

COMMITTEE: **HEALTH AND WELLBEING BOARD**

Date: 12 MAY 2016

A follow up report on the potential strategic approaches to reducing the harm caused to young people by alcohol

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 February 2016, the Health and Wellbeing Board received a second report on alcohol highlighting data relating to the impact on children and young people. At this time the Board requested a further report on the strategic approaches to reduce the harm caused to young people by alcohol.

Since the February report, the results of Northumberland's Health Related Behaviour Questionnaire (HRBQ) have been published, so the opportunity has also been taken to update the Board on the results regarding alcohol use. These results have also been compared and contrasted with the national 'What About Youth Survey' which provides local authority level data and was published in December 2015.

Finally as the issue of minimum unit pricing for alcohol has remained of interest to the Board and is a potential approach to reduce alcohol harm, an update on the results of the Residents Survey minimum unit price question is also provided.

Recommendations

The Health and Wellbeing Board are asked to

- a. Note the results of the Health Related Behaviour Questionnaire and Residents Survey related to alcohol.
- b. Note and comment on progress within Northumberland, in particular to support young people and families through schools and specialist services.
- c. Acknowledge the need to explore policies and advocate for change to also address the environmental factors within our neighbourhoods where there is evidence of harm occurring to children and young people.

Key issues

- Whilst the majority of young people in Northumberland are not drinking or getting drunk on a weekly basis (HRBQ 2015), the results of the national What About Youth Survey suggest that there are potentially more young people getting drunk, but not on a weekly basis.
- There seems to be support from residents for minimum unit pricing for alcohol as a way to reduce underage drinking anti-social behaviour and binge drinking.
- The factors affecting a young person's attitude to alcohol use are multi-faceted including adult and parental attitudes to alcohol, the environment where they live and the influence of peers. Therefore a multi-faceted approach is also required.
- Interventions which reduce consumption in the adult population supported by policies which reduce the impact of environmental factors such as availability, price and advertising will help protect young people from the harm caused by alcohol.

Update on HRBQ results

The HRBQ was completed by 3521 young people in years 8 (age 13) and 10 (age 15) in schools in Northumberland during the autumn of 2015. The results of the alcohol questions suggest that:

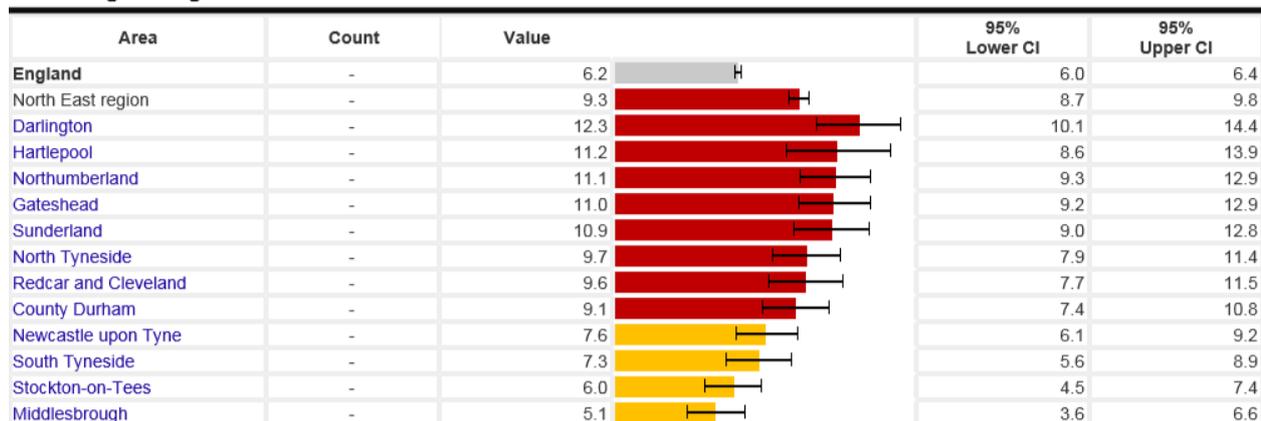
- 94% of year 8 boys and 95% of year 8 girls completing the survey had not had an alcoholic drink in the last 7 days; this reduces to 77% of males and 75% of females in year 10.
- 99% of year 8's had not been drunk in the last 7 days, which reduces to 94% of year 10 boys and 92% of year 10 girls. Whereas there was the belief by young people that many more of their peers than this had been drunk in the last 7 days.
- 78% of boys and 72% of girls in year 10 said their parents 'always' or 'usually knew' they drank.
- Parents, carers and friends over 18 were most likely to be the source of alcohol.
- We know that there are significant differences in these results between schools.

The 'What About Youth Survey 2014' is a national survey of 15 year olds (year 10) of a range of health and social issues and data is available at a local authority level allowing for comparison with other areas. The survey differs from the HRBQ in that it asks about alcohol consumption within the last four weeks rather than just the last 7 days. The results suggest that in Northumberland:

- 33.7% of boys and 26.4% of girls do not drink at all, which is fairly consistent with the HRBQ.
- 32% of boys and 38.1% of girls drink weekly, fortnightly or monthly and 16.3% of males and 24% of females had been drunk in the last four weeks. These results suggest that there are potentially more young people getting drunk than the HRBQ indicates, but that this is not as frequently as on a weekly basis.

Percentage of regular drinkers 2014/15

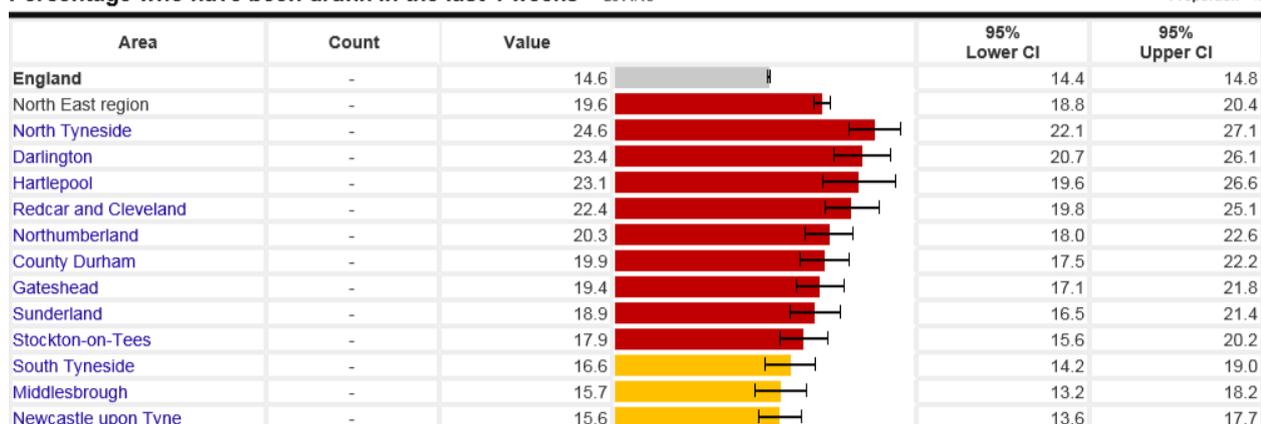
Proportion - %



Source: What About YOUTH (WAY) survey

Percentage who have been drunk in the last 4 weeks 2014/15

Proportion - %



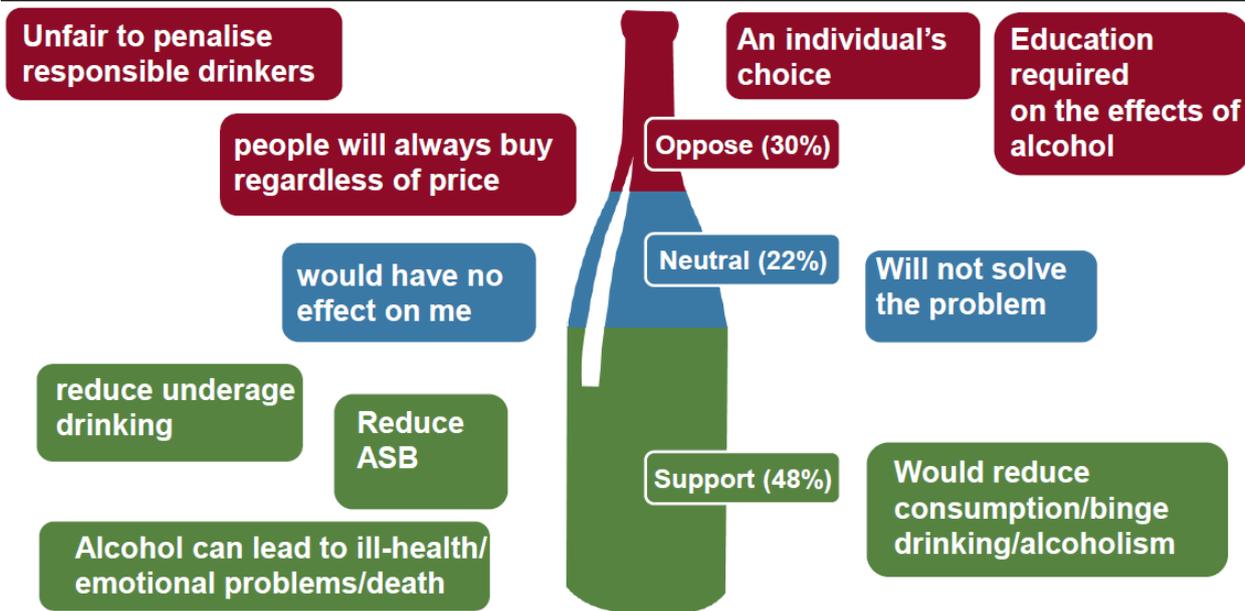
Source: What About YOUTH (WAY) survey

Local views on minimum unit pricing

At the December meeting the Board were informed that the Council had decided to seek the views of Northumberland residents on the issue of minimum unit pricing for alcohol and the results are presented in the infographic below. These show that almost half of residents supported and less than a third opposed minimum unit pricing. One of the reasons for support was the belief that that this measure would reduce underage drinking. This information will be used to inform the Councils future policy position.

There is support for the minimum unit pricing of alcohol

Q45. What are the reasons for your opinion on the minimum pricing of alcohol?



Base: All responding (1761) : Fieldwork dates : 15 September – 30 October 2015

Source: Ipsos MORI

Ipsos MORI
Social Research Institute



© Ipsos MORI | 15-050174-01 Northumberland CC Residents' Survey Report FINAL INTERNAL USE ONLY. This work was carried out in accordance with the requirements of the international quality standard for market research, ISO 20252

Factors affecting adolescent alcohol use

The report to the Board in December 2015 provided a comprehensive review of the factors which influence alcohol consumption. As a reminder, the factors particularly influencing adolescent alcohol use are highlighted below, although it is worth highlighting that due to the influence of adults particularly parents on young person's attitudes to alcohol, measures that modify adult drinking behaviour also impact on young people. This highlights that as with many health issues, it is a combination of environmental, family and individual factors which affect alcohol use.

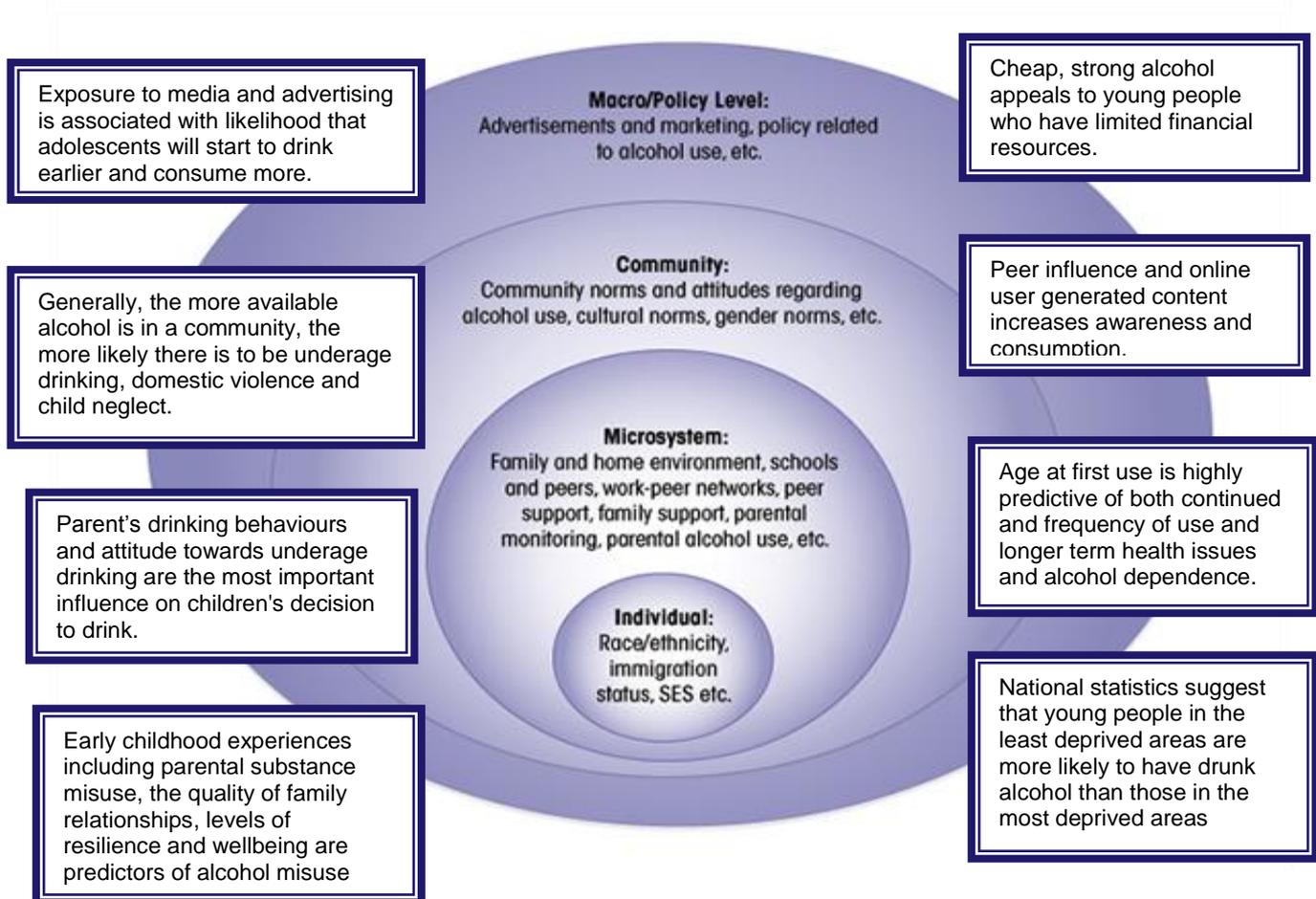


Figure 1 Adapted from Social and Cultural Contexts of Alcohol Use: Influences in a Social Ecological Framework ¹

Evidence of what works

As the factors affecting alcohol consumption are multi-faceted, only action by society across all of these levels will achieve a long term reduction in alcohol consumption and harm to children and young people. A very brief review of the evidence of the most effective and cost effective measures to reduce consumption amongst young people is provided in the table below. A full commentary of the activity currently being carried out in Northumberland was provided in the report in December, however a brief review has also been provided in the table below.

Intervention	Evidence of Effectiveness*	Comments on the evidence	Northumberland's activity and potential approaches	What more we could do
Measures to address low cost, high strength alcohol	Excellent	The current legislation to ban sales below cost is complex to use and does not affect many products as they are not sold that cheaply. The most effective, targeted measure which would be easier to implement would be the introduction of a national minimum unit price for alcohol. Although the North West is currently exploring a regional approach as part of devolution.	10 out of 12 local authorities have now signed up to the Local Government Alcohol Declaration which is a statement commitment to ensure alcohol harm reduction is part of mainstream public health work, that comprehensive action is taken and encourages signatories to influence national government on issues such as the price, promotion and availability of alcohol.	Northumberland could sign up to the Local Government Alcohol Declaration
Measures which restrict the hours of sale or numbers of alcohol outlets in a community.	Excellent	The Licensing Act provides guidance on introducing cumulative impact policies where there is evidence of a high number of alcohol outlets and alcohol related harm. A number of local authorities have introduced cumulative impact as part of their local licensing policies.	<p>The local licensing policy does not contain any cumulative impact policy areas, although the provision is available subject to satisfactory evidence being presented. Evidence would need to show that the cumulative impact of licensed premises in an identified area are impacting on the licensing objectives:</p> <ol style="list-style-type: none"> 1. the prevention of crime and disorder 2. public safety 3. the prevention of public nuisance 4. the protection of children from harm <p>Note: there is no public health licensing objective currently permitted under the Licensing Act.</p>	The Responsible Authorities could gather data and identify if there is sufficient evidence that there are areas within Northumberland where there is a potential cumulative impact from outlets selling alcohol.

Intervention	Evidence of Effectiveness*	Comments on the evidence	Northumberland's activity and potential approaches	What more we could do
Preventing underage and proxy sales to young people under legal age.	Excellent	According to the HRBQ it is a minority of alcohol that is obtained from retailers but is via 'proxy provision' with parents and adults over 18 being the prime source of alcohol used by young people.	Trading Standards and the police have regular operations with retailers on a range of age restricted products and take action when appropriate. It would seem that pubs have a worse failure rate (33.3%) than shops (21%) when tested and that generally shops have access to more training for staff than pubs.	<p>Northumberland could sign up to the Local Government Alcohol Declaration.</p> <p>In addition to the on-going work which will remain a priority, consideration is being given to including under age sales as part of the food standards, weights and measures inspection process of pubs and restaurants.</p> <p>Do more work in the future with 'newer premises types' such as takeaways and home delivery sales to ensure good practice.</p> <p>More work is needed with adults particularly parents to change attitudes about the proxy provision of alcohol to their children; this could include social norms work.</p>
Restrictions of advertising of alcohol to young people	Excellent	Alcohol advertising is currently self-regulated. Measures such as bans before 9:00pm on TV, limiting ads at cinemas to 18 certificates have been suggested. These do not address expansion of online advertising and peer to peer promotion via social media.	Again the Local Government Alcohol Declaration includes a commitment to influence national government on alcohol advertising.	<p>Northumberland could sign up to the Local Government Alcohol Declaration.</p> <p>Consider how as health promoting organisations we approach the advertising of alcohol in particular where it is likely to be seen by children e.g. play areas, schools, public transport. This could include sponsorship, use of our assets for advertising and alcohol advertising at events and premises that we regulate and manage.</p>
Local efforts to develop community based multi component partnerships	Excellent	Should take place in a range of settings (families, schools, workplaces). Should be medium term and provide communities with skills, knowledge and resources. Approach partnerships funded by the alcohol	<p>There have been time limited local partnerships such as Sub 21 and the Northumberland Alcohol Intervention Project which has used this approach.</p> <p>The Community Safety Partnership and</p>	There is greater scope to use community centred approaches to build on the strengths in communities and build capacity of local residents to improve their wellbeing and identify solutions to issues in their area.

Intervention	Evidence of Effectiveness*	Comments on the evidence	Northumberland's activity and potential approaches	What more we could do
Specialist substance misuse services for young people.		industry with caution to avoid conflict of interest and mixed messages to young people.	Police are leading on the establishment of Community Alcohol Partnerships (CAP) in Blyth and Alnwick. CAPs are funded by the alcohol industry.	In the meantime we will support the development of CAPs to ensure that they support local activity and do not undermine our work on social norms and ensure young people are getting accurate and consistent messages
	Excellent	Specialist interventions for young people misusing substances are effective and provide good value for money. Department of Health costs benefit analysis found for every £1.00 invested saved £1.93 within two years and up £8.38 in the long term.	There are pathways in place to early identify young people at increased risk in universal services e.g. schools, police and A&E. The service performs well and is well integrated with other specialist services for young people at risk; this was recognised in the Ofsted inspection.	There has been a reduction in self referrals and referrals from schools, potentially linked to less capacity to provide substance misuse drop ins in schools.
Targeted delivery of screening and brief intervention for those at increased risk.	Good	Train organisations working with children and young people to use age appropriate screening tools and provide advice and referral to specialist services if necessary. Key groups of young people include those attending A&E for accident or minor injury, seeking emergency contraception, involved in crime/ASB, regularly absent from school, self-harm, looked after children and children in need.	Training is available for universal services working with young people e.g. teachers, support staff, social workers and youth workers. Have a Word alcohol brief intervention training for universal services working with people over 16 who are family members should support a change in adult drinking behaviour.	We are making progress in this area and it will continue to be a priority.
Early childhood	Good	Pre-school education to support cognitive and social development particularly in deprived communities.	This work is done with parents as part of Northumberland's 0-5 offer lead by Health Visitors and supported by Children's Centres and other early year's providers.	We are making progress in this area and it will continue to be a priority.

Intervention	Evidence of Effectiveness*	Comments on the evidence	Northumberland's activity and potential approaches	What more we could do
First exposure to alcohol	Good	Early initiation of alcohol use has been shown to be linked to later binge drinking, heavy drinking and alcohol-related problems. Delaying the first drink and avoiding introducing alcohol even in the home environment is a protective factor.	Parent information sessions are offered in schools prior to the delivery of PSHE to encourage parents to change attitudes about the normalisation of alcohol to children.	More work is needed with adults particularly parents to change attitudes about the normalisation of alcohol to children.
Prevention education based on building personal and social skills, resilience and wellbeing	Good	School based interventions provide cost-benefits to society, e.g. interventions that improve emotional wellbeing save money in the first year by reducing costs to social services, the NHS and criminal justice and have recouped and have recouped £50 for every £1 spent. To be effective alcohol education should be delivered as part of a wider PSHE program to grow resilience and wellbeing complemented by a whole school approach to policy development, training and pathways to specialist support services. Negative outcomes can be experienced by using scare tactics and/or using ex-alcohol misusers or police officers to deliver alcohol education. Knowledge only programs do not lead to skills development and behaviour change.	<p>Schools in more deprived areas are currently provided support free of charge to deliver good quality alcohol education as part of a wider PSHE program. Other schools can purchase additional support from the council or other providers or access free resources funded by the alcohol industry.</p> <p>Evidence suggests that young people in the least deprived areas are more likely to drink regularly.</p> <p>Free PSHE specialist support as part of the national curriculum offer to all schools would help resolve some of these issues.</p>	<p>The challenge remains to provide consistent, universal, robust PHSE as schools become independent budget holders.</p> <p>The universal PSHE offered by school nurses to all year 5 & year 8's could be modified to increase awareness of alcohol use & social norms.</p>
Media campaigns	Limited	Whilst campaigns may increase awareness and knowledge there is limited evidence that they change behaviour.		We will continue to support national and regional campaigns such as Alcohol Awareness Week and Dry January.

*Evidence of effectiveness from:

Developing a Strategic Approach in Northumberland

Young people drink alcohol for many of the reasons that adults drink, to relax, unwind, socialise and to feel more confident. Drinking excessively is often a symptom of other factors affecting a young person's wellbeing such as relationship or family difficulties, abuse, neglect, offending or parental substance misuse. For this reason alcohol prevention cannot be tackled as an isolated issue and should be part of a strategic approach to increasing the wellbeing and resilience of our children and young people. Additionally interventions to reduce consumption in the adult population supported by policies that reduces the impact of environmental factors such as availability, price and advertising will also contribute to protecting young people from the harm caused by alcohol.

Implications

Policy	This paper is suggesting potential policy options for the Health and Wellbeing Board to consider supporting as a partnership. Individual partners would need to consider implications for their own organisation.
Finance and value for money	There currently are no financial implications from this report.
Legal	At this time, no additional resources are being sought.
Procurement	Not applicable
Human Resources	Not applicable
Property	Not applicable
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	The aim of this report is to reduce inequalities in health and improve conditions for the most vulnerable.
Risk Assessment	Not applicable
Crime & Disorder	Excessive consumption by both adults and young has been linked to anti-social behaviour, crime, violence and sexual and domestic abuse. Measures to reduce excessive consumption should reduce crime and disorder.
Customer Consideration	Not applicable

Carbon reduction	Not applicable
Wards	All

Background papers:

1. Evidence of effectiveness from:
 - NICE Guidance PH24
 - Tackling Harmful Alcohol Use – OECD Directorate for Employment, Labour and Social Affairs May 2015
 - Alcohol and Young People in the North East of England Health Needs Assessment 2015
 - The international evidence on the prevention of drug and alcohol use – Public Health England
2. The Impact of Alcohol consumption in Northumberland, Health and Wellbeing Board, December 2015
3. A follow up report about young people and alcohol and the UK Chief Medical Officers Guidelines Review, Health and Wellbeing Board February 2016

Report sign off.

	initials
Finance Officer	NA
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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