would go to a restaurant.

Trying alcohol and trying to get drunk are common experiences for some young people and most have tried alcohol more than once. Very often, the only drinks available at parties tend to be alcoholic ones, sometimes provided by parents.

Alcopops seem to be the most popular drinks as they taste like pop. The most common way for young people to purchase alcohol is from off-licences, local supermarkets and corner shops, but young people are also able to access alcohol via pubs and bars in the town centre, which they consider to be poor at censoring out under age children. Young people also get older friends to buy alcohol for them or even passers by, and their experience is that people would generally buy on behalf of under age drinkers.

Young people agreed that there is a need to tighten up on traders who sell to underage customers, underage purchasers and those who purchase on their behalf. A standard card to prove age would be good and some of the young people said they wouldn’t mind carrying them, but they doubted whether they would be effective. ID cards are only useful if they are checked, and some staff won’t bother. If they are refused at one place, young people will go somewhere else to buy alcohol. Young people tend to go to shops that don’t ask for ID, but fake ID is seen as easy to get. The presence of doormen at pubs and clubs may put off some under age drinkers, but on the other hand their presence can be reassuring if trouble erupts.

Young people think that binge drinking has always been around and is part of British culture, and the reason for the perceived increase is the increased media attention. Young people felt that the situation is exaggerated in media reports and that only a minority of young people are involved. However, ladette culture is leading to more binge drinking amongst young women. Girls tend to drink for confidence, preferring alcopops.

Summary of Evidence

Young people reflected different views about the legislation regarding drinking ages, some feeling it should be 21 as in America, whereas others felt it too strict and felt that young people will drink anyway, whatever the law says. Young people commented on anomalies in laws, for example you are old enough to fight for your country at 16 but not to drink. However, there were concerns that there may be more trouble if the age limit was lowered to 16.

They were not in favour of 24 hour opening under the new Licensing Act, and thought this would encourage people to drink more. However, they thought it unlikely that many pubs and clubs would want to open 24 hours, and that different closing times might ease the problems that occur in town centres when all clubs close at the same time.

With regard to drinking and driving, young people felt that, in principle, it would be better, and safer, if people were not allowed to have any alcohol at all before driving. However, they recognised the practical difficulties there would be in implementing this, for example how long before driving should the last alcoholic drink be, and what level of blood alcohol would be acceptable bearing in mind that it can take some time for alcohol to be totally eliminated from the body.

Young people feel there is a need to address attitudes not the law. Education needs improving. Although some of the education at school on drugs and smoking is well presented, alcohol is skimmed over or not present at all, while drugs and smoking are given precedence. In a recent survey carried out by one Youth Forum, alcohol was high on the list of young people’s concerns, and they felt there was too much focus on drugs and not
enough on alcohol. There is no linkage between sex education and alcohol education. Young people said they would find it easier to relate to peer educators rather than teachers, and would be more likely to listen.

Shock tactics may help in alcohol education in schools, but young people will have seen this on television. Television campaigns seem often to be aimed at younger people when a lot of older people also need to address their drinking.

Images of what can go wrong would be effective for some young people. The campaign used recently: ‘3 pubs, 10 pints, 1 fight - 2 year sentence’ was seen as very effective locally. The possibility of long-term consequences is hard for young people to relate to. As a result, it is hard to get the message across about underlying health impacts. Some think they know about the health aspects, in particular about the liver, but don’t take this into consideration when they are drinking. Not all young people understand the drink limits, and some may think it is all right to drink the weekly limit in one go.

With regard to young people with alcohol problems, it was felt that some may find it difficult to find out where they could get help, and would probably not recognise that they have a problem as they would see drinking as a normal part of being a teenager.

There was a difference of opinion on the effectiveness of drama as a technique for getting the message across. A play performed at a local school focussed on the anti-social behaviour caused by drinking and the effects of gangs of young people drinking on the streets.

Young people recognise that this does happen and that alcohol plays a role in anti-social behaviour, and they feel that effective policing is needed to tackle this problem. Young people themselves are affected by anti-social behaviour, and want to be able to go out and enjoy themselves without getting caught up in trouble.

Society in general also needs better education on the consequences of excessive alcohol consumption. Non-alcoholic drinks are too expensive in pubs and bars. Happy hour offers encourage drinking to excess.

Also, the economy is dependent upon this industry - more money spent on alcohol leads to more revenue for the government and the economy. The problem of excessive consumption is the same for young people and adults. Sensitive targeting is needed for society as a whole to highlight the social consequences of limiting alcohol. The introduction of alcohol-free pubs as a social venue was suggested.

**Young people made the following recommendations.**

- Educate young people to ‘Know your limit’ - understand the health effects and drink in moderation.

- Understand the reasons why young people drink - don’t preach to young people. Connect with young people when trying to educate them on the issue - do not use teachers. Peer educators, slightly older than the young people would be more effective.

- Use effective techniques for education, even shock tactics. In the example of the play used locally, the message disappeared and it missed the point by being too light-hearted trying to appeal to young people.

- Try to tackle peer pressure - effective use of peer educators could help young people to realise the bad consequences of alcohol and reduce peer pressure.

- Use popular culture such as a soap storyline with a young character (e.g. Chesney) suffering or even dying as a result of excessive alcohol consumption.

- Try to seek a change in attitudes/behaviour from the majority; not all young people or adults will change. Society as a whole needs to change over time.
PROMOTING SAFETY FOR CITY CENTRE DRINKERS

Manchester City Centre Safe

Manchester’s City Centre Safe initiative has been recognised both in the UK and internationally for its success in reducing alcohol related violent crime in the city centre.

City Centre Safe was launched in 2002, to deal with a rapidly expanding night time economy in which a more than doubling of pubs and clubs was associated with an equal increase in violent crime.

The City Centre Safe partnership has four main objectives:

- To work with other agencies to reduce the number of serious assaults and glass related injuries where alcohol is a contributory factor
- To work in partnership with the licensed trade and others to improve the management of licensed premises
- To promote the provision of safe drinking
- To reduce the perception of drunkenness, rowdiness and disorder in Manchester City Centre

City Centre Safe solves problems in Manchester’s evening economy through partnership working and initiating a range of tactical options to tackle alcohol related crime and disorder:

- **Designated Public Places Order**

  A key success of City Centre Safe was gaining and enforcing a Designated Public Places Order (formerly drinking bye-law) and powers to confiscate alcohol in certain parts of the City. It was felt that this would help to reduce alcohol related violence and glass injuries.

- **High Profile Targeted Policing**

  City Centre Safe also tackles alcohol related crime and disorder in Manchester by providing a high profile, uniformed police team to support late night transport systems and to patrol violent crime hotspots. Police foot patrols target crime hotspots aiming to tackle the beginnings of disorder and prevent more serious crimes from being committed later on the evening.

- **Safe Public Transport**

  Public transport is also targeted to ensure the safety of people going home after a night out. Bus companies operating in Manchester late at night provide ‘loaders’ on Friday and Saturday nights to impose authority and deal with any problems at bus stops. They are in radio contact with the police, CCTV and other night workers. Police also patrol the five late night bus routes in Manchester. These routes are known as ‘safe transport corridors’. Bus Operators have installed CCTV on their buses and train many of their drivers in conflict management. City Centre Safe encourages people to use these ‘safe transport corridors’ to reach bus stops and taxi ranks. Various additions have been made to these routes such as improved lighting, help points and ‘safe havens’ for vulnerable people to improve safety.

- **Think Safe Drink Safe**

  City Centre Safe has developed its own marketing campaign, titled Think Safe Drink Safe, in order to encourage people to change their behaviour on a night out. The campaign focussed upon the simple coping strategies used by people who enjoy a safe night out.

- **Multi - Agency Licensing Visits**

  City Centre Safe carries out high profile visits to clubs, bars and pubs in Manchester to observe management practices. Uniformed officers visit at a set time and are clearly identifiable. Evidence for offences such as permitting drunkenness and serving underage drinkers is collected and swift action is taken against venues with poor management practices.

- **Manchester Best Bar None**

  As well as enforcing against bad behaviour, City Centre Safe has tried to encourage responsible behaviour. In 2003 the Manchester Best Bar None Awards were launched. The scheme is a multi-agency award that recognises good practice in the management of licensed premises and active customer care programmes that promote safe drinking. The award scheme now operates in four areas of the country and it hoped that it will set a national bench mark of good practice in licensed premises and offers customers the opportunity to choose a premises that operates in a safe and responsible manner.

- **Further initiatives**

  Other City Centre safe initiatives include:

- Developing a recognised training standard for bar staff
- Working with partners to implement a programme aimed at influencing the design of pubs and bars to create a less hostile environment
- Referring persistent offenders who are problem drinkers to seek alcohol counselling.
- Working with the drinks industry to stamp out irresponsible drinks promotions.
- A radio network that links police, CCTV, door staff, transport operators, town hall licensing, street cleaners, parking attendants and other working in the city at night so information can be quickly shared and problems dealt with efficiently.
- A network of ‘safe havens’, highly visible metal domes that give instant communication to the CCTV control room where people in danger can ask for help.

City Centre Safe has been considered a great success, having reduced the number of serious assaults in the city centre by 8.1% in 2000/1 and by 12.3% in 2001/2.

Examples from other areas
LATE NIGHT TRANSPORT

Mansfield Nite Rider Service
This service was launched in 2004 and runs 5 buses hourly up until 3 am on Friday and Saturday nights. The buses have CCTV and a radio link, and there is a police presence at town centre bus stops. There is a flat charge of £3 per journey and tickets can be purchased via the Internet. The service has won a ‘managing the Evening Economy’ award.

Worthing Niteriders
Similar to the Mansfield scheme, this service operates until 3-50 am. There are trained security staff with First Aid skills on board all buses, and buses are equipped with quality sound systems so that the journey home becomes part of the evening’s entertainment. The service is funded by Worthing Crime and Disorder Reduction Partnership and the Council’s Community Safety service.

Norwich
Concerns about the safety of young people leaving clubs late at night following the deaths of 2 young people led to the idea of providing a safe haven/means of transport. A single decker bus is parked in the city centre at closing time, staffed by volunteers. The bus is the first point of contact for any young person whose well being is threatened by inability to get home, illness or injury, emotional distress or any other vulnerability.

Diversion
Colchester Drug and Alcohol Action Team have a comprehensive programme of activities and initiatives aimed at diverting young people from alcohol and drugs. These include:

- A Fair Tackle - a football coaching programme and leagues
- ID card scheme
- Drugs and alcohol outreach worker
- Schools liaison worker
- Youth Drama studio
- Police schools liaison programme
- Healthy Schools initiative
The Alcohol Subgroup concluded that there was evidence to support their concern at the level of alcohol consumption by some young people locally. All expert witnesses, with the sole exception of primary school heads, were able to relate direct experience or evidence of the impacts of young people misusing alcohol, whether in relation to health or anti-social behaviour. The extent of drinking among young people was confirmed by some of the young people who contributed to the review, both in terms of the numbers of children and young people trying alcohol and those using it inappropriately. However, it is important to recognise that it is only a minority - albeit a growing minority - of young people who do misuse alcohol.

A picture emerged of a culture among some young people of binge drinking and deliberately trying to get drunk, whether it be groups of under age children with vodka and cider - sometimes obtained illegally, sometimes provided by parents - drinking in local parks and on the streets, or young people over 18 drinking legally in pubs and clubs. Evidence from lifestyle surveys show that 16 to 24 year olds are the heaviest drinkers in the United Kingdom - and that British teenagers are the heaviest drinkers in Europe. However, it has to be said that the number of adults drinking excessive amounts of alcohol has also increased and that binge drinking is not by any means confined to the young. Indeed, young people themselves point out that Britain has a culture of drinking and that alcohol is an issue that needs to be addressed with society in general. Many contributors to the review felt that parents need to take more responsibility for educating their children on responsible use of alcohol and acceptable behaviour, and that ultimately any solution to the current concerns will need to be based on a partnership between statutory and voluntary agencies, and between parents and young people themselves.

The Subgroup found that there are many initiatives and interventions currently aimed at promoting sensible drinking and at minimising the impact of alcohol misuse. The broad approach to alcohol at present is based on harm reduction, which accepts that drinking alcohol is part of life and culture in Britain, but aims to promote a responsible approach and to put in place measures to reduce the risk of harm to individuals and communities from excessive alcohol consumption.

The Subgroup was informed that there are essentially three components to any strategy to tackle excessive alcohol consumption and its impacts. These are education, prevention and treatment, and enforcement.

In relation to education, the Subgroup found that there is a national framework for drug and alcohol education in schools, and also that the Youth Service is required to cover alcohol as part of its health programme.

In the National Curriculum, alcohol is covered as part of the Science programme, which is statutory, and also the Personal, Health and Social Education programme, which is optional. It can also be covered in the Citizenship curriculum, which is statutory at secondary level.

In addition, there is guidance with the status of ‘Recommended action’ on drugs education, including alcohol. There is an expectation that all schools will have a drugs - including alcohol - policy and will provide education on drugs, including alcohol, from primary schools upward.

Overall, education on drugs is better today than ever before; however, the Subgroup found that not all schools complied with the requirement to have a drugs policy, and that there were considerable variations in drugs and alcohol education between schools, and variations in their use of resources that are available to support them in teaching this subject effectively. Schools used different means and media for drug education, some using school nurses, others using retired policemen and others using teachers. There were differences between high schools and primary schools, reflecting the different statutory requirements for each sector.

Support was available to all schools via Staffordshire Healthy Schools Programme, which aims to support schools which are working towards improving the health and education of their pupils. This will then lead to Healthy Schools Status. Schools do need to opt in to the scheme: it is expected, however, that 50% of all schools will be Healthy Schools by December 2006 and all remaining schools will be involved in the scheme by December 2008. Some reservations were expressed to the review about the recent effectiveness of the scheme.

There was a view that the provision of drug and alcohol education would benefit from a more consistent and standardised approach, especially between primary and secondary schools, so that there would be continuity throughout a child’s school career.

The key elements of the Youth Service curriculum are citizenship, personal development and health. The health element includes national issues such as drugs and alcohol, teenage pregnancy and healthy lifestyles.
The Service has a target to engage 25% of the target age range of 13 to 19 year olds, which is a challenging target given, for example, that the service has a no smoking policy, when many young people are smokers. The service runs diversionary activities in school holidays and employs outreach workers who work with young people on the streets who may be at risk. However, funding is limited and insufficient to sustain ongoing diversionary activities. Also, funding for outreach services is limited and so work has to be prioritised. The outreach service cannot provide an immediate response to situations involving young people on the streets.

Bearing in mind the age range covered by this review, not all young people who are at risk due to excessive alcohol consumption are at school, and therefore education needs to be targeted at the age group who legitimately drink in pubs and clubs. This is a different issue from under age drinking as it is not unlawful for these young people to drink. The review found that a number of campaigns have been run with the aim not only of deterring or detecting under age drinking but also pointing out to legitimate drinkers the possible negative impacts of excessive alcohol consumption. These campaigns have often had some success, but cannot be sustained due to the costs both financial and in human resources. It has also been pointed out that some of the target age group will be in employment and employers also have a role in educating people about responsible drinking through workplace alcohol policies, especially where safety is concerned.

The review learned that, although at the time of the review all local Anti-social Behaviour Orders involved alcohol and young people under the age of 25, funding for drug and alcohol services through the Drug and Alcohol Action Team is predominantly targeted at and ring-fenced for drugs. Because of the funding regime it is difficult to use the funding for alcohol, although nationally it is gradually being acknowledged that alcohol as an issue now far outweighs the issue of drug misuse.

Alcohol misuse costs the country billions of pounds in health costs, and an increasing number of young people both nationally and locally are entering the health system for alcohol related problems. Screening techniques are in existence and are employed in primary care by GPs, but mainly with adults, and alcohol misuse among younger people may not be picked up at this level.

School nurses do come across concerns about alcohol misuse among young people at school, and take these up with the young people themselves or with their parents, depending on the age of the child. However, schools make variable use of school nurses in relation to alcohol, even though many school nurses are trained to deliver alcohol education. Currently, the school nurse service is a limited resource, and although the Choosing Health White Paper talks about an expanded public health workforce, at present caseloads are high and this limits the amount of input the service can make.

Most expert witnesses referred to a shortage of alcohol treatment services for young people. Again, resources have been put into drug treatment services, although the numbers affected are relatively small compared with those affected by alcohol misuse.

Enforcement appears to be working well, with the police following up information, for example, about unlawful sale of alcohol to under age children. Campaigns such as the Alcohol Misuse Enforcement Campaigns of 2004 have been successful, and the police have integrated the lessons learned from these campaigns into their approach to enforcement; however, major campaigns are labour intensive and require considerable resources if they are to have a lasting effect.

Similarly, Trading Standards officers have had successes with test purchasing of alcohol by young people and have worked with off-licences to help them to deal with under age customers through measures such as promoting ID schemes, the ‘Challenge 21’ campaign and refusal registers. Instant fines imposed on individual sales staff who sell to under age customers are another weapon in the armoury to protect young people.

When it comes to licensing authorities, their powers are limited. They are unable to object directly to applications for licences and are unable to impose conditions unless representations are received. The new licensing regime guarantees continuity of existing licences on a like for like basis, and sets out the grounds for objections and who may object where a licensee wishes to change the basis of their licence or in the case of a new application.

The licensed trade themselves acknowledge the problems and are prepared to work with police and others to find solutions. There are examples of good practice both locally and nationally where traders have worked with the authorities on initiatives to improve safety and promote responsible drinking.

Manchester is cited as a positive example and its multi-faceted City Centre Safe initiative has had success in reducing alcohol related violent crime in the city centre. There are examples of positive initiatives to ensure the safety of young people after late night drinking in pubs and clubs through provision of late night transport, sometimes funded by the Crime and Disorder Reduction Partnership and the local council, sometimes paid for by the licensed trade and sometimes paid for by people using the service.

Specific examples of good practice relating to under age drinking are less plentiful; however, Colchester’s Drug and Alcohol Team Plan includes a wide range of diversionary activities, some running throughout the year, not just in school holidays, and specific workers with educational, liaison and prevention roles.

Although young people may feel they understand the dangers of alcohol, few think of the physical and psychological disorders which may occur in the future. However, they appear to be aware of the role models of adults, both good and bad, and poor behaviours and the need for the general public to address the problem of alcohol misuse.
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Intended Outcome</th>
<th>For Action By</th>
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<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. There should be a Governor on every school board who takes a lead responsibility on health issues across the school, including alcohol.</td>
<td>Each school will have a high level lead on alcohol issues.</td>
<td>Local Education Authority/schools</td>
</tr>
<tr>
<td>2. An audit of schools’ drugs policies should be undertaken to check whether they exist and whether they comply with the Department for Education and Skills publication, ‘Drugs - Guidance for Schools’ and an audit should be undertaken of drug and alcohol education programmes used by schools to clarify their accreditation status and to evaluate their effectiveness for engaging with young people of different ages.</td>
<td>All schools will have an up to date policy on drugs, with specific reference to alcohol, which complies with the national guidance on drugs policies.</td>
<td>Local Education Authority/schools</td>
</tr>
<tr>
<td>3. All schools should be strongly encouraged to make use of the resources available to them, including the Staffordshire Healthy Schools Programme, school nurses, peer educators and to make use of the various techniques most appropriate for engaging with young people of different ages; and to work towards the National Healthy Schools Status.</td>
<td>All drug and alcohol education programmes in schools will be accredited and will make use of techniques and educators appropriate to the needs of each age group.</td>
<td>Local Education Authority/schools</td>
</tr>
<tr>
<td>4. Regular meetings and events should take place between secondary schools, their feeder schools and parents, between secondary schools, between primary schools, between schools’ PSHE co-ordinators on the issue of alcohol to ensure a consistent approach and to enable the sharing of good practice.</td>
<td>Schools will have equal access to and make use of high quality training resources.</td>
<td>Local Education Authority/schools</td>
</tr>
<tr>
<td>5. Alcohol education should target 10 to 12 year olds to try to ensure they have sufficient information to make informed choices before they start drinking.</td>
<td>Secondary schools and their feeder primary schools will have a consistent and co-ordinated approach to alcohol education.</td>
<td>Local Education Authority/school/ Health Promoting Schools</td>
</tr>
<tr>
<td>6. Leaflets on alcohol should be put into children’s new starter packs/school prospectus</td>
<td>Children age 10 to 12 will understand the impacts of alcohol on individuals and on society and will have the skills to make choices about sensible drinking.</td>
<td>Local Education Authority/schools</td>
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<tr>
<td><strong>Health</strong></td>
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<tr>
<td>7. The Primary Care Trust should carry out a Lifestyle Survey of children in Burntwood, Lichfield and Tamworth, including the use of alcohol and its associated problems.</td>
<td>Stakeholders will be better informed about concerns of young people and in particular attitudes to and consumption of alcohol.</td>
<td>Burntwood, Lichfield and Tamworth Primary Care Trust</td>
</tr>
<tr>
<td>8. The PCT should audit need for and availability of alcohol services for young people, including health promotion activities.</td>
<td>Stakeholders will be able to determine whether existing services are sufficient and if not, what additional services are required.</td>
<td>Burntwood, Lichfield and Tamworth Primary Care Trust/ Staffordshire Drug and Alcohol Action Team</td>
</tr>
<tr>
<td>9. More information should be provided for young people in a consistent way on issues such as units of alcohol and safe limits of alcohol intake and the impact of mixing drinks.</td>
<td>Young people will be better informed about the effects of different types of alcohol and about limits of alcohol consumption to maintain good health, and legal limits for driving.</td>
<td>Burntwood, Lichfield and Tamworth Primary Care Trust/ Staffordshire Drug and Alcohol Action Team</td>
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<tr>
<td>Recommendation</td>
<td>Intended Outcome</td>
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<tr>
<td>10. More information and education should be provided for parents and adults in general explaining the risks to themselves, to children and to society in general. This to include health promotion around alcohol in the workplace.</td>
<td>Adults and children will receive consistent messages about alcohol and its risks for adults and young people. Parents will have the knowledge and skills to provide appropriate guidance to their children on responsible alcohol consumption. Employers will develop/review alcohol policies consistent with the overall message.</td>
<td>Burntwood, Lichfield and Tamworth Primary Care Trust/Staffordshire Drug and Alcohol Action Team</td>
</tr>
<tr>
<td>11. The local specialist public health workforce should be strengthened to enable it work more closely with the DAAT and school nurses on alcohol issues.</td>
<td>Better early identification of developing problems and timely intervention and support to individuals and schools.</td>
<td>Burntwood, Lichfield and Tamworth Primary Care Trust</td>
</tr>
<tr>
<td>12. In determining how to spend the new monies associated with the Public Health White Paper - ‘Choosing Health’, the PCT should be mindful of the work carried out by the Alcohol Project Subgroup and the results of any Children’s Lifestyle Survey, and should consult through the relevant forums of the Local Strategic Partnership.</td>
<td>Informed targeting of resources and partnership agreement of priorities for funding.</td>
<td>Burntwood, Lichfield and Tamworth Primary Care Trust</td>
</tr>
<tr>
<td>13. The PCT should periodically report to the Joint Health Scrutiny Committee on implementation of the White Paper, a key recommendation of which relates to increasing the school nurse workforce, and evaluate the current pilot of school nurse cover during school holidays and consider whether this should be a permanent arrangement.</td>
<td>Clear understanding of progress and any difficulties. Development of the school nurse service will be informed by the results of the pilot.</td>
<td>Burntwood, Lichfield and Tamworth Primary Care Trust</td>
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**Prevention and Diversion**

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<th>Recommendation</th>
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<tr>
<td>14. The funding of the DAAT should be realigned to include alcohol and enable the employment of an alcohol worker. Partner agencies should maximise on the opportunity provided by the development of the DAT into a DAAT to create a strategic leadership role in relation to the commissioning and provision of alcohol services.</td>
<td>Clearer leadership on alcohol issues and better integration with other substance misuse services.</td>
<td>Staffordshire Drug and Alcohol Action Team</td>
</tr>
<tr>
<td>15. More facilities and diversionary activities should be provided, especially in Lichfield and during school holidays.</td>
<td>Fewer young people will get involved in drinking on the streets or in parks.</td>
<td>Staffordshire Youth Service</td>
</tr>
<tr>
<td>16. There should be greater investment in detached youth workers in each area</td>
<td>Better early identification of developing problems and timely intervention to divert individuals from misusing alcohol.</td>
<td>Staffordshire County Council</td>
</tr>
<tr>
<td>17. A standard ID scheme should be implemented for young people throughout Staffordshire.</td>
<td>Reduction in unlawful sale of alcohol to under age young people.</td>
<td>Staffordshire County Council Trading Standards</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Intended Outcome</td>
<td>For Action By</td>
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<tr>
<td><strong>Licensing Authorities</strong></td>
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<td>18. Licensing Authorities should ensure that they make full use of their powers to impose conditions on licences to prevent harm to children by encouraging licensees to adopt good practice such as</td>
<td>Reduction in unlawful sale of alcohol to children and young people therefore children better protected from the effects of alcohol misuse.</td>
<td>Lichfield District Council and Tamworth Borough Council, Staffordshire County Council Trading Standards and Police.</td>
</tr>
<tr>
<td></td>
<td>o ID schemes</td>
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<td>o ‘Challenge 21’</td>
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<td>o CCTV on the basis that these are good child protection measures.</td>
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<tr>
<td>19. A review should be undertaken of the implementation of the Licensing Act 2003 to determine its impact in terms of numbers of licensed premises opening longer hours and incidence of violent and anti-social behaviour that can be attributed to changes resulting from the Act.</td>
<td>Information about the impact locally of the Licensing Act 2003, and identification of measures to address any adverse effects.</td>
<td>Lichfield District Council Tamworth Borough Council</td>
</tr>
<tr>
<td><strong>Licensed Trade</strong></td>
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<tr>
<td>20. Venues should consider sponsoring late night public transport for people leaving their premises.</td>
<td>Safer and easier dispersal from late night venues and reduction in noise, litter and criminal and anti-social behaviour.</td>
<td>Burntwood, Lichfield and Tamworth Licensees Forums.</td>
</tr>
<tr>
<td>21. There should be closer liaison between the Lichfield, Burntwood and Tamworth Licensees Forums to share good practice.</td>
<td>Good practice and new ideas will be shared.</td>
<td>Burntwood, Lichfield and Tamworth Licensees Forums.</td>
</tr>
<tr>
<td>23. There should be comprehensive use of Refusal Registers in all on and off-licensed premises.</td>
<td>All licensed premises able to demonstrate good practice in relation to attempts by under age young people to buy alcohol.</td>
<td>Burntwood, Lichfield and Tamworth District Licensees Forums.</td>
</tr>
<tr>
<td>24. The Licensed Trade should recognise the undesirable nature of promotions which may result in irresponsible drinking and proactively reduce the number of promotions.</td>
<td>Reduced incentives for excessive alcohol consumption.</td>
<td>Burntwood, Lichfield and Tamworth District Licensees Forums.</td>
</tr>
<tr>
<td>25. The Licensed Trade should ensure that bar staff are appropriately trained to enable them to feel confident in refusing to sell alcohol to under age children.</td>
<td>Reduction in sales of alcohol to under age children.</td>
<td>Burntwood, Lichfield and Tamworth District Licensees Forums.</td>
</tr>
<tr>
<td><strong>Communication and Partnership</strong></td>
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<tr>
<td>26. Alcohol as an issue for young people should be publicised through all means available to the Councils and partner agencies, including newsletter, public media, events and through the launch of this report.</td>
<td>Increased awareness among young people, parents and the public at large of the risks to young people of misusing alcohol.</td>
<td>Staffordshire Drug and Alcohol Action Team and Lichfield District Safer Communities Partnership and Tamworth Community Safety Partnership.</td>
</tr>
<tr>
<td>27. Licensing Authorities should work with partner agencies to mitigate the potential adverse health and social consequences of the Licensing Act 2003.</td>
<td>Understanding of the impact of the Licensing Act 2003 and identification of appropriate measures to promote good physical and emotional health.</td>
<td>Staffordshire Drug and Alcohol Action Team and Lichfield District Safer Communities Partnership and Tamworth Community Safety Partnership.</td>
</tr>
</tbody>
</table>
Licensing Act 2003

The protection of children from harm is one of the four licensing objectives that underpin the Licensing Act 2003.

The new licensing regime has been designed, in part, to close the loopholes and inadequacies of current law in relation to children, while allowing under 18s to experience the atmosphere of licensed premises in a family friendly, safe environment. The Act requires that all licensed premises and clubs set out in their operating schedule the steps proposed to be taken to promote the licensing objectives, including the protection of children from harm.

The new regime allows licensing authorities to attach conditions relating to children’s access to reflect the individual nature of each establishment if relevant representations are made and this is necessary to protect children from harm. Where there is no risk of harm, there need be no conditions applied, unless representations are received. Where there is a genuine danger, for example through underage drinking, drug dealing or entertainment of an adult nature, following representations, steps can be taken. The licensing authorities, having first considered any relevant representations from the responsible authorities or interested parties, will be able to impose necessary conditions on the licence or certificate to provide the fullest possible safeguards for the protection of children.

‘Harm’, for the purpose of the Act, will refer to not only physical harm but also to psychological and moral harm. It can be interpreted in the widest possible sense by the licensing authority in response to representations from responsible authorities, such as, the police, social services, or local Area Child Protection Committees and interested parties. If there is genuine reason to believe that allowing children to enter certain premises could result in harm of any kind, necessary conditions will be imposed on the licence or certificate that the licensee or club will have to abide by.

Specific offences relating to children:

- It is an offence to allow children under 16 on relevant premises that are used exclusively or primarily for the supply of alcohol, if they are not accompanied by an adult (i.e. someone age 18 or over) and those premises are open for the supply of alcohol for consumption there;
- It is an offence for any person to allow an unaccompanied child under 16 to be on relevant premises between the hours of midnight and 5 a.m. when the premises are open for the supply of alcohol for consumption there;
- It is an offence for any person to sell or supply alcohol to children anywhere, not just on licensed premises;
- It is an offence to allow the sale of alcohol to anyone under 18;
- It is an offence to send a child under the age of 18 to obtain alcohol;
- It is an offence to allow unsupervised sale of alcohol by children under the age of 18;
- It is an offence for a child to buy or attempt to buy alcohol; and
- It is an offence for a child knowingly to consume alcohol on relevant premises.
Appendix 2

Contributors

Alcohol and Drug Services in Staffordshire (ADSIS)

Education
- Representatives of Primary and Secondary School Heads from Lichfield and Tamworth
- Staffordshire & City of Stoke on Trent Health Promoting Schools Scheme

Staffordshire Youth Service

Staffordshire Police

Lichfield and Tamworth Community Safety Team

Staffordshire County Youth Offending Team

Staffordshire County Drug and Alcohol Action Team

Health
- Burntwood, Lichfield and Tamworth Primary Care Trust Public Health Department
- School Nurse Service
- General Practitioner perspective

Trading Standards

The Licensed Trade

Lichfield District and Tamworth Borough Councils Licensing and Enforcement Authorities

Lichfield and Tamworth Youth Forums

Lifestyle and Well Being Theme Group, Lichfield Local Strategic Partnership

Voluntary Sector
References and Literature Reviewed

Major publications:
● Alcohol Harm Reduction Strategy for England - Cabinet Office, 2004
● Under the Influence - the report of the taskforce on underage alcohol misuse - research findings and conclusions.
● Promoting Responsible Drinking - The Portman Group.
● Burntwood, Lichfield and Tamworth Primary Care Trust Annual Report of the Director of Public Health - Sustaining the Public Health.
● Strategy Unit Alcohol Harm Reduction project - Interim Analytical Report.

National Curriculum:
● PSHE & Citizenship Non-statutory guidelines Key Stages 1 & 2.
● Framework for personal, social and health education at key stages 3 & 4 (extract).
● Certification of the teaching of PSHE - Teachers’ handbook and leaflet ‘Teaching PSHE? Get extra support to develop your skills and experience and gain national recognition’.

Miscellaneous guidance:
● Medical Students Handbook; Alcohol and Health (3rd Edition) - The Medical Council on Alcohol.
● Running Effective Teacher Observations and Teaching Networks for action research - a toolkit. Supports teachers’ CPD in drug education.
● Alcohol and Teenage Pregnancy - Alcohol Concern.

Local Context:
● The Indices of Deprivation 2004 - Staffordshire County (Including Stoke-on-Trent) and the West Midlands Region - Staffordshire County Council.
● Scene setting - Tamworth.
● Baseline Statistics in Lichfield District.

Local Policies and Initiatives
● Chase Terrace Technology College Drugs Education Policy Document
● The Friary School Health Education Policy.
● The Friary School Drugs, Alcohol and Substance Abuse Policy.
● Holly Grove Primary School - Policy for Drug Education and the Management of Drug Related Incidents (includes ‘Lite Pack Briefing Notes’ and ‘Primary Schools Areas of Curriculum Support’).
● Tanked - Alcohol and Drug services in Staffordshire.
● Wolverhampton Health Scrutiny Panel Review of Substance Misuse Services for Young People.
● Staffordshire and City of Stoke-on-Trent Health Promoting Schools
● Life Education Centres Staffordshire.
● Staffordshire County Council Community Safety Team - Alcohol and Solvent Misuse, A Teaching Package for Schools - Workbook.
● Lichfield and Tamworth Crime Audits and Community Safety Strategies.
● Tamworth Townsafe Scheme Code of Practice.

Miscellaneous:
● Drunkenness puts 2000 children in hospital every year - Telegraph 14th January 2005.
● Choosing Health - A Consultation on action to improve people’s health - Response of the Portman Group
Appendix 4

Organisations and bodies who responded to consultation

Beacon Street Residents’ Association
Chase Terrace Technology College
Councillor Mrs Louise Flowith
Councillor Mrs Betty McNeice
Curborough Community Association
East Staffordshire Primary Care Trust
Michael Fabricant, MP
The Friary School
Lichfield District Council
Lichfield and District Council for Voluntary Services
Lichfield Licensees Forum
Health and Consumer Services, Staffordshire County Council
North Lichfield Initiative Board
School Nursing Service, Lichfield and Tamworth Primary Care Trust
Staffordshire Children and Lifelong Learning Directorate
Staffordshire Health Scrutiny Committee
Staffordshire Healthy Schools Programme
Staffordshire Police
Staffordshire Youth Offending Team (Lichfield and Tamworth)
Staffordshire Youth Service
Tamworth Borough Council
Tamworth Licensees Forum
Wade Street Church
Drug Action Team (DAT)
Drug Action Teams are local partnerships charged with responsibility for delivering the National Drug Strategy at a local level, with representatives from the local authority (education, social services, and housing) health, probation, the prison service and the voluntary sector.

Drug and Alcohol Action Team (DAAT)
Drug and Alcohol Action Teams carry out the responsibilities of Drug Action Teams and in addition provide local leadership on alcohol issues.

Health for Life
Drug and alcohol education programme for 4-11 year olds which builds year on year and includes a tool for assessing children’s needs

Integrated Drug and Alcohol Service (IDAS)
Service to support drug and alcohol misusers provided from four locations in Staffordshire - Cannock, Burton, Tamworth and Stafford.

Key Stages
The National Curriculum for schools is organised into Key Stages, with clear expectations set out as to what children should know about each subject at each stage.

<table>
<thead>
<tr>
<th>Key stage</th>
<th>1</th>
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<th>4</th>
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<tbody>
<tr>
<td>Age range</td>
<td>5-7</td>
<td>7-11</td>
<td>11-14</td>
<td>14-16</td>
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<tr>
<td>Year Groups</td>
<td>1-2</td>
<td>3-6</td>
<td>7.9</td>
<td>10-11</td>
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</table>

Life Education Centre
Life Education Centres is a drug prevention education programme which draws on children’s natural enthusiasm for life.

Local Strategic Partnership (LSP)
A local strategic partnership is a single body that brings together at a local level the different parts of the public sector as well as the private, business, community and voluntary sectors so that different initiatives and services support each other and work together. It operates at a level which enables strategic decisions to be taken and is close enough to individual neighbourhoods to allow actions to be determined at community level.

National Healthy Schools Status (formerly National Healthy Schools Standard)
A national accreditation scheme which sets standards for whole school development and provision of Personal, Social and Health Education.

Personal, Social and Health Education (PSHE)
Part of the school curriculum which aims to help pupils to lead confident, healthy and responsible lives as individuals and as members of society.

Responsible Authorities
Appendix 5

The Responsible Authorities comprise the agencies responsible for developing and implementing the Community Safety Strategy and provides the direction and ethos for the Community Safety Partnership. The key agencies are the Police, Fire and Rescue, Primary Care Trust, Probation and the Local Authority.

**Referral Order**

Part 1 of the Youth Justice and Criminal Evidence Act 1999 introduced referral orders as a sentencing option for 10-17 year olds pleading guilty and convicted for the first time. They involve referral of the young offender to a youth offender panel. The youth offender panel provides a forum away from the formality of the court for the young person, the family and, where appropriate, the victim of the offence, to consider the circumstances leading to the offending behaviour, and the effect of the crime on the victim. The panel also agrees a contract with the young person which will include reparation to the victim or to the wider community, and a programme of activity designed primarily to prevent further offending.

**Safe recommended drinking limits**

Women 2-3 units per day; men 3-4 units per day.

1 unit = 8g of alcohol and is equivalent to 1/2 pint of ordinary strength beer, 1 small (125ml) glass of wine at 9% strength or 1 measure of spirits.

**Staffordshire Healthy Schools Programme (formerly Health Promoting Schools)**

A partnership between the Local Education Authorities in Staffordshire and Stoke on Trent and their associated Primary Care Trusts designed to support and accredit the work schools are undertaking to improve the health and education of their pupils.

**Youth Offending Team (YOT)**

A multi-agency team working with 10-17/18 year olds who have entered the criminal justice system as a result of offending.

Many thanks to Staffordshire County Council, Lichfield Mercury and Staffordshire Police for their kind permission for the use of images.

Front cover image ‘Cinemabinge’ is from the ‘Don’t do drunk’ cinema ad campaign by The Portman Group.

Designed and published by Lichfield District Council February 2006.
Alcohol Consumption among Young People... and activities to promote responsible drinking