

COMMITTEE: **HEALTH AND WELLBEING BOARD**

DATE: 11 FEBRUARY 2016

A follow up report about young people and alcohol and the UK Chief Medical Officers Alcohol Guidelines Review

Report of the Deputy Chief Executive/Director of Children's Services, Daljit Lally
Cabinet Member: Cllr Susan Dungworth, Adult Social Care and Public Health

Purpose of report

In December 2015, the Health and Wellbeing Board received a report on the impact of alcohol consumption on Northumberland's population and requested further information relating specifically to young people including:

- Specialist substance misuse services
- School exclusions
- Alcohol Specific Hospital admissions for under 18's

In addition to this, since the last meeting the UK Chief Medical Officer has published revised guidance on alcohol consumption and a summary of the new advice is also provided.

Recommendations

The Health and Wellbeing Board are invited to:

- a) Note and discuss the data relating to young people accessing services for alcohol misuse.
- b) Consider receiving a further report to include:
 - i. the results of the Health Related Behaviour Questionnaire of school children in relation of alcohol consumption; and
 - ii. potential strategic approaches to reducing the harm caused to young people by alcohol; and
- c) Note the UK Chief Medical Officers revised guidelines on alcohol.

Key Issues

- The majority of young people in Northumberland do not drink alcohol.

- We know from national surveys that parents who express a desire for their children not to drink is a preventative factor in delaying the onset of underage drinking.
- The young people who are drinking in Northumberland are accessing alcohol from their parents.
- There is less consistency across schools as to how they deal with alcohol issues in school compared with the approach to drug issues.
- For those young people who are misusing substances, the majority started with drinking alcohol at a young age.
- For those young people who are misusing substances, there are services such as Sorted and Northumberland Adolescence Service who provide specialist support for young people.
- The UK Chief Medical Officers Alcohol Guidelines have reviewed the evidence since the last guidance was set in 1995 and has identified that there should be a revision in the male weekly low risk limits, advice on alcohol free days and how to consume alcohol whilst keeping the risks as low as possible. For the first time there has also been advice on drinking in pregnancy.

Background

At the December meeting of the Health and Wellbeing Board, further information was requested relating specifically to the demographics of young people accessing specialist substance misuse services, those excluded from school or admitted to hospital for an alcohol related issue. It is important to recognise that the data presented relates only to young people accessing services, some of which have multiple vulnerabilities who receive specialist support from a range of agencies and that the majority of young people in Northumberland do not consume alcohol.

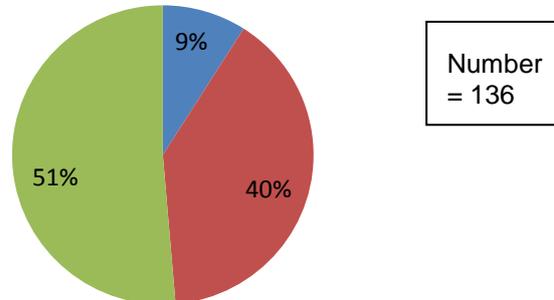
The results of the 2015 Health Related Behaviour Questionnaire will soon be published, which was completed by 3558 pupils (year 8's (aged 12-13) & year 10's (aged 14 -15)) in Northumberland schools. This survey gathers information from a wider cohort of children and asks questions relating to alcohol consumption and behaviour and will be presented to a future meeting of the Health and Wellbeing Board.

Specialist Substance Misuse Services

As previously reported in December, Sorted provides specialist substance misuse support for young people under the age of 18 and is newly integrated into the Northumberland Adolescence Service. In addition to providing structured treatment for young people, Sorted have pathways via A&E, the police and schools to identify young people who are drinking riskily in order to intervene early, offer harm reduction advice and support parents. The service also trains other professionals who work with young people so they are equipped to provide brief advice to a young person.

Age profile of young people accessing specialist substance misuse service citing problematic alcohol use (2014/15)

■ U13 ■ 14-15 ■ 16-17



- Of the 136 referrals, the majority were received from youth justice (30%, similar to national), children and family services (18%, 12% nationally) self, family and friends (17%, 11% nationally) and education (14%, 26% nationally).
- Many young people receiving specialist support have a range of vulnerabilities and the most frequently observed issues in Northumberland are; being involved in self harm (30%, 17% nationally), involved in offending or anti-social behaviour (24%, 32% nationally), having an identified mental health problem (23%, 18% nationally) and being affected by others' substance misuse (21%, same as nationally).
- In terms of gender differences of those accessing Sorted, there appears to be more girls citing problematic alcohol use (92% compared with 66% nationally) and self-harming (55% compared with 33% nationally) and more boys citing problematic alcohol use (77% compared with 44% nationally), but on a positive note less boys are involved in anti-social behaviour or cannabis use than is seen nationally.
- Also on a positive note, more young people exit treatment from Sorted in a planned way and less re-present back to the service within six months than is seen nationally.

School Exclusions

Sorted and the Schools Drug Education Co-ordinator offer support to schools to respond appropriately to substance misuse issues in school. This support includes:

- providing advice to develop supportive Whole School Drug and Alcohol policies,
- providing intelligence to schools from regional networks and local partners relating to trends and issues which may affect their pupils,
- supporting schools to develop drug and alcohol education as part of a wider PSHEE program and briefing parents prior to curriculum delivery.
- developing pathways to ensure that young people who are excluded for substance misuse issues receive specialist support when necessary.
- Feeding intelligence into schools about issues identified from the A&E and police pathways to inform drug education programs as a preventative tool.

Since the start of the academic year 2013/2014 there has been 77 exclusions involving substances, both drugs and alcohol. These can range from being in possession of a legal or illegal substance or being intoxicated at school. Approximately 40% of the exclusions were specifically alcohol related, for those where the substance was not specified it is estimated that the majority of cases, alcohol has been a factor.

A demographic profile of all the pupils excluded for a drug and/or alcohol issue is provided below:

Year Group	Age Range	Number
Unknown		1
Yr.'s 11 & 12	15 – 17 yrs.	17*
Yr. 10	14-15 yrs.	20
Yr. 9	13-14 yrs.	16
Yr 7 & 8	11-13 yrs.	10*

*Age group combined as small numbers involved.

Gender	Number
Female	20
Male	36
Unknown	8

Exclusions range from between 0.5 days – 10 days, with some instances of permanent exclusion. There are a number of factors which affect a schools response to a substance misuse issues which include:

- Schools may be less likely to exclude a young person for an alcohol issue, if there are safeguarding concerns around the family's alcohol misuse within the home setting.
- The factors involved in the incident e.g. numbers of young people involved, the substance and previous behaviour.
- The schools Drug and Alcohol Policy, whilst advice is provided to support schools to develop this, the school can ultimately decide its own sanctions within its Whole School's Drug Policy.
- The wider approach to school exclusion policy which varies across schools.
- The availability of alternative measures to exclude pupils from contact with fellow pupils whilst retaining them in school.

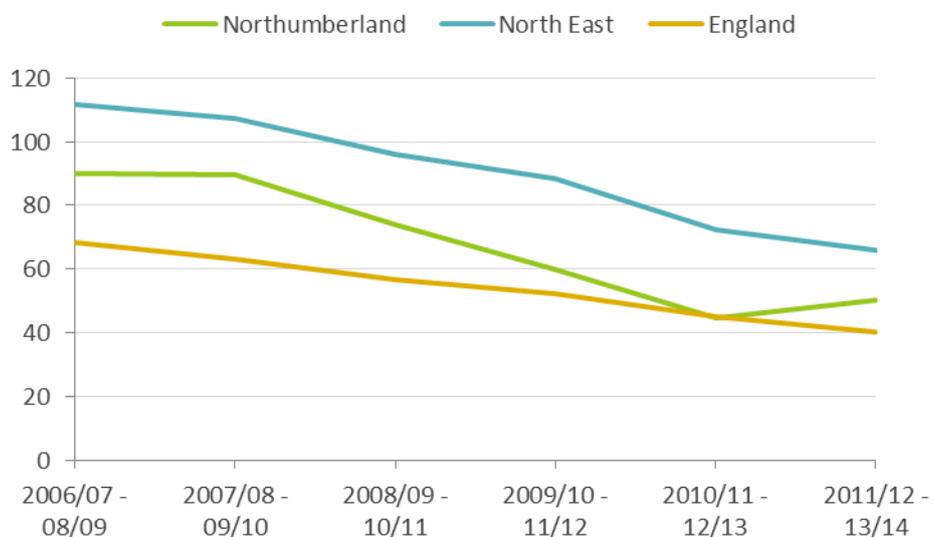
In the current academic year, there has been a decline in reports of exclusions this could be because good drug education training has been provided for school staff and parents. The reasons outlined previously may also explain an inconsistency in the data provided by schools. In response to this colleagues from Sorted and the Education Service are currently launching a new Exclusion Pathway which has involved meeting with senior managers in all schools to ensure full co-operation,

raise awareness of the pathway and the support that is available when a drug or alcohol exclusion occurs. Responses from schools so far have been very positive.

Alcohol Specific Hospital Admissions for U18's

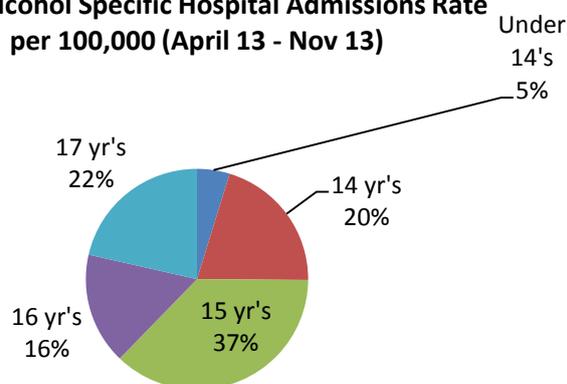
As part of the Local Alcohol Profiles for England, data is reported on the number of alcohol specific hospital stays for young people under 18. The trend for Northumberland is shown in the chart below which shows we have been closing the gap with England, with a small increase in recent years. The graph below shows the rate per 100,000 populations, so that the impact of differences in sizes of population is eliminated and different populations can be compared.

Alcohol-specific hospital stays (under 18) - Northumberland



We do not routinely receive data showing the age profile of the under 18's, but the last data received for the period April 13 to November 13, is provided below. Due to the small numbers involved, it is not possible to publish information for under 14 year olds, in 1 year age bands.

U18's Alcohol Specific Hospital Admissions Rate per 100,000 (April 13 - Nov 13)



Chief Medical Officer's Low Risk Drinking Guidelines - Adults

On the 8th January, the UK Chief Medical Officer (CMO) published new alcohol guidelines that state that drinking any level of alcohol regularly carries a health risk for everyone. The guidelines themselves are not out for consultation and have been immediately adopted by Public Health England; however views are being invited on how easy the guidelines are to understand.

The main reason for the changes in the advice is the increasing evidence that any level of drinking raises the risk of cancer, which was not fully understood when the original guidelines were set in 1995.



These guidelines are not about 'safe' drinking, but rather are about ensuring that the public have the information necessary to make informed choices about the risks involved in drinking alcohol and to understand what steps they need to take to keep the risks within a low level.

In the guidance, men are advised to drink no more than 14 units a week, which is now the same as women in order to keep the risk of illness like cancer and liver disease low. This is as a result of increased understanding about the short term harms of drinking, which affect men more than women. The protective effect of alcohol against heart disease has also now been shown not to apply to men to any significant level.

People who take part in heavy drinking episodes are more likely to suffer from long-term illnesses, accidents and injuries, therefore the guidance is that if people are going to drink 14 units a week, they should not 'save up' the units and drink them in a single episode. Instead, people are encouraged to spread them over at least three days and if people wish to cut down the amount they are drinking, a good way to achieve this is to have several drink-free days each week. For the first time, the guidelines also provide advice on how to keep the risks of short-term ill-health and injuries low, such as drinking more slowly, with food and alternating with water, avoiding risky places and activities, making sure you have people you know around

you and ensuring you can get home safely. The guidelines also identify groups who are more likely to be affected by alcohol and should be more careful of their level of drinking on any one occasion, these include:

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs

The guidelines for pregnant women has been updated to be clear that no level of alcohol is safe to drink in pregnancy, as to date the advice has been confusing for both women and midwives. This guidance is now in line with the North East's Directors of Public Health '0 for 9' commitment (no alcohol for nine months). The CMO's advice has been described as 'precautionary' with the experts saying there is no evidence which would support a low level of drinking during pregnancy.

Consultation and next steps

As previously mentioned, the guidelines themselves are not out for consultation, however views are being invited on how easy the guidelines are to understand such as:

1. Are the weekly guidelines clear and understandable?
2. Do the guidelines help you understand how to reduce health risks to a low level?
3. Are the guidelines on alcohol free days clear and understandable?
4. Are the guidelines on drinking on a single occasion clear and understandable or would it be easier if people had a suggested limit?
5. Is the guidance on drinking in pregnancy clear and understandable?

The consultation closes on the 1st April 2016.

Localities are encouraged to implement the new guidelines with immediate effect, so over the coming months we will be working with partners to refresh training and health education materials.

Implications

Policy	This briefing paper is for information for members and does not affect current policy
Finance and value for money	N/A
Legal	N/A
Procurement	N/A
Human Resources	N/A
Property	N/A
Equalities (Impact attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	"This report is for information only, so no impact assessment is immediately required".
Risk Assessment	N/A

Crime & Disorder	Alcohol plays a role in anti-social behaviour and crime. Recommendations within the paper have the potential to impact on both.
Customer Consideration	N/A
Carbon reduction	N/A
Wards	N/A

Report sign off.

Finance Officer	N/A
Monitoring Officer/Legal	N/A
Human Resources	N/A
Procurement	N/A
I.T.	N/A
Executive Director	DL
Portfolio Holder(s)	SD

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Background papers:

Young people's substance misuse data: JSNA support pack, Key data for planning effective young people's substance misuse interventions in 2016-17.

[Chief Medical Officers Health risks from alcohol: new guidelines](#), Department of Health, 8th January 2016.

[Public Health England Profiles Fingertips](#)