

Too much too young?

Alcohol misuse among young Londoners

June 2009



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Health and Public Services Committee members

The Health and Public Services Committee can identify and investigate any health and public services issues that are of concern to London as a whole. Recent investigations include community mental health services, post office closures and emergency life support training.

Further information about the Committee can be found at:
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The Membership of the Committee is as follows:

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Chairman's Foreword

Evidence of beer and wine making has been found amongst ancient Chinese and Iranian remains dating from 9000 BC. Despite alcohol being with us for the last 11,000 years, we still have a strained relationship with drink.

The production, distribution and retailing of alcoholic drinks forms a large and important part of London's economy and, for most people, it is a lubricant to social discourse, a way of breaking the ice or an accompaniment for food. For some people, however, it can have serious health implications and be the trigger for criminality, unprotected sex, drug-taking or dangerous and even violent behaviour.

Young people are often the least well equipped to deal with the effects of alcohol: lack of experience, a desire to conform or just the physical limitations on their ability to metabolise the alcohol they consume can have dramatic effects. Shock headlines and lurid photographs of young men and women incapacitated through drink are great for selling newspapers but what is the truth behind the headlines? Without a sound knowledge base, policies and initiatives will at best be effective only by luck and at worst counter-productive.

Until now there has been no comprehensive assessment of the drinking habits of young Londoners. We wanted to know who was drinking, how much and how often, as well as how alcohol was obtained and why it was consumed. We also wanted to find out whether or not the situation is worsening. Having established a baseline, the report looks at ways to help young people stay safe with alcohol and how central, regional and local government can work with the drinks industry, the police, statutory and voluntary bodies and local communities to prevent harm.

Throughout the process we were keen to involve young Londoners and, with the help of the GLA's own Peer Outreach Team, we were able to involve young people at almost every stage of this report's investigations and production. We have also produced a young people's version of the report, with the Peer Outreach Team's input, so that the tone and content is relevant and accessible to the young people who may be worried about their own or friends' drinking.

We do not seek to vilify young people who have a problem with alcohol or limit unnecessarily the actions of those who do not, but rather to understand and help others to understand the nature and scale of the problem and put forward some ideas to tackle it, and to help keep young Londoners safe and healthy.

James Cleverly AM, Chairman Health and Public Services Committee

Contents

Executive Summary	8
Introduction	10
Section 1: The problem of alcohol misuse among young Londoners	13
Section 2: What is being done to tackle youth alcohol misuse and what further work is needed?	22
Next steps	36
Appendix 1 – How we conducted this investigation	38
Appendix 2- Agencies involved in tackling alcohol misuse among young Londoners	42
Appendix 3 - Recommendations	44
Appendix 4 – Orders and Translations	46
Appendix 5 – Principles of Scrutiny	47
Endnotes	48

Executive Summary

Alcohol misuse by young people is a serious concern. Eleven to fifteen year olds in London now drink the equivalent of 180,000 bottles of lager a week¹, and the amount they drink is increasing.

In particular, young women aged 11-15 drink significantly larger quantities of alcohol than they were a few years ago, and they now have drinking habits similar to those of their male peers. However, young women tend to have a lower tolerance for alcohol than young men, which explains why hospital admission rates for 11-15 year old women are almost double those for young men of the same age². Young people from Pakistani and Bangladeshi communities are more likely to drink than they were a few years ago. Although young Londoners from these communities are still less likely to drink than young people from other groups, the Committee is concerned that these recent increases could be the start of an ongoing trend.

The number of alcohol-specific hospital admissions for young Londoners almost doubled between 2002 and 2006

Young people's drinking is putting increasing pressure on health services. The number of hospital admissions for young Londoners almost doubled between 2002 and 2006³. In 2007-08 the London Ambulance Service NHS Trust dealt with 8,126 alcohol-related calls for 11-21 year olds, which is a 27 per cent increase on 2004-05. The cost of responding to these calls in 2007-08 was around £1.3 million⁴.

Despite the growing problem of young people's alcohol misuse and its increasing impacts on public services, a lack of senior leadership both locally and regionally means that efforts to reduce alcohol harm are not always effectively prioritised or coordinated. The Committee therefore believes that the Mayor and local leaders need to focus more effort on tackling alcohol misuse.

It is relatively easy for young people under the age of 18 to buy alcohol, especially from off-licences. The Committee heard about a successful community alcohol partnership in Cambridgeshire that brings together the police, local authority, alcohol retailers and the media to share intelligence and reduce underage alcohol sales. We believe this model should be piloted in parts of London, and rolled out more widely if successful.

Young people told us that alcohol education in schools is inadequate, and that they generally don't know where to go to get help or information about alcohol. Also, many parents and carers underestimate the risks of alcohol misuse on their children's health and personal safety. The curriculum for Personal, Social and Health Education (PSHE) is currently being reviewed, and we believe that this provides an excellent opportunity for ensuring that alcohol education better meets young people's needs, and helps them learn how to stay safe with alcohol. We also believe that a Londonwide social marketing campaign should be launched targeting

young people and their parents and carers. This campaign should aim to raise awareness of the risks of alcohol misuse, inform people how to stay safe with alcohol and highlight sources of help.

The NHS is working hard to deal with the increasing impact that alcohol misuse is having on its services. However, the health service has focused mainly on dealing with alcohol-related emergencies and treating people with serious long-term alcohol problems such as dependence. The Committee believes that the NHS should focus more on early intervention measures that can help harmful and hazardous drinkers reduce their alcohol consumption before they develop long-term problems. Screening and Brief Interventions are an early intervention measure that have been proven to be both effective and good value for money, especially since they can reduce the numbers of people needing expensive treatment for long-term alcohol problems.

We hope that this report will highlight the problems of alcohol misuse among young people, as well as outlining a set of recommendations that will help young Londoners stay safe with alcohol, and ensure that this issue is given the priority it deserves.

We hope that this
report will help
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alcohol

Introduction

Claire⁵ is 16 and has a problem with alcohol. She was drinking up to ten beers a day to help her deal with two traumatic events in her life – her parents’ separation and her mother’s attempted suicide. Claire has had problems with self-harm, which were worse when she had been drinking. Claire is now in touch with a substance misuse service that is helping her to reduce her drinking and deal with her other issues. The first step on this road was to help Claire understand how alcohol was affecting her behaviour and her health. With the service’s help, Claire has reduced her drinking, and now only drinks once a week. Stories like Claire’s are what made the Health and Public Services Committee decide to investigate alcohol misuse by young Londoners. We wanted to know how common these stories were, and what is being done to reduce the harm alcohol can cause.

We found that young Londoners’ drinking has huge consequences. Almost 2,000 people aged 11-21 in the capital are receiving specialist treatment for alcohol dependence⁶, and more and more young Londoners are likely to suffer from long-term health problems such as liver disease if alcohol consumption continues to increase⁷. Drinking also has more immediate impacts on young people’s lives. Thousands of young Londoners need medical attention each year because of alcohol⁸, and young people are much more likely to become victims or perpetrators of crime if they have been drinking⁹.

However, despite the huge impacts of young people’s drinking, there has not previously been a comprehensive London-wide assessment of the nature and scale of the problem of youth alcohol misuse and what is being done to tackle it.

We therefore undertook this investigation into youth alcohol misuse to address these gaps. We commissioned a detailed data analysis to better understand young Londoners’ drinking habits, and how they are changing. Section 1 of the report details the findings of this analysis. We investigated the effectiveness of the current response, focusing on what is being done to help young people to stay safe and to reduce alcohol harm, and our findings are outlined in Section 2. We make a number of recommendations in the report to tackle the issues we have highlighted. We have tried to ensure these recommendations are not resource intensive, or if they do require some investment, that they should save money in the longer-term.

How we conducted this investigation

This investigation focused on young people aged 11-21 to enable us to cover 11-15 year olds where there have been worrying increases in alcohol consumption, and 16-21 year olds, where binge drinking is an issue among young men in particular.

Alcohol misuse in this report is taken to mean alcohol consumption by young people under the age of 18, and alcohol consumption by 18-21 year olds that exceeds the government's sensible drinking guidelines of two to three units a day for women and three to four units a day for men.

Young people's input has been crucial throughout the project. We commissioned the GLA's peer outreach team of young people to help us design and deliver workshops to gather young Londoners' views and experiences of alcohol. More than 60 young Londoners gave their views through these workshops, including young people who are using alcohol treatment services and young offenders. We also used a survey to gather a further 50 young people's opinions about alcohol, including homeless young people. We held a meeting with the peer outreach team in May to get their comments on the report findings and to have their input into a young people's version of the report. Further information about all this work can be found in Appendix 1.

We engaged with professional stakeholders and other Londoners in a number of ways. We held two Committee meetings with professionals: one about the nature and scale of the problem, and one about what can be done to tackle youth alcohol misuse. These meetings involved representatives from organisations including Alcohol Concern, the Metropolitan Police, London Ambulance Service, and the British Beer and Pub Association. We held a series of informal meetings with representatives from GOL, Safer Sutton Partnership, Hammersmith and Fulham Council, Brent PCT and Tower Hamlets Council to get a sense of the issues in different areas of London. These meetings were complemented by a call for written views and information that elicited around 50 responses from individual Londoners and relevant organisations, and an online survey, which elicited 51 responses from Londoners over the age of 21. The full list of the people that gave us their views can be found in Appendix 1.

The Institute of Alcohol Studies undertook a detailed analysis of data on young people and alcohol on our behalf. This analysis involved collating and analysing data from a wide range of surveys to give a comprehensive picture of young Londoners' drinking habits. Statistical testing was used to assess the significance of the findings. The key findings from the data analysis can be found in Section 1, although a separate, more detailed data analysis report including statistical testing results is also available on the London Assembly website¹⁰.

Committee members went on site visits to Bexley and Liverpool where local agencies are working together to make a real difference in tackling alcohol misuse. In Bexley, members went on late night patrols with the police and street pastors (local church volunteers who patrol the town centre to help keep revellers safe) to see how they are working with partners to deal with young people and alcohol. In Liverpool, members met with representatives of the Primary Care Trust, the City Council, the Drugs and Alcohol Action Team and Youngaddaction, a voluntary sector alcohol service to find out about the range of partnership initiatives they are undertaking to reduce alcohol harm. More information can be found in appendix 1.

Section 1: The problem of alcohol misuse among young Londoners

This chapter outlines the nature and scale of alcohol misuse among young Londoners. It looks at how much young Londoners drink, how drinking habits are changing, and the impacts of youth alcohol misuse. Most of the information presented in this section is from the data analysis conducted on our behalf by the Institute of Alcohol Studies, which has provided us with a detailed and clear picture of alcohol misuse among young Londoners. This section shows that overall London does not have the worst youth alcohol misuse problem in the country, but there are areas of the capital where alcohol misuse is a real issue. Furthermore, recent increases in drinking combined with the serious impacts of alcohol misuse give the Committee major cause for concern.

Young Londoners' drinking habits and how they are changing

How many young Londoners drink

The proportion of young Londoners who drink alcohol has increased significantly in the past decade although it has levelled off in the past few years. According to our data analysis, more than a third (35 per cent) of Londoners aged 11-21 drank regularly in 2005-06, compared to one in five (21 per cent) in 1996-99¹¹.

Alcohol misuse among 11-15 year olds

The quantity of alcohol drunk by 11-15 year olds has increased in recent years, as shown in figure 1 below¹². Londoners aged 11-15 now drink around 307,391 units of alcohol a week – equivalent to 180,818 bottles of lager¹³. Young people and professionals believe that this increase in consumption is linked to the increasing affordability of alcohol¹⁴.

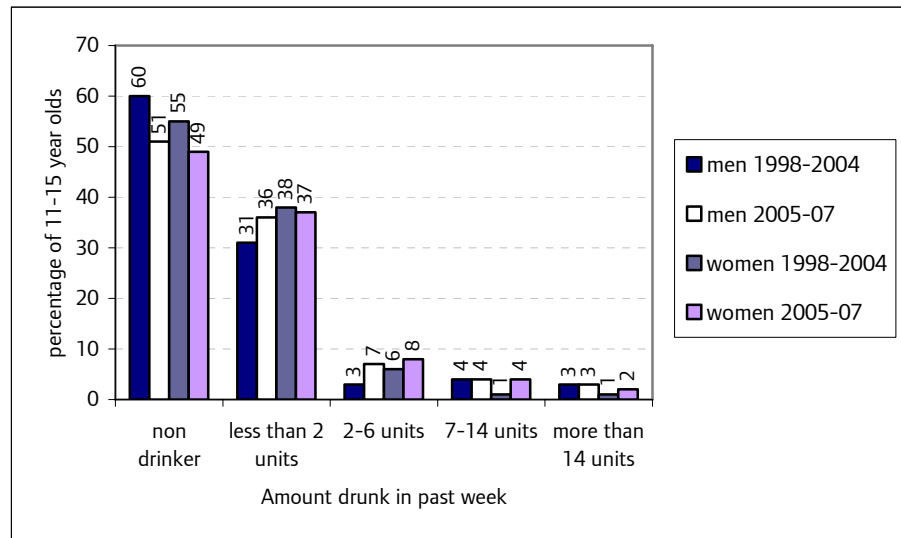
'It's £5 to get drunk and you can get a bottle of wine. £5 is not even money – it's nothing.' Young person in workshop

Young women aged 11-15 have shown a particular increase in the amount they drink. Our data analysis found that 11-15 year old women now have similar drinking habits to young men of the same age¹⁵. Figure 1 below shows the statistically significant increase in young women's drinking in recent years¹⁶. However, women tend to have a lower tolerance for alcohol, and therefore if women drink at a similar level to their male peers, they tend to feel the effects more quickly and more severely¹⁷.

'Emancipation has done women no favours where alcohol is concerned, no favours at all. We cannot drink the same as men, we do not metabolise alcohol in the same way as men.' Sue Kenten, DASL¹⁸

The quantity of alcohol drunk by 11-15 year olds has increased in recent years

Figure 1 – How much 11-15 year old Londoners drink¹⁹



The alcohol-specific hospital admissions rate for young women aged 11-15 was almost twice as high as for young men

Young women’s lower tolerance for alcohol has immediate impacts on their health. The alcohol-specific hospital admission rate for young women (at 14.0 admissions per 10,000) was almost twice as high as the rate for young men of the same age (at 7.4 admissions per 10,000)²⁰. Because of the consequences of 11-15 year old women’s increased drinking, the Committee believes that their alcohol consumption should be monitored over the next few years, to find out whether these increases are part of an ongoing trend.

Alcohol misuse among 16-21 year olds

Young Londoners aged 16-21 are more likely to drink than 11-15 year olds. Around 80 to 90 per cent of 17-21 year olds have ever had an alcoholic drink, compared to 15 per cent of 11 year olds and 60 per cent of 15 year olds²¹.

Among 16-21 year olds, young men are more likely to drink frequently and heavily than young women. Our research found that 16-21 year old men were twice as likely as young women to drink three or more times a week²². Plus young men in this age group were significantly more likely to drink heavily than young women. Fifteen per cent of male Londoners aged 16-21 reported binge drinking²³ at least once in the week prior to being surveyed, compared to nine per cent of their female peers²⁴.

Our data analysis found that the number of alcohol-specific hospital admissions for 16-21 year old men is higher than that for young women²⁵. However, the number of alcohol-specific hospital admissions for 16-21 year old women have grown at a faster rate than those for young men²⁶. This fast growth in young women’s hospital admissions is likely to be linked to their lower tolerance for alcohol.

Alcohol and ethnicity

We found that there has been a substantial increase in the percentage of young people from Pakistani and Bangladeshi communities who drink²⁷, as shown in figure 2 below. In 2001-04 just four per cent of Pakistani and two per cent of Bangladeshi young people drank at least once a year. By 2005-07, this figure had grown to ten per cent of Pakistani and 12 per cent of Bangladeshi young people. Although these groups are still considerably less likely to drink than other ethnic groups, the Committee is concerned that the recent increases could be the start of a sustained trend. This is a particular concern since the proportion of young people who drink has dropped in most other ethnic groups. Furthermore, because alcohol is not a part of the traditional culture in these communities, young Pakistani and Bangladeshi Londoners may be more likely to conceal their alcohol misuse, and may be less likely to seek help for alcohol misuse²⁸ and their parents and carers may be less equipped to identify problem drinking, and less informed about what to do if their child is misusing alcohol, or develops a dependence on alcohol.

There has been a substantial increase in the percentage of young people from Pakistani and Bangladeshi communities who drink

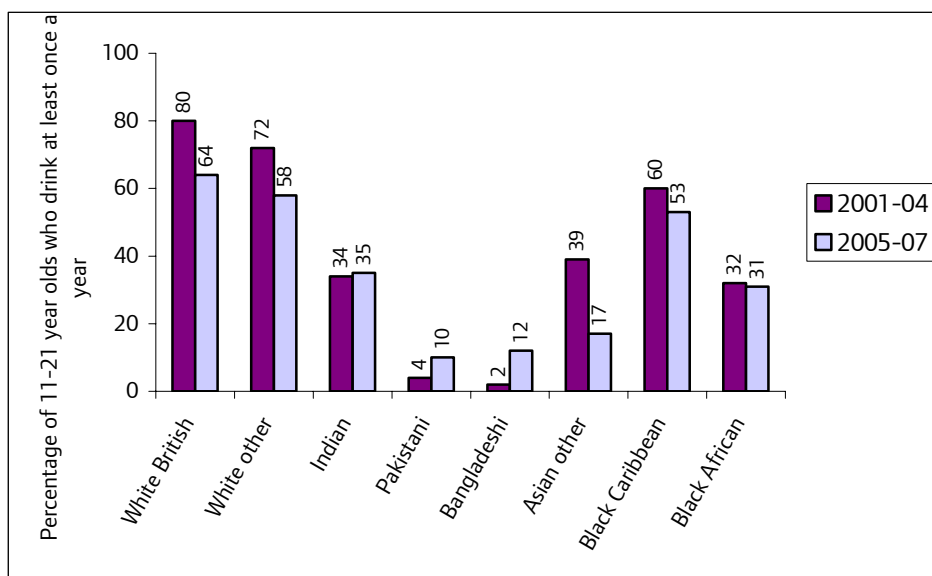


Figure 2 – Alcohol consumption by different ethnic groups²⁹

The Committee believes that alcohol consumption by young people from Pakistani and Bangladeshi communities should be carefully monitored in the next few years to assess whether recent increases in drinking among these groups are part of ongoing trends, and therefore likely to lead to significant alcohol related harm. This monitoring should take place alongside monitoring of young women’s drinking, whose consumption has also increased in recent years.

The Committee believes that the Greater London Alcohol and Drugs Alliance (GLADA) would be well placed to monitor data on young people’s alcohol consumption. GLADA is a partnership of organisations including

the GLA and the NHS that was set up to address pan-London issues around alcohol and drugs. GLADA would be suited to this role since one of its aims is to produce robust information on the use and impact of drug and alcohol misuse, and because it has already produced two useful reports on drugs and alcohol in the capital ³⁰.

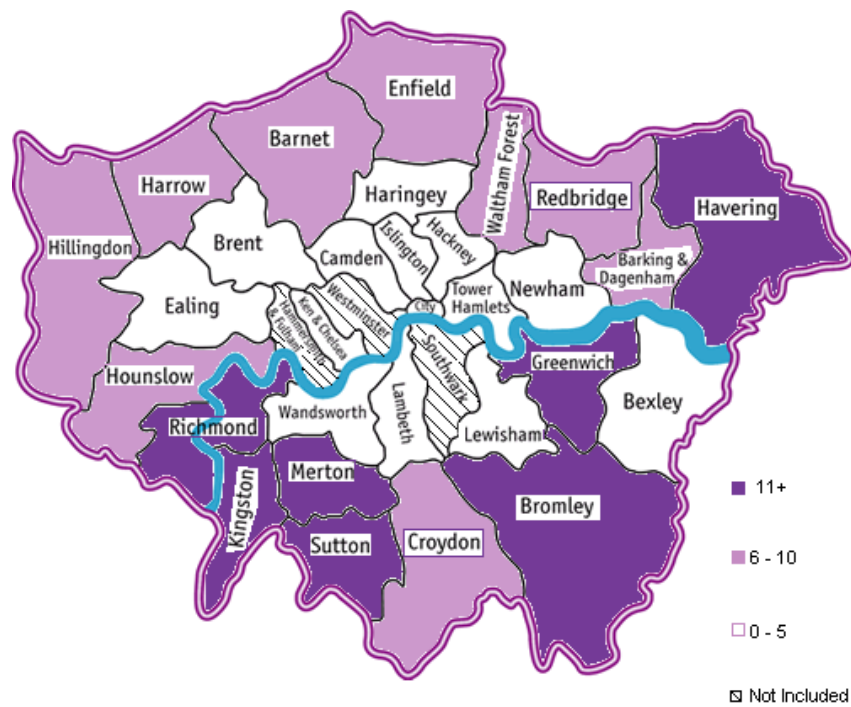
Recommendation 1
The Greater London Alcohol and Drugs Alliance (GLADA) should monitor the alcohol consumption of young Londoners between 2009 and 2012 to assess whether recent increases in drinking among young women and among young Pakistani and Bangladeshi Londoners are part of ongoing trends.

Young people living in outer London are more likely to drink and more likely to get drunk than those in inner London

How alcohol consumption varies across London

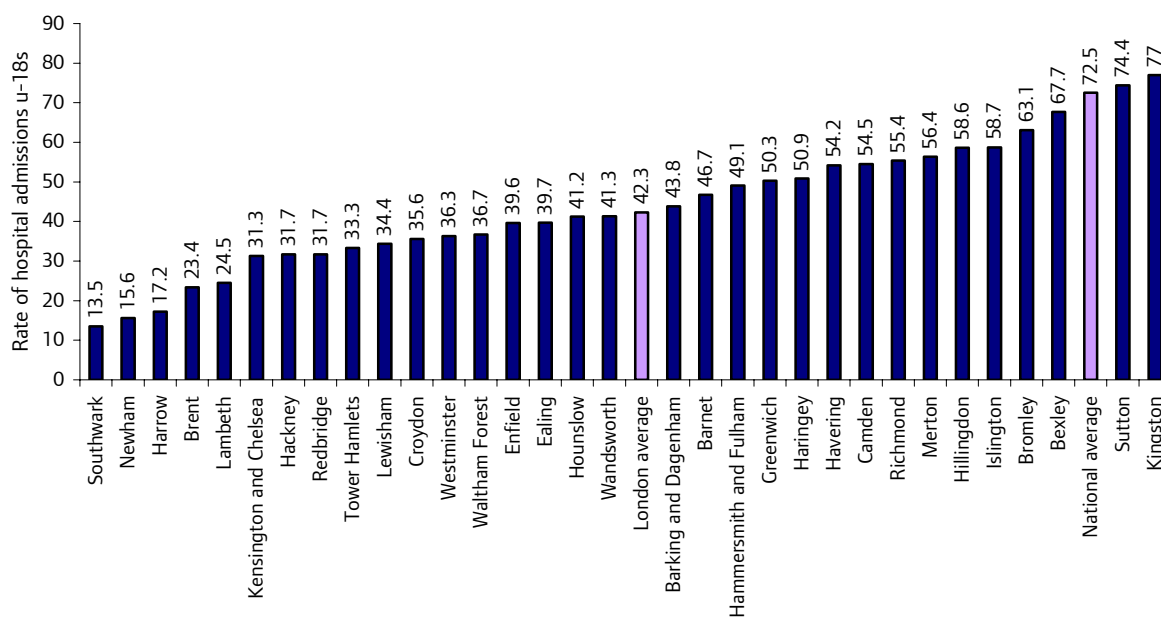
Our analysis showed that young people living in outer London are more likely to drink and more likely to get drunk than those in inner London ³¹.

Figure 3: Percentage of 10-15 year olds who got drunk in past month ³²



Alcohol-specific hospital admissions are also generally higher in outer London boroughs. As figure 4 below shows, most of the boroughs with under -18 alcohol-specific admission rates that are higher than the regional average are in outer London. Furthermore, the alcohol specific hospital admission rates in two outer London boroughs (Kingston and Sutton) are higher than the national average ³³.

Figure 4 – Under 18 alcohol-specific hospital admission rates by borough 2004/05–2006/07³⁴



London compared to the national picture

Young Londoners are less likely to drink than young people elsewhere in the country. More than a third (37 per cent) of Londoners aged 14-15 have never had an alcoholic drink, compared to one in five (20 per cent) nationally³⁵. Young Londoners are also less likely to get drunk than young people elsewhere in the country, as shown in figure 5 overleaf. However, the Committee is concerned that recent increases in young Londoners' drinking could mean that young Londoners' alcohol consumption could soon be in line with the rest of the country.

Young Londoners are less likely to drink than young people elsewhere

Previously, the diversity of London's population has been thought to be the reason for the capital's lower drinking rates, because a number of London's communities do not tend to consume alcohol³⁶. Interestingly, our data analysis found that although ethnic diversity is a crucial reason for London's lower drinking rates, it is not the only factor. As a part of our data analysis, statistics on young Londoners' drinking were adjusted to match the ethnic distribution for the whole of England. This adjustment reduced but did not eliminate the gap between London and the rest of England, showing that there must be other reasons for young Londoners' lower drinking rates³⁷. It is not clear what these other reasons are, but young people in our workshops stated that there is a wide range of other things for young people to do in the capital, and in inner London especially. This could be another reason for Londoners' lower drinking levels, although other young Londoners felt that there was still a lack of good alternative activities, especially in the evenings³⁸.

Figure 5: Young Londoners' drinking compared to the national picture³⁹

London data <i>National data</i>	Year 6 (10-11 yrs)	Year 8 (12-13 yrs)	Year 10 (14-15 yrs)
Have had a drink but not been drunk in last 4 weeks	10% <i>14%</i>	17% <i>27%</i>	25% <i>30%</i>
Have been drunk at least once in last 4 weeks	4% <i>5%</i>	12% <i>17%</i>	24% <i>37%</i>
Prefer not to say	12% <i>15%</i>	17% <i>18%</i>	15% <i>13%</i>

The impacts of young people's alcohol misuse

Alcohol has major impacts on young Londoners' lives, and on their communities. Alcohol misuse can cause a range of health problems, can make it more likely that young people will become involved in crime and disorder, and can increase fear of crime in their communities.

The short-term health consequences of alcohol misuse

The increasing numbers of hospital admissions outlined above have contributed to massive increases in the overall rates for young people's hospital admissions. In fact, we found that alcohol-specific hospital admissions for 11-21 year old Londoners have almost doubled in recent years. In 2006, there were 1315 hospital admissions for 11-21 year olds, compared to 690 in 2002 - an increase of 91 per cent⁴⁰.

The London Ambulance Service NHS Trust received 8,126 alcohol related calls in 2007-08 for 11-21 year olds⁴¹. This equates to almost one in ten of the calls received for this age group. The cost of responding to these calls is around £1.3 million or the cost of running two fully staffed ambulances 24 hours a day for a year⁴². The number of alcohol-related calls to the Ambulance Service increased by 27 per cent in the four-year period between 2004-05 and 2007-08⁴³.

'I had a friend with who I shared a bottle of vodka and he passed out – he was taken to hospital – anything could have happened – [it] opens your eyes.' Young person in workshop

Young people under the influence of alcohol are more likely to engage in risky behaviour such as unprotected sex, which can lead to sexually transmitted infections⁴⁴.

'Adolescents report having more risky sex when they are under the influence of alcohol; they may be less likely to use contraception and more likely to have sex early or sex they later regret.' British Medical Association Adolescent Health Report⁴⁵

The London Ambulance Service NHS Trust received 8,126 alcohol related calls in 2007-08 for 11-21 year olds

The long-term health consequences of alcohol

The long-term impacts of young people's drinking are extremely concerning. National figures show a five-fold increase in the number of deaths due to cirrhosis and chronic liver disease for 25 to 34 year olds between 1970 and 2000⁴⁶. Evidence shows that heavy drinking can cause particular damage to young people's brains, because they are still developing⁴⁷. Additionally, several reports state that people who start to drink before adulthood are more likely to develop long-term problems with alcohol⁴⁸. One study found that people who start drinking before the age of 15 were 50 per cent more likely to develop alcohol use disorders as adults than those who waited until 18 or older to start drinking⁴⁹. Worryingly, almost one in five (18 per cent) Londoners aged 11-15 drink regularly⁵⁰, and therefore may be at particular risk of alcohol-related disorders. Alcohol can also increase the likelihood of a range of cancers, including breast and liver cancer⁵¹.

Almost one in five Londoners aged 11-15 drink regularly

Youth alcohol misuse and crime and disorder

Drinking alcohol increases young people's chances of getting involved in crime. According to Alcohol Concern, young people are 40 per cent more likely to become victims or perpetrators of crime if they have been drinking⁵². A representative of the London Ambulance Service stated that alcohol and violence are closely linked:

'We go to far more facial [injuries] and people that have been beaten up on a Friday and Saturday night...than we do for the rest of the week, and it is because of the alcohol...We have been to young girls with holes in the side of their head caused by the heel of a stiletto.'
Brian Hayes, London Ambulance Service⁵³

Young people are 40 per cent more likely to become victims or perpetrators of crime if they have been drinking

A representative of the Metropolitan Police told us that that young people may be particularly likely to become victims of alcohol-related crime because they tend to drink in unsupervised places such as parks, rather than in supervised premises such as bars and clubs, where staff are on hand to intervene if necessary⁵⁴. Young people in our workshops also stated that drinking outside was more risky than drinking at home⁵⁵.

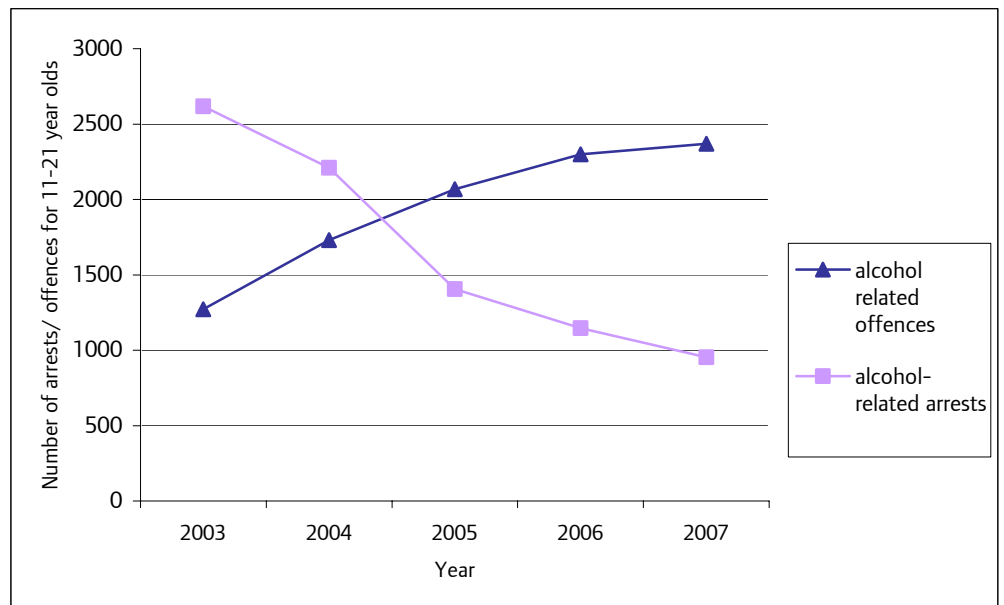
Young people, especially young women, may also be at increased risk of sexual assaults when they are drunk⁵⁶.

*'When I was younger, I used to go home with strangers, nothing happened, but it could have.'*⁵⁷ Young woman in workshop

Between 2003 and 2007, the number of alcohol-related offences involving 11-21 year olds almost doubled

In the five-year period between 2003 and 2007, the number of alcohol-related offences involving 11-21 year olds almost doubled. In 2003, there were 1,272 incidents where 11-21 year olds were accused of alcohol – related offences, compared to 2,370 in 2007⁵⁸. However, during the same time period, the number of alcohol related arrests for 11-21 year olds dropped, as shown in figure 6 below. The rise in offences, and simultaneous drop in arrests are likely to be linked to the increasing use of Penalty Notices for Disorder (PNDs) for alcohol-related offences. PNDs result in an offence being recorded, and the perpetrator being fined rather than arrested. However, this change could also be partly caused by changes in reporting procedures, or in the frequency of different types of offences⁵⁹.

Figure 6 - Alcohol-related arrests and offences for 11-21 year olds in London⁶⁰



The impact of young people's drinking on communities

Young people's drinking can create problems in their local communities. Around one third of the respondents to our online survey stated that young people's drinking caused problems in their communities⁶¹.

'[Alcohol] makes people nervous to go into the town centre at night or where young people hang around'⁶². Respondent to our survey

However, it is important not to over-estimate the impact of young people's drinking on their communities. Underage drinking was the least frequently reported issue in a survey on alcohol-related disorder conducted with community safety staff in London boroughs. Only seven of the 23 boroughs who responded to this survey cited disorder from

underage drinkers as a medium or high level problem⁶³. In addition, several respondents to our survey stated that young people's drinking was no more of a problem in their communities than adults' drinking, and one stated that adults rather than young people caused all the alcohol-related problems in their community⁶⁴.

Why young people drink

Many young people told us that they found drinking alcohol enjoyable, particularly because it made them more sociable, and increased their confidence.

'At parties, it lightens the mood, makes you chatty, makes you friendly.' Young person in workshop⁶⁵

Our data analysis found the most common reasons 16-21 year olds gave for drinking were that it makes them feel friendly or outgoing and that it makes them feel relaxed⁶⁶. However, young people also drink for less positive reasons. Some young people drink to forget their problems, or to help deal with depression⁶⁷.

So, young Londoners drink for essentially the same reasons as adults – to help them socialise and relax, but also to deal with stress and personal problems⁶⁸.

It is important to note that a significant proportion of young Londoners do not drink, for religious, cultural or personal reasons⁶⁹. Our data analysis found that only 40 per cent of 11-15 year olds have ever had an alcoholic drink, and only 35 per cent of 11-21 year olds drank regularly in 2005-06⁷⁰.

Conclusions

Young people in the capital are less likely to drink, and less likely to get drunk than young people elsewhere in the country.

However, alcohol misuse among young Londoners has increased in recent years, leading to a rise in the numbers of young Londoners needing medical attention and adding to the demand on public services such as the NHS. In light of these worrying trends, the Committee assessed the effectiveness of the current response to young people's drinking and whether this issue is being sufficiently prioritised. The findings of this work are outlined in section 2.

Young people
find drinking
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Section 2: What is being done to tackle youth alcohol misuse and what further work is needed?

This section provides an overview of existing provision to tackle alcohol misuse among young people, and reduce alcohol-related harm. It describes where existing approaches are not working, and where there are gaps in provision. It also highlights good practice examples and provides recommendations to tackle the issues and gaps identified.

We have looked at what is being done to tackle alcohol at a national, regional and local level, and at how the Mayor and other agencies could help to drive forward improvements. We go on to focus on four key intervention points where young people's alcohol misuse can be tackled but where current provision is inadequate. These are: increasing the availability of alternative activities, reducing the supply of alcohol to under 18s, educating young people and their parents about alcohol, and helping young people who have misused alcohol.

Co-ordinating and delivering responses to alcohol

The national response

In 2008, the government published its Youth Alcohol Action Plan, which outlines how it will address drinking by young people. The Action Plan is a joint publication by the Department for Children, Schools and Families, the Department of Health and the Home Office. The plan aims to stop under-18s drinking in public places through proposals to increase police powers and increase enforcement efforts. It outlines how the government plans to ensure parents and young people have clearer information about the risks associated with alcohol to help the government establish a new partnership with parents on teenage drinking. It also details how the government will take action with the alcohol industry to reduce alcohol-related harm, through, for example, encouraging wider use of national proof of age schemes⁷¹.

The regional response

The Greater London Alcohol and Drugs Alliance (GLADA) is responsible for overseeing the implementation of the Regional Statement of Priorities for Alcohol, which is a London-wide plan for reducing alcohol misuse, published in July 2008. GLADA is a network of organisations that was set up in 2002 by the former Mayor to deal with pan-London drug and alcohol issues through partnership working.

Since the Regional Statement was published, some useful work has taken place to implement its priorities. A Practitioners' Forum has been set up

that sits under GLADA and provides opportunities for local alcohol practitioners to network and share good practice. Members of the Practitioners' Forum were all invited to a seminar in March 2009 on alcohol misuse among children and young people. The Committee welcomes this opportunity for good practice sharing, since we found several examples of good practice in tackling alcohol misuse at a local level, but also found wide variations in terms of how alcohol misuse is tackled.

Despite the work mentioned above, overall progress on implementing the Regional Statement of Priorities for Alcohol seems slow. This could be linked to the lack of a timetabled action plan for the Regional Statement, a lack of sufficient resourcing for GLADA and the Joint Action Group that sits below it, or perhaps issues with GLADA's membership. All the key agencies involved in tackling alcohol at a regional level – including Government Office for London, the Metropolitan Police, NHS London, London Councils, the GLA and the National Treatment Agency are members of GLADA. However, it may be that these agencies are not represented by the right people to ensure the Regional Statement's priorities are implemented. A review of GLADA's membership, resourcing and remit could therefore be useful to ensuring a committed and effective regional response to alcohol misuse. Since the GLA hosts GLADA, the Mayor would be best placed to undertake this review.

Recommendation 2

The Mayor should commission an immediate review of GLADA's membership, resourcing and remit to ensure it can effectively implement the Regional Statement of Priorities for Alcohol and provide strong regional leadership on alcohol misuse.

The Mayor is developing a Health Inequalities Strategy. Our research showed that young people in deprived, inner London boroughs were less likely to drink than those in wealthier outer London boroughs⁷². However, people in deprived communities are actually more likely than those in wealthier communities to experience long-term health problems linked to alcohol or die from alcohol related conditions⁷³. A recent report showed that men living in the least deprived areas of London lost an average of 4.6 months of their lives due to alcohol, compared to those in the most deprived areas who lost 13.6 months of their lives⁷⁴. There are therefore, clear health inequalities related to alcohol, since people living in poorer communities experience much greater health consequences from alcohol consumption than those in richer communities.

The Committee believes that the Mayor's forthcoming Health Inequalities Strategy should be used to outline what the Mayor, functional bodies and

There are clear health inequalities linked to alcohol

other partners might do to reduce alcohol-related health inequalities. Some of the key issues that this strategy could help tackle are outlined later in section 2 - notably the need to ensure there are sufficient diversionary activities available for young people at evenings and weekends, and the need to ensure young people across the capital have equitable access to alcohol support and treatment services.

Recommendation 3

The Mayor should outline initiatives to tackle the disproportionate impact of alcohol on the health of people from deprived communities in his upcoming Health Inequalities Strategy.

The local response

A wide range of agencies are involved in tackling young people's alcohol misuse because alcohol impacts on many different services. At a borough level, organisations including the police, the Primary Care Trust, the Youth Offending Team, the local authority, local schools, and voluntary sector agencies all work to reduce alcohol related harm. The full range of agencies involved in tackling youth alcohol misuse can be found in appendix 2. Coordination of all of these agencies' efforts is challenging, and generally falls to local alcohol co-ordinators and young people's alcohol/ substance misuse commissioners, although these staff do not tend to be very senior. The London Regional Statement on Priorities for Alcohol states that at a borough level it is not always clear who is leading on alcohol and where responsibility lies for tackling specific issues⁷⁵. So, although multi-agency working to tackle alcohol misuse is happening locally, the wide range of agencies involved in tackling the problem are not always effectively coordinated at a senior level.

Strong local leadership is important for ensuring work to tackle alcohol is effectively co-ordinated and given sufficient priority

In Liverpool and Bexley, local partnerships have made tackling alcohol misuse one of their top priorities, and staff told us that senior leadership and effective partnership working has been key to their success in tackling alcohol misuse⁷⁶. In Liverpool, the Chair of the PCT and the Executive Member for Health are the city's alcohol champions (see good practice box below), and they work to ensure local efforts to tackle alcohol are effectively co-ordinated, promoted and supported by the relevant agencies. In Bexley, the leaders of key local agencies including the police and the local authority have signed up to tackle alcohol related crime and disorder as one of their main priorities. Following this prioritisation, the local council and the local police service have worked together to take decisive action against problematic licensed premises.

Good practice – Liverpool Alcohol Champions

The Liverpool Alcohol Strategy Group (ASG) has developed an ambitious citywide strategy to reduce alcohol-related harm. The City Council's Executive Member for Health and the Chair of the PCT co-chair the ASG and act as the city's alcohol champions. This senior leadership has helped to drive a wide range of initiatives, and multi-agency agreement to budget pooling and ambitious targets, notably a target to reduce alcohol related hospital admissions resulting in a 24 hour stay by five per cent over three years.⁷⁷

The Liverpool and Bexley examples show that strong local leadership is important for ensuring work to tackle alcohol is effectively co-ordinated and given sufficient priority and resourcing⁷⁸. The Committee therefore believes that effective and co-ordinated leadership is needed in London boroughs where alcohol harm for young people is particularly high, illustrated by hospital admissions. These boroughs may also find it helpful to set up a local performance target to reduce alcohol-specific hospital admissions below the national average.

Recommendation 4

By March 2010, London boroughs where alcohol-specific hospital admissions for under-18s are higher than the national average (currently Kingston and Sutton) should appoint an alcohol harm reduction champion. This person should ensure that services to reduce alcohol harm are effectively coordinated, and should set a local performance target for reducing alcohol specific hospital admissions below the national average. A councillor would be well-suited to this role.

Providing alternative activities

Young people and professionals have told us that having other things to do can make a difference in reducing youth alcohol misuse, and associated disorder⁷⁹. Boredom was one of the main reasons young people in our workshops gave for drinking:

'It [alcohol] kills a bit of time, doesn't it' Young person in workshop

'I drink more when I'm at my sister's than when I go out cause I'm not occupied' Young person in workshop

The Mayor and government have invested £79 million between 2007 and 2010 in improving young people's activities and facilities through the Youth Offer⁸⁰. However, boroughs need to ensure that there are enough affordable activities available for young people at weekends and in the

evenings when young people are most likely to drink⁸¹, and the Mayor should support this work.

'Youth clubs are open to six. Most young people start drinking after six.'
Young person in workshop

Good practice: Smoking and Alcohol Free Events (SAFE): Bexley

Alcohol-free nights for under 18s are held once a month in a bar in Bexleyheath town centre. The nights were set up after consultation with young people who said they needed something to do in the evenings apart from hanging around in the town centre. These nights give young people a safe place to socialise, where there are also DJs, an alcohol free bar, and information on different issues. The events are organised by the bar manager together with the police, the local street pastors and other partners⁸².

Reducing the supply of alcohol to under 18s

Our data analysis found that 11-15 year olds most likely source of alcohol was their parents or carers. Most of this alcohol is given to young people by parents or carers, rather than taken without their consent. In fact, half of 11-15 year olds were given alcohol by their parents, compared to just one per cent who stated that they took alcohol from home without their parents knowledge⁸³. Our research also showed that 11-15 year olds are more likely to drink alcohol with their parents than their friends⁸⁴. The Committee therefore believes that parents and carers can have a role to play in reducing the supply of alcohol to young people under the age of 18.

Test purchasing campaigns show that Londoners find it relatively easy to buy alcohol before the age of 18. In a national test purchasing campaign in 2006, one in four licensed premises in London sold alcohol to under-18s⁸⁵. The young people we spoke to confirm they found it easy to get hold of alcohol in the capital, particularly from off-licences.

'I would go to the local off-licence when I was 12 to buy gin for my mum and I would get served because he knew my mum.' Young person in workshop

Young people also told us that if they did encounter difficulties buying alcohol at an off-licence, they would ask older people to go in to buy alcohol on their behalf (proxy purchasing).

'If I can't get it then there is always someone walking past who will buy it.' Young person in workshop

The Committee received reports that staff in pubs, bars and off-licences are threatened and even assaulted by young people who are refused

In 2006, one in four licensed premises in London sold alcohol to under-18s

alcohol because of being under 18⁸⁶. According to some sources, staff can find that the police are not particularly supportive in helping them deal with this intimidation, because they tend not to see this as a policing priority⁸⁷.

Representatives of the on and off-licensed trade have told us that alcohol retailers should be properly involved in local work to tackle underage sales and reduce alcohol-related disorder. They believe the on and off-licensed trade can play a vital role in terms of sharing intelligence, preventing young people getting hold of alcohol, and preventing disorder. They feel that if effectively engaged, alcohol retailers can be an important part of the solution to underage drinking, rather than being seen as part of the problem⁸⁸. A representative of the on-licensed trade emphasised that unless the licensed trade are engaged as full partners in local projects to tackle alcohol-related problems, they are unlikely to want to get involved⁸⁹.

The Committee believes there is a clear need to increase efforts to tackle underage sales at a borough level, and to effectively engage representatives of the off and on-licence trades in these efforts together with the police, council and other partners. The St Neots Community Alcohol Partnership, outlined overleaf is an excellent example of multi-agency working to tackle underage alcohol sales, and the Committee believes this model should be piloted in areas of London where underage sales are a big issue, and rolled out more widely if successful.

Good practice

St Neots Community Alcohol Partnership

In St Neots, the police, local authority, off-licensed trade and media have set up a community alcohol partnership to reduce underage drinking and related anti-social behaviour. Enforcement initiatives are backed up with education and media campaigns to publicise the partnership's activities, and to explain the law related to alcohol. The most innovative aspect of this project is the involvement of retailers as partners. This means that retailers can contact the police for support if they have a problem with under-18s trying to buy alcohol, or with proxy purchasing without fear that this contact could lead to an investigation against their premises. The project has resulted in a 94 per cent decrease in under-18s found in possession of alcohol⁹⁰. The Retail of Alcohol Standards Group, a national partnership of alcohol retailers run through the Wine and Spirits Trade Association, has supported the project.

Bexley Pubwatch

In Bexleyheath town centre, pub, bar and club staff are connected to the police and local street pastors (local church volunteers who help keep town centres safe by providing a visible presence and helping revellers) through Pubwatch radios. The radios allow licensed trade staff to inform the police and staff at other premises about troublemakers, and ensure a quick police response if necessary. This scheme has also helped the police, licensed premises staff and street pastors to develop a positive partnership approach to tackling alcohol-related problems in the town centre⁹¹.

Retailer mentoring to deal with underage sales

Croydon Council's Trading Standards team have been working with Tesco to deliver training for staff from small independent off-licences to on policy and procedures for dealing with young people trying to buy alcohol, and other age restricted products⁹². Croydon Council staff have delivered the training, using some material from Tesco's own employee training programme on age-restricted products.

Challenge 25 – Proof of age scheme

Challenge 25 is a retailing strategy that requires staff to ask anyone who looks under 25 to show them acceptable ID (a card bearing the PASS hologram, a photographic driving license or a passport) if they wish to buy alcohol. Alcohol retailers including Tesco's, Morrisons and Asda are implementing this scheme.

Recommendation 5

A London borough and local police service working with the Retail of Alcohol Standards Group should pilot the St Neots community alcohol partnership model to reduce alcohol misuse by under 18s during 2009/10. Representatives of both the on- and off-licence trade should be engaged in this partnership.

Educating young people and parents about alcohol

Young people

Education can help to change attitudes and increase knowledge about alcohol⁹³. Education can also help to challenge misconceptions – for example young people frequently overestimate how many of their peers drink and how much they drink⁹⁴.

The amount and quality of education young people receive varies massively

The young people we spoke to felt that they do not get enough alcohol education⁹⁵. Their views are backed up by a national survey, which showed that only around half of pupils questioned remembered having lessons about alcohol in the past year⁹⁶. The majority of education about alcohol is delivered through Personal Social and Health Education (PSHE), which is not currently mandatory. This means that the amount and quality of education young people receive varies massively⁹⁷. However, this should change by 2011 when PSHE becomes compulsory. Currently, education on alcohol is often subsumed within sessions on drugs and tobacco, which can mean alcohol is not covered in sufficient depth⁹⁸.

'The work we are doing if we get into schools is limited...In 45 minutes you cannot really get a good message across.' Kamini Patel, COSMIC alcohol and drug service, Haringey⁹⁹

The young people we spoke to felt that alcohol education should be improved in three key ways. Firstly, they would like to learn about alcohol and its effects in more depth. Secondly, they felt that education should focus more on how to stay safe with alcohol, through, for example, learning what first aid to administer if a friend collapses because of alcohol. Thirdly, they felt that alcohol education should involve people who have been affected by alcohol problems, rather than relying on teachers¹⁰⁰:

'Teachers don't elaborate...teachers don't know a lot about it themselves – they just copy and paste it.' Young person in workshop

Alcohol education in schools should also be an opportunity to teach young people how tolerance for alcohol varies between genders and individuals, to help them understand that alcohol misuse affects people differently.

Recommendation 6

The Department for Children, Schools and Families and the Qualifications and Curriculum Authority should ensure that alcohol education is effectively covered in the mandatory PSHE curriculum, currently under development. Alcohol should be given the same prominence in this curriculum as drugs, and the focus should be on how to reduce alcohol harm. The curriculum should cover how and why alcohol tolerance varies between men and women. It should also include first aid techniques, so that young people know how to help in emergencies such as a friend collapsing because of alcohol.

Young people told us that they do not know where to go for informal advice and information on alcohol. Many young people told us that the

Internet was their preferred information source for sensitive issues such as alcohol, because it enabled them to find out information anonymously, and at times that suited them. Most young people in our workshops had heard of FRANK, the government sponsored information website and helpline on drugs. A number of the young people we spoke to said that they liked the FRANK brand and thought the TV adverts and the website were helpful and informative. However, many of the young Londoners we spoke to were not aware that FRANK provided information about alcohol as well as drugs¹⁰¹.

‘Talk to FRANK adverts are good. They don’t tell you what to do, just show you what happens.’ Young person in workshop

The committee therefore believes that the government should launch a campaign to raise alcohol awareness, and awareness of FRANK resources around alcohol.

Recommendation 7

By June 2010, The Department for Children, Schools and Families and the Home Office should run a national FRANK¹⁰² campaign around alcohol that focuses on the consequences of drinking, and also promotes the information FRANK can provide about alcohol and local services.

Parents and carers often underestimate the impacts of alcohol misuse on young people’s health and wellbeing

Parents and carers

Parents and carers often underestimate the impacts of alcohol misuse on young people’s health and wellbeing, believing that alcohol misuse is just a part of teenage life, or a rite of passage into adulthood¹⁰³. As mentioned above, the most common way for 11-15 year olds to get hold of alcohol is being given it by their parents, which means that some parents facilitate their children’s drinking. According to research conducted with parents and carers, many lack information about the negative impact of alcohol on young people, and do not think about their role in their children’s drinking¹⁰⁴.

Parents and carers therefore need clear advice and information about the effects of alcohol on young people, and how to deal with their children drinking. In light of this, the Chief Medical Officer recently published draft guidance for parents advising that young people under the age of 15 should not drink alcohol because of the health risks, and those aged 15-17 should drink once a week at most, and should drink no more than three units for women and four units for men¹⁰⁵. The Committee welcomes this guidance, but believes that once the guidance has been finalised, it should be disseminated together with information about alcohol treatment and support services for young people and for their parents and carers.

Increasing awareness and changing behaviour

Social marketing techniques are being used in some areas to increase awareness about the consequences of drinking, and reduce harm. Social marketing is the use of commercial marketing techniques and other concepts to achieve specific behavioural goals for the benefit of individuals and wider society. It aims to both raise awareness and support behaviour change. Social marketing involves segmenting a population into a number of target groups who exhibit harmful behaviour, and conducting detailed research into what would motivate these different target groups to change their behaviour, and what messages and media will get through to them.

In Liverpool, a citywide social marketing campaign called Pssst! has increased knowledge and changed attitudes to alcohol (see box overleaf) and a similar alcohol-awareness campaign targeted at young people is underway in Camden.

Good practice example: social marketing in Liverpool

In Liverpool, a citywide social marketing campaign on alcohol awareness called Pssst! has been running since 2006. The Pssst! campaign targets students and 18-35 year olds who are the biggest binge drinkers. Research showed that these groups are used to clever marketing techniques, did not recall safe drinking messages when they were out and did not feel there were good alternatives to a night out drinking alcohol. So, the Pssst! team decided to target young people with information while they were on a night out, using innovative techniques, and by providing alternatives to alcohol.

The techniques used included talking posters in toilets, ATM messages and a chill out log cabin where young people can get mocktails, massages and help getting home as well as advice on drinking. Local role models have also been used to help spread sensible drinking messages – for example local football players have opened alcohol-free mocktail bars. Eighty four per cent of visitors to the log cabin thought that their visit would have a positive effect on their drinking behaviour¹⁰⁶.

A London-wide social marketing campaign would be a useful way of increasing awareness of the risks of alcohol, as well as sources of help about alcohol

A London-wide social marketing campaign would be a useful way of increasing awareness of the consequences of drinking, and trying to reduce alcohol harm. This campaign should target those groups of young Londoners who are most likely to experience alcohol harm, and those groups who have shown recent increases in alcohol consumption, notably young women and young Pakistani and Bangladeshi Londoners. The campaign should also target parents and carers, who have a role in reducing the supply of alcohol to young people, and supporting their children to make informed choices about alcohol.

In the London Regional Statement of Priorities for Alcohol, one of the priorities is to develop and co-ordinate messages and information campaigns on alcohol. GLADA is overseeing the implementation of these priorities, and it would therefore seem sensible for them to co-ordinate this social marketing campaign.

Recommendation 8

By December 2010, GLADA should co-ordinate a London-wide social marketing campaign that aims to reduce alcohol harm, in association with external partners. The campaign should target groups including parents and carers, young women aged 11-15 and young Pakistani and Bangladeshi Londoners. Consideration should be given to involving London role models to help spread the campaign's messages.

Helping young people who have misused alcohol

Urgent healthcare

Accident and Emergency Departments and the London Ambulance Service NHS Trust are being put under increasing pressure by the growing numbers of young people who need urgent medical help because of alcohol. As mentioned in section one, alcohol-related calls to the Ambulance Service from young people increased by 27 per cent in the four years to 2008, and alcohol-specific hospital admissions have almost doubled in recent years. The London Ambulance Service NHS Trust has responded by running 'booze buses' which reduce demand on regular ambulances and on Accident and Emergency (see box below). However, a representative of the London Ambulance Service NHS Trust has stated that extra 'booze buses' are needed¹⁰⁷ and the Committee supports this request.

Good practice – London Ambulance Service Booze Buses

The London Ambulance Service NHS Trust runs 'booze buses' in Westminster and Camden on Thursday to Saturday evenings. These converted ambulances pick up people who are not emergency cases but who are intoxicated or have sustained injuries because of alcohol. The paramedics who run the 'booze buses' pick up patients until the ambulance is full, and then convey them to hospital. This approach frees up other ambulances in the area, improving emergency response times. The 'booze buses' can also reduce the demand on hospitals since patients receive some treatment on board the 'booze bus'¹⁰⁸.

Early interventions to tackle problem drinking

Early intervention methods are useful tools for reducing the number of people developing long-term health problems. Screening and Brief Interventions (see good practice box below) are a proven early intervention method for identifying and treating hazardous or harmful drinkers before they develop long-term problems such as alcohol dependency¹⁰⁹. Screening and Brief Interventions (SBIs) are cost effective¹¹⁰, and can lead to financial savings in the longer-term, by preventing people needing expensive, long-term specialist treatment for dependence or hospital treatment for serious health problems such as liver disease¹¹¹.

Screening and Brief Interventions are an effective method for identifying and treating hazardous or harmful drinkers

Good practice: Screening and Brief Interventions at St Mary's Hospital, Paddington

Adults and young people who attend St Mary's Hospital Accident and Emergency Department for reasons commonly associated with alcohol, such as falls or head injuries are screened to assess their drinking behaviour. Those who are assessed to be harmful or hazardous drinkers are referred to an Alcohol Nurse Specialist who makes a more detailed assessment and then provides tailored information, advice and support to help that patient reduce their drinking. The Alcohol Nurse Specialist (ANS) also refers patients on to specialist treatment services if appropriate. An evaluation showed that this early intervention initiative reduced drinking and reduced A+E reattendance rates¹¹².

Although there is a great deal of evidence about the efficacy of brief interventions there is little evidence of their specific effectiveness for young people. A representative of the National Institute for Health and Clinical Excellence (NICE) told a recent Health Select Committee meeting on alcohol that the strength of the evidence on the effectiveness of Brief Interventions for adults means that it is likely that they will also be effective for younger people although specific research with young people would be needed to confirm this¹¹³.

Despite the evidence on their effectiveness, the provision of SBIs is patchy¹¹⁴. It would therefore seem sensible to evaluate the specific impact of SBIs on young people at the same time as increasing the provision of these initiatives for adults and young people. Any roll out of SBIs should be mindful of the findings of the national Screening and Intervention Programme for Sensible Drinking Pilot, which is due to report this year¹¹⁵.

The British Medical Association has said that Primary Care and Accident and Emergency settings both provide useful opportunities for conducting SBIs¹¹⁶. Young people and a GP have told us that young people do not tend to visit their GP regularly and may not feel comfortable discussing personal issues with their family doctor¹¹⁷. Accident and Emergency Departments would therefore seem a more sensible place to locate SBI initiatives that are open to young people.

Recommendation 9

By March 2012, NHS London should ensure that Screening and Brief Intervention Initiatives are in place at every London Accident and Emergency Department, and available to adults and to young people. A detailed evaluation of the impact of Screening and Brief Interventions on young Londoners' drinking behaviour should be conducted by March 2014.

Treatment and support services

In 2007-08, 1,945 Londoners aged 11-21 were using specialist treatment services because of alcohol problems¹¹⁸. Access to treatment services and the quality of those services varies from area to area¹¹⁹, and the availability of services to support the families of problem drinkers is also patchy¹²⁰. There is a lack of good quality data to help local commissioners assess unmet need in their area, which is likely to be contributing to the patchiness of the provision of treatment and support services¹²¹.

Young people in our workshops told us that they thought specialist treatment services should involve individual support sessions as well as opportunities for service users to meet other young people who have had similar experiences¹²².

On the site visit to Liverpool, Committee Members learned that the transition from young people's specialist treatment services (which end when young people reach 18) to adult services could be difficult¹²³. The difference in approaches between adult and young people's services can prevent young people wanting to attend adult services, and there are also often long waiting lists for adult services¹²⁴.

In 2007-08,
1,945 Londoners
aged 11-21 were
using specialist
treatment
services because
of alcohol
problems

Good practice – Addaction Brent

Addaction is a national drug and alcohol treatment charity. In Brent, it offers services for both adults and young people, meaning that young people aged 18 do not have to move to a different service provider. It provides drop in services, advice and support for young people as well as treatment. It also offers free and confidential advice and support to the families of young people who are using drugs or alcohol. It therefore offers a one-stop shop for young people misusing alcohol, and their families.

Young people in our workshops told us that there was not enough school-based support for people with alcohol misuse problems. They felt it would be helpful for pupils to be able to access informal support and advice at school before alcohol misuse problems got out of control, or led to other problems such as exclusion¹²⁵. The Healthy Schools Drug and Alcohol Co-ordinator in Liverpool is an example of how this could be taken forward.

Good practice – Drug and Alcohol Coordinator, Liverpool

Healthy Schools in Liverpool have appointed a Drug and Alcohol Coordinator to support schools and pupils to deal with drug and alcohol misuse. The coordinator is based with Youngaddaction, a local drug and alcohol service. Their role is to help schools deal effectively with alcohol or drug related incidents, and to provide support and advice to pupils who have, or are at risk of developing alcohol or drug misuse problems¹²⁶.

Conclusions

This section has shown that there is some useful work happening in London to reduce alcohol harm among young people. Furthermore, it outlines what more the Committee believes that government and others need to do more to help young people stay safe with alcohol, notably that:

- Efforts to reduce alcohol harm need to be more effectively coordinated and prioritised, at a borough and a London-wide level.
- The police, boroughs and alcohol retailers need to make a concerted effort to work together to reduce underage alcohol sales at a local level.
- Young Londoners and their parents need more information about the risks of drinking and how to stay safe with alcohol. A London-wide social marketing campaign on alcohol, together with improvements to school education, and a FRANK campaign on alcohol could achieve this.
- More resourcing needs to go into early intervention initiatives such as Screening and Brief Interventions, to help prevent harmful and hazardous young drinkers developing long-term health problems.

Next steps

This report shows that alcohol misuse among young people is a major issue that is having an increasing impact on young people's health and on public services. Although agencies across London are starting to focus on working to tackle alcohol misuse, much more needs to be done. We have made a series of recommendations, which could help to reduce alcohol harm among young people through increasing knowledge, improving early intervention services, and ensuring services are working together effectively to tackle the problem.

Recommendations to the Mayor and London-wide bodies

- The Mayor should outline initiatives to tackle alcohol-related health inequalities in his upcoming Health Inequalities Strategy.
- The Mayor should commission a review of GLADA's membership, resourcing and remit to ensure it can effectively implement the Regional Statement of Priorities for Alcohol and provide strong regional leadership on alcohol misuse.
- GLADA should co-ordinate a London-wide social marketing campaign on alcohol awareness, in association with external partners.
- GLADA should monitor the alcohol consumption of young Londoners to assess whether the recent increases in drinking among young women and among Asian Bangladeshi and Pakistani Londoners are part of ongoing trends.
- NHS London should ensure that Screening and Brief Intervention Initiatives are in place at every London Accident and Emergency Department, and that these are available to adults and to young people.

Recommendations to local government

- A London borough and police force should work with the Retail of Alcohol Standards Group and alcohol retailers to pilot the St Neots community alcohol partnership model to reduce alcohol misuse by under-18s.
- London boroughs where alcohol-related hospital admissions for under-18s are higher than the national average (currently Kingston and Sutton) should appoint a local alcohol champion to ensure work to tackle alcohol is co-ordinated and prioritised.

Recommendations to central government

- The Department for Children, Schools and Families (DCSF) and the Qualifications and Curriculum Authority should ensure that alcohol education is effectively covered in the mandatory PSHE curriculum, currently under development.
- The Department for Children, Schools and Families and the Home Office should run a FRANK campaign around alcohol that focuses on the consequences of drinking, and also promotes the information FRANK can provide about alcohol and local services.

Our next steps

Following this report's publication, we will ask for feedback from relevant agencies and from Londoners about the report and its recommendations.

We will also follow up on our recommendations over the next two years, to find out what progress has been made in implementing them.

Appendix 1 – How we conducted this investigation

Engagement with young people

The Committee appointed the GLA's Peer Outreach Team (a team of around 30 young Londoners aged 15-24) to help develop and deliver a series of workshops to gather young people's views and experiences of drinking, alcohol education and alcohol services. As well as helping to develop the questions for the workshops, members of the Peer Outreach Team facilitated the workshops, which included the following groups of young people: the Peer Outreach Team, the GLA's Lynk-Up Crew (7-14 year olds), members of the Brent Youth Council, young people who are using Addaction's substance misuse services and young people who are being supervised by the Haringey Youth Offending Team. Over 60 young people were involved in the workshops

The Committee also conducted an online and a postal survey to gather more young people's views. We received around 50 responses to this survey from a wide range of young Londoners (up to the age of 21), including homeless young Londoners.

Call for written views and information

The following organisations responded to our call for written views and information in autumn 2008:

- Alcohol Concern
- BII
- Brent DAAT
- British Medical Association
- British Transport Police
- Bromley Children and Young Peoples Services
- Camden PCT
- Centre for Social Justice
- Cosmic Substance Misuse Service for Families and Children, Haringey
- Drug and Alcohol Service for London (DASL)
- Enfield Alcohol Harm Reduction Team
- Guys and St Thomas NHS Trust
- Hackney Drug and Alcohol Action Team
- Hammersmith and Fulham Children's Services
- Haringey Drug and Alcohol Action Team
- Haringey YOT Substance Misuse Team
- Hillingdon Education and Children Services
- Kensington and Chelsea Health Service Team
- Kings College Hospital NHS Trust

- Lambeth DAAT
- Lambeth PCT
- LDA Health and Sustainability
- Leeds PCT
- Mayor of London
- Mentor UK
- Metropolitan Police
- National Probation Service
- National Treatment Agency
- Nature Kids
- Newham Children, Young People and Families
- NHS London/Regional Public Health Group
- Richmond Adults and Community Service
- Royal College of Nursing
- Royal Free Hampstead NHS Trust
- Southwark Crime and Drugs Team
- St Mungo's
- The Pillion Trust
- Tower Hamlets
- Validate UK
- Waltham Forest PCT
- Wandsworth Drug and Alcohol Action Team
- Wine and Spirit Trade Association
- Youth Justice Board

Public meetings with professional stakeholders

The Committee held two public meetings with professionals. The first meeting on 26 November 2008 was used to discuss the nature and scale of alcohol misuse among young Londoners. The following guests attended:

- Ian Graham - Licensing Policy Manager, Metropolitan Police
- Brian Hayes, Paramedic Team Leader, London Ambulance Service
- Nicolay Sorensen - Head of Policy, Alcohol Concern
- Libby Ranzetta – Director, Ranzetta Consulting. Ranzetta Consulting were commissioned to develop the London Regional Statement of Priorities on Alcohol.
- Charlotte Blencowe - Public Health Strategist, Camden PCT
- Sue Kenten - Chief Executive, Drugs and Alcohol Service for London (DASL), a drugs and alcohol charity providing treatment, outreach, education, and counselling services in 6 London boroughs.

The second meeting was held on 5 February 2009 to discuss what works in tackling youth alcohol misuse. The following guests attended:

- Ian Graham, Licensing Policy Manager, Metropolitan Police Service
- Charlotte Blencowe - Public Health Strategist, Camden PCT.
- Alan Philips, Trading Standards Manager, Croydon Council
- Kamini Patel – Manager, Cosmic Substance Misuse Support Service for Children and Families, Haringey.
- Pam Martin– GP in Lewisham with special interest in alcohol
- Jeremy Beadles – Chief Executive, Wine and Spirits Trade Association (WSTA). The WSTA represents alcohol producers, wholesalers and retailers
- Martin Rawlings – Director of Pubs and Leisure at the British Beer and Pub Association

Informal Meetings

Officers supporting the Health and Public Services Committee held informal meetings with the following representatives of the Government Office for London, and borough level services:

- Ruth Fowler, Crime and Drugs Team, and Carol Maddalena and Richard Jolley, Children and Learners Team, Government Office for London, July 2008 and March 2009
- Emma Sleight, Young People’s Substance Misuse Co-ordinator London Borough of Hammersmith and Fulham, September 2008
- Luke Kwamya, Alcohol Strategy Manager, Brent Drugs and Alcohol Action Team, September 2008
- Michael Pierce, Head of Commissioning and Service Management, Safer Sutton Partnership, March 2009

Engaging with other Londoners

Fifty-one Londoners over the age of 21 responded to our online survey on alcohol and how it affects London communities. In addition, five individual Londoners responded to our call for written views and information.

Site visits

Bexley

Three committee members visited Bexley on 23 January 2009. The visit aimed to gather information about crime, disorder and other impacts of young people’s drinking, and Bexley’s partnership approach to dealing with alcohol misuse. Members were taken on Friday late night patrols with the local Safer Neighbourhoods Teams and with the Bexley Street Pastors – church volunteers who help to keep Bexleyheath town centre safe by providing a reassuring visible presence, and by providing help and

information to people on a night out. These patrols also provided members to meet young people, bar managers and security staff to discuss their perspectives on alcohol misuse.

Liverpool

The Chairman and Deputy Chairman visited Liverpool in March 2009 to meet representatives of the citywide partnership that has been set up to reduce alcohol harm. This visit provided an opportunity to hear about innovative projects to tackle alcohol such as a city wide social marketing campaign, schools liaison, an alcohol toolkit for parents and a partnership approach between the police and youth service.

Appendix 2- Agencies involved in tackling alcohol misuse among young Londoners

Mayor

The Mayor's Health team provide the Secretariat for the Greater London Alcohol and Drugs Alliance (GLADA). The Mayor supports activities for young people that aim to divert them from alcohol misuse and provide them with useful skills through the Youth Offer and the Mayor's Fund. Young people, health and youth crime are all Mayoral priorities. The Mayor is currently developing a health inequalities strategy, which could cover inequalities linked to alcohol harm.

The Greater London Alcohol and Drugs Alliance (GLADA)

Their role is to oversee the implementation of the Regional Statement of Priorities for Alcohol developed in 2008. GLADA is also committed to continually updating the evidence base on the use and impact of alcohol and drugs in London

Government Office for London (GOL)

GOL represents central government across the capital, delivering policies and programmes for twelve central government departments and making London's case in Whitehall. The Government Office plays an important role in London, delivering the Government's policies on areas including leading the negotiation of 33 Local Area Agreements, ensuring the delivery of the Every Child Matters agenda, and delivering policies including on crime reduction and reducing substance misuse.

Boroughs

The commissioner for young people's substance misuse services [including alcohol] is based in Children's Services in most boroughs. Integrated Youth Support Services and Targeted Youth Support provide preventative activities, support and advice to young people and aim to ensure that the needs of vulnerable young people are identified early and met by agencies working together effectively. Trading Standards undertake test purchasing, and licensing teams and licensing committees are responsible for enforcing the licence conditions of licensed premises.

Schools

Schools are responsible for delivering alcohol education. In some boroughs, teachers are trained to screen young people for substance misuse problems and refer them onto other services if necessary

Youth Offending Teams (YOTs)

Every YOT should have a dedicated substance misuse worker to provide advice and support for young people who have offended and who also have a drug or alcohol problem.

Police

The police have a range of powers to enforce the law around alcohol misuse including the power to confiscate alcohol from under 18s. Alcohol arrest referral pilots are operating in some parts of the country so that young people arrested for alcohol related crime or disorder could be referred to alcohol services.

Drug and Alcohol Action Teams (DAATs)

DAATs develop local alcohol strategies and can commission treatment services on behalf of the PCT. DAATs generally include representatives from the PCT, police, alcohol service providers, probation and boroughs, and work closely with, or are part of Crime and Disorder Reduction Partnerships. However, as Directors of Children's Services are now responsible for young people's substance misuse provision, most DAATs will not have any involvement in commissioning substance misuse services for under-18s.

Primary Care Trusts (PCTs)

PCTs commission specialist alcohol services, determine local health priorities and run public health campaigns.

Alcohol services

These services provide treatment, advice and support to young people misusing alcohol. Most services are run by voluntary sector agencies, or NHS Trusts.

Appendix 3 - Recommendations

Recommendation 1

The Greater London Alcohol and Drugs Alliance (GLADA) should monitor the alcohol consumption of young Londoners between 2009 and 2012 to assess whether recent increases in drinking among young women and among young Pakistani and Bangladeshi Londoners are part of ongoing trends.

Recommendation 2

The Mayor should commission an immediate review of GLADA's membership, resourcing and remit to ensure it can effectively implement the Regional Statement of Priorities for Alcohol and provide strong regional leadership on alcohol misuse.

Recommendation 3

The Mayor should outline initiatives to tackle the disproportionate impact of alcohol on the health of people from deprived communities in his upcoming Health Inequalities Strategy.

Recommendation 4

By March 2010, London boroughs where alcohol-specific hospital admissions for under-18s are higher than the national average (currently Kingston and Sutton) should appoint an alcohol harm reduction champion. This person should ensure that services to reduce alcohol harm are effectively co-ordinated, and should set a local performance target for reducing alcohol specific hospital admissions below the national average. A councillor would be well-suited to this role.

Recommendation 5

A London borough and local police service working with the Retail of Alcohol Standards Group should pilot the St Neots community alcohol partnership model to reduce alcohol misuse by under 18s during 2009/10. Representatives of both the on- and off-licence trade should be engaged in this partnership.

Recommendation 6

The Department for Children, Schools and Families and the Qualifications and Curriculum Authority should ensure that alcohol education is effectively covered in the mandatory PSHE curriculum, currently under development. Alcohol should be given the same prominence in this curriculum as drugs, and the focus should be on how to reduce alcohol harm. The curriculum should cover how and

why alcohol tolerance varies between men and women. It should also include first aid techniques, so that young people know how to help in emergencies such as a friend collapsing because of alcohol.

Recommendation 7

By June 2010, The Department for Children, Schools and Families and the Home Office should run a national FRANK campaign around alcohol that focuses on the consequences of drinking, and also promotes the information FRANK can provide about alcohol and local services.

Recommendation 8

By December 2010, GLADA should co-ordinate a London-wide social marketing campaign that aims to reduce alcohol harm, in association with external partners. The campaign should target groups including parents and carers, young women aged 11-15 and young Pakistani and Bangladeshi Londoners. Consideration should be given to involving London role models to help spread the campaign's messages.

Recommendation 9

By March 2012, NHS London should ensure that Screening and Brief Intervention Initiatives are in place at every London Accident and Emergency Department, and available to adults and to young people. A detailed evaluation of the impact of Screening and Brief Interventions on young Londoners' drinking behaviour should be conducted by March 2014.

Appendix 4 – Orders and Translations

How to order

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Chinese

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Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Greek

Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.

Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini okumak isterseniz, lütfen yukarıdaki telefon numarasını arayın, veya posta ya da e-posta adresi aracılığıyla bizimle temasa geçin.

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

Hindi

यदि आपको इस दस्तावेज़ का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई मेल पते पर हम से संपर्क करें।

Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে ফো করবেন অথবা উল্লিখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں درکار ہو تو، براہ کرم نمبر پر فون کریں یا مذکورہ بالا ڈاک کے پتے یا ای میل پتے پر ہم سے رابطہ کریں۔

Arabic

الوصول على ملخص لهذا المستند بلغة،
فرجاء الاتصال برقم الهاتف أو الاتصال على
العنوان البريدي أو عادي أو عنوان البريدي
الإلكتروني أعلاه.

Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં જાણવા હોય તો ઉપર આપેલ નંબર પર ફોન કરો અથવા ઉપર આપેલ ટપાલ અથવા ઇ-મેઇલ સરનામા પર અમારો સંપર્ક કરો.

Appendix 5 – Principles of Scrutiny

An aim for action

An Assembly scrutiny is not an end in itself. It aims for action to achieve improvement.

Independence

An Assembly scrutiny is conducted with objectivity; nothing should be done that could impair the independence of the process.

Holding the Mayor to account

The Assembly rigorously examines all aspects of the Mayor's strategies.

Inclusiveness

An Assembly scrutiny consults widely, having regard to issues of timeliness and cost.

Constructiveness

The Assembly conducts its scrutinies and investigations in a positive manner, recognising the need to work with stakeholders and the Mayor to achieve improvement.

Value for money

When conducting a scrutiny the Assembly is conscious of the need to spend public money effectively.

Endnotes

¹ This figure of 180,000 bottles of lager was calculate as follows. In 2007, there were 418,219 people aged 11-15 living in London (source: *2008 Round Low population projection*, GLA). The 35per cent of these Londoners who drink at least once a year, drink an average of 2.1 units a week (source: *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly using data from Smoking, Drinking and Drugs Use Surveys 2005-07). So, 35 per cent of 418,219 people x 2.1units = 307,391 units of alcohol drunk in a week. A bottle of 5.2 per cent lager contains 1.7 units (Source: *Units and You*, 2008, Department of Health) – and 307,391/ 1.7 = 180,818 bottles of lager.

² *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly, based on Hospital Episode Statistics from the NHS Information Centre

³ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly, based on Hospital Episode Statistics from the NHS Information Centre

⁴ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly, based on data submitted by the London Ambulance Service NHS Trust; *Transcript of Health and Public Services Committee*, 26 November 2008 – £1.3 million is the cost of responding to a 999 ambulance call (£165) multiplied by the number of alcohol related calls for this age group (8126)

⁵ Clare is not her real name. Claire's story is based on a case study from Youngaddaction, a specialist substance misuse service.

⁶ Written views and information from the National Treatment Agency 1,945 people aged 11-21 were in specialist treatment where alcohol was either the primary or secondary substance they were receiving treatment for.

⁷ *Impact of Alcohol Consumption on Young People: A review of reviews*; 2008, Newbury-Birch, D. et al, *Transcript of Health and Public Services Committee*, 26 November 2008, Written views and information – Drug and Alcohol Service for London, British Medical Association, Tower Hamlets Council, Alcohol Concern

⁸ Data from the London Ambulance Service NHS Trust showed that in 2007/08 there were 8,126 alcohol-related ambulance calls for Londoners aged 11-21, *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly; based on Hospital Episode Statistics from the NHS Information Centre showed that there were 1,315 alcohol-specific hospital admissions in 2006 for 11-21 year olds.

⁹ *Transcript of Health and Public Services Committee*, 26 November 2008, *Impact of Alcohol Consumption on Young People: A review of reviews*; 2008, Newbury-Birch, D. et al, Written views and information from Bromley Council

¹⁰ The data report can be found at <http://www.london.gov.uk/assembly/reports/health.jsp>

¹¹; "Regular drinkers" are defined as 11-15 year olds who drink at least once a month and 16-21 year olds who drink at least once a week. *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly

¹² *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly

¹³ This figure of 180,818 bottles of lager was calculate as follows. In 2007, there were 418,219 people aged 11-15 living in London (source: *2008 Round Low population projection*, GLA). The 35 per cent of these Londoners who drink at least once a year, drink an average of 2.1 units a week (source: *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly using data from Smoking, Drinking and Drugs Use Surveys 2005-07). So, 35 per cent of 418,219 people x 2.1units = 307,391 units of alcohol drunk in a week. A bottle of 5.2 per cent lager contains 1.7 units (Source: *Units and You*, 2008, Department of Health) – and 307,391/ 1.7 = 180,818 bottles of lager.

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- ¹⁴ *Transcript of Health and Public Services Committee, 26 November 2008, Report of workshops with young Londoners on alcohol, 2009, London Assembly*
- ¹⁵ *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly, sources include Smoking, Drinking and Drug Use Surveys 2005-07*
- ¹⁶ The report from our data analysis includes a technical appendix, outlining the statistical significance of its findings *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly,*
- ¹⁷ *Transcript of Health and Public Services Committee, 26 November 2008, Written views and information, Lambeth PCT*
- ¹⁸ *Transcript of Health and Public Services Committee, 26 November 2008.*
- ¹⁹ *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly*
- ²⁰ *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly, using Hospital Episode Statistics from the NHS Information Centre*
- ²¹ *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly*
- ²² *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly – sources include Health Survey for England and General Household Survey*
- ²³ The definition of binge drinking is more than eight units of alcohol in one day (men) and more than six in one day (women) –*Safe. Sensible. Social. The next steps in the National Alcohol Strategy, 2007, Department of Health, Home Office, Department of Culture, Media and Sport and Department for Education and Skills*
- ²⁴ *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly -Sources: Smoking Drinking and Drug Use Survey and Health Survey for England, using data from 2004-06 (table 5.2).*
- ²⁵ *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly*
- ²⁶ *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly - In 2002 there were 101 hospital admissions for 16-21 year old women, compared to 387 in 2006.*
- ²⁷ *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly*
- ²⁸ Written submission from LB Tower Hamlets, *Smashed, Alcohol misuse amongst young people, 2009, Tower Hamlets Scrutiny Working Group (Draft)*
- ²⁹ *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly*
- ³⁰ *London: the highs and the lows 2, 2007, Mayor of London and GLADA, and Highs and Lows Update briefing, 2009, Mayor of London and GLADA*
- ³¹ *Profile of Young Londoners' drinking, 2009, Institute of Alcohol Studies for the London Assembly*
- ³² Source: Tellus3 survey of school pupils, 2008 available from www.ofsted.gov.uk
- ³³ *Local alcohol profiles for England, 2008, North West Public Health Observatory*
- ³⁴ Source of Data – Alcohol Specific hospital admission for under 18s, from Local Alcohol Profiles for England, North West Public Health Observatory, available from www.nwph.net/alcohol/lape Data correct as of 07.04.09. These figures do not include A+E attendances. The rate is calculated per 100,000 population based on ONS 2006 mid year population estimates

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- ³⁵ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly
- ³⁶ *London: the highs and the lows 2*, 2007, Mayor of London and GLADA
- ³⁷ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly
- ³⁸ *Report of workshops with young Londoners on alcohol*, 2009, London Assembly.
- ³⁹ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly
- ⁴⁰ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly
- ⁴¹ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly
- ⁴² *Transcript of Health and Public Services Committee*, 26 November 2008.
- ⁴³ Data from London Ambulance Service NHS Trust October 2004- September 2005 compared with October 2007 to September 2008
- ⁴⁴ Written views and evidence from LB Enfield, Haringey substance misuse team, Alcohol Concern, Hackney DAAT, Lambeth Drug and Alcohol Team; and *Impact of Alcohol Consumption on Young People: A review of reviews*; 2008, Newbury-Birch, D. et al
- ⁴⁵ *Adolescent health*, 2003, British Medical Association
- ⁴⁶ *Impact of Alcohol Consumption on Young People: A review of reviews*; 2008, Newbury-Birch, D. et al
- ⁴⁷ *Impact of Alcohol Consumption on Young People: A review of reviews*; 2008, Newbury-Birch, D. et al
- ⁴⁸ *Adolescent health*, 2003, British Medical Association; *Indications of Public Health in the English Regions – 8: Alcohol*, 2007, North West Public Health Observatory found that
- ⁴⁹ *Age at First Drink and the First Incidence of Adult-Onset DSM-IV Alcohol Use Disorders*, Dawson, D et al, published in December 2008 edition of *Alcoholism: Clinical and Experimental Research*
- ⁵⁰ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly In this analysis 11-15 year olds are classed as regular drinkers if they drink at least once a month
- ⁵¹ Written views and information from the British Medical Association
- ⁵² *Transcript of Health and Public Services Committee*, 26 November 2008.
- ⁵³ *Transcript of Health and Public Services Committee*, 26 November 2008.
- ⁵⁴ *Transcript of Health and Public Services Committee*, 26 November 2008.
- ⁵⁵ *Report of workshops with young Londoners on alcohol*, 2009, London Assembly.
- ⁵⁶ Written views and information, LB Bromley; *Impact of Alcohol Consumption on Young People: A review of reviews*; 2008, Newbury-Birch, D. et al
- ⁵⁷ *Report of workshops with young Londoners on alcohol*, 2009, London Assembly.
- ⁵⁸ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly – data source: Metropolitan Police
- ⁵⁹ Email from Ch Insp Adrian Studd, Metropolitan Police, 19.05.09
- ⁶⁰ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly – data source: Metropolitan Police
- ⁶¹ Responses to online survey on young people's alcohol misuse, London Assembly
- ⁶² Responses to online survey on young people's alcohol misuse, London Assembly

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- ⁶³ *What works to tackle alcohol related disorder*, London Southbank University 2008
- ⁶⁴ Responses to online survey on young people's alcohol misuse, London Assembly
- ⁶⁵ *Report of workshops with young Londoners on alcohol*, 2009, London Assembly.
- ⁶⁶ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly
- ⁶⁷ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly, *Report of workshops with young Londoners on alcohol*, 2009, London Assembly
- ⁶⁸ The reasons why adults drink sourced from: *The Alcohol Harm Reduction Strategy for England*, 2004, The Cabinet Office, and the Drinkaware Trust website www.drinkaware.co.uk
- ⁶⁹ *Report of workshops with young Londoners on alcohol*, 2009, London Assembly.
- ⁷⁰ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly Regular drinkers are defined as 11-15 year olds who drink at least once a month and 16-21 year olds who drink at least once a week.
- ⁷¹ Youth Alcohol Action Plan, 2008, DCSF, DH and Home Office
- ⁷² *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly
- ⁷³ *Indications of Public Health in the English Regions 8: Alcohol*, 2008, North West Public Health Observatory for the Chief Medical Officer.
- ⁷⁴ *Indications of Public Health in the Regions 8: Alcohol*, 2007, North West Public Health Observatory and Liverpool John Moores University
- ⁷⁵ *Regional Statement of Priorities for Alcohol*, 2008, Government Office for London, GLADA and the Mayor of London;
- ⁷⁶ Notes of site visits to Bexley and Liverpool
- ⁷⁷ Notes of site visit to Liverpool and *Tackling Alcohol in Liverpool: Liverpool Alcohol Harm Reduction Strategy 2007-10*, Liverpool City Council and PCT
- ⁷⁸ *Regional Statement of Priorities for Alcohol*, 2008, Government office for London, GLADA and the Mayor of London; Notes of site visits to Bexley (January 2009) and Liverpool (March 2009)
- ⁷⁹ *Report of workshops with young Londoners on alcohol*, 2009, London Assembly.
- Written views and information from The Pillion Trust, DASL (the Drugs and Alcohol service for London), a young Londoner, Haringey Advisory Group on Alcohol, London Borough of Tower Hamlets, London Borough of Richmond upon Thames, Waltham Forest PCT
- ⁸⁰ <http://www.london.gov.uk/mayor/children/youth-offer-1207.jsp>
- ⁸¹ *Youth Alcohol Action Plan*, 2008, DCSF, DH and Home Office; *Smoking, Drinking and Drug Use*, 2006, National Centre for Social research and the National Foundation for Educational Research, notes of site visit to Bexley, January 2009; written views and information: Cosmic Substance Misuse Service for Families and Children, Haringey
- ⁸² Notes of site visit to Bexley, January 2009
- ⁸³ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly
- ⁸⁴ *Profile of Young Londoners' drinking*, 2009, Institute of Alcohol Studies for the London Assembly
- ⁸⁵ *Alcohol Industry Must Do More To Tackle Underage Sales*, Home Office Press Release, 16 October 2006. 24 per cent of off-licence premises and 26 per cent of on-licensed premises in London that were tested during this campaign did sell to under-18s. A more

recent national campaign showed lower levels of sales to under 18s but London figures for this campaign have not been published.

⁸⁶ Written views and information from The Metropolitan Police, Martin Hoscik (former off-licence manager) and Wine and Spirits Trade Association; *Transcript of Health and Public Services Committee*, 26 November 2008

⁸⁷ Written views and information Martin Hoscik (former off-licence manager) and Wine and Spirits Trade Association; *Transcript of Health and Public Services Committee*, 26 November 2008

⁸⁸ *Transcript of Health and Public Services Committee Meeting*, 5 February 2009, written views and information: Wine and Spirits Trade Association, Martin Hoscik

⁸⁹ *Transcript of Health and Public Services Committee Meeting*, 5 February 2009,

⁹⁰ For more information visit

<http://www.hubcapp.org.uk/php/displayprojects.php?status=displayprojectdescription&projectid=166>

⁹¹ Notes of site visit to Bexley, January 2009

⁹² *Transcript of Health and Public Services Committee Meeting*, 5 February 2009,

⁹³ *Alcohol misuse: tackling the UK epidemic*, British Medical Association, 2008, *Commissioning and behaviour Change: Kicking Bad Habits Final Report*, 2008, Kings Fund; Written views and information from the London Borough of Enfield.

⁹⁴ *What works in alcohol education*, Hajra Mir, Alcohol Concern, in a presentation to GLADA event on 20.03.09

⁹⁵ *Report of workshops with young Londoners on alcohol*, 2009, London Assembly.

⁹⁶ *Smoking, Drinking and Drug Use*, 2006, National Centre for Social research and the National Foundation for Educational Research

⁹⁷ *Drug education: an entitlement for all: a report to Government*, 2008, *Advisory Group on Drug and Alcohol Education*,

⁹⁸ *Transcript of Health and Public Services Committee Meeting*, 5 February 2009,

⁹⁹ *Transcript of Health and Public Services Committee Meeting*, 5 February 2009,

¹⁰⁰ *Report of workshops with young Londoners on alcohol*, 2009, London Assembly.

¹⁰¹ *Report of workshops with young Londoners on alcohol*, 2009, and notes of individual workshops with young people, London Assembly

¹⁰² FRANK is a government funded website and helpline providing information about alcohol and drugs, and relevant support services

¹⁰³ *Use of alcohol among children and young people*, 2008, Define Research and Insight for the Department for Children, Schools and Families.

¹⁰⁴ *Use of Alcohol among Children and Young People*, 2008, Define Research and Insight for the Department for Children, Schools and Families

¹⁰⁵ *Consultation on Children, Young People and Alcohol*, 2009, Department for Children, Schools and Families

¹⁰⁶ Notes of site visit to Liverpool, March 2009; more information about the Pssst! alcohol awareness campaign can be found at <http://www.pssst.org.uk/>

¹⁰⁷ *Transcript of Health and Public Services Committee*, 26 November 2008.

¹⁰⁸ *Transcript of Health and Public Services Committee*, 26 November 2008.

¹⁰⁹ *Alcohol misuse: tackling the UK epidemic*, 2008, British Medical Association; *Reducing Alcohol Harm: health services in England for alcohol misuse*, 2008, National Audit Office

¹¹⁰ *Reducing Alcohol Harm: health services in England for alcohol misuse*, 2008, National Audit Office, Factsheet 15: brief interventions, 2003 Alcohol Concern

¹¹¹ Factsheet 15: brief interventions, 2003 Alcohol Concern

¹¹² Further information on St Mary's SBIs can be found at www.hubcapp.org.uk, information on evaluation of St Mary's SBIs is quoted in *Reducing Alcohol Harm: health services in England for alcohol misuse*, 2008, National Audit Office

¹¹³ Uncorrected transcript of Oral Evidence Taken Before Health Committee on Alcohol, 7 May 2009 from Professor Mike Kelly, Director, Centre for Public Health Excellence, National Institute for Health and Clinical Excellence (NICE)

¹¹⁴ *Alcohol misuse: tackling the UK epidemic*, 2008, British Medical Association; *Reducing Alcohol Harm: health services in England for alcohol misuse*, 2008, National Audit Office

¹¹⁵ *Reducing Alcohol Harm: health services in England for alcohol misuse*, 2008, National Audit Office

¹¹⁶ *Alcohol misuse: tackling the UK epidemic*, 2008, British Medical Association

¹¹⁷ *Transcript of Health and Public Services Committee Meeting*, 5 February 2009, *Report of workshops with young Londoners on alcohol*, 2009, London Assembly

¹¹⁸ Written views and information: National Treatment Agency. The figure of 1,945 young people includes those who are in treatment with alcohol as a primary substance, and those for whom alcohol is a secondary substance

¹¹⁹ *Regional Statement of Priorities for Alcohol*, 2008, Government Office for London, GLADA and the Mayor of London; Written views and information: DASL; *Reducing Alcohol Harm: health services in England for alcohol misuse*, 2008, National Audit Office

¹²⁰ *Regional Statement of Priorities for Alcohol*, 2008, Government Office for London, GLADA and the Mayor of London

¹²¹ Email from National Treatment Agency Deputy London Regional Manager, 02.04.09

¹²² *Report of workshops with young Londoners on alcohol*, 2009, London Assembly

¹²³ Notes of site visit to Liverpool, March 2009

¹²⁴ The Children's Society Response to the Youth Alcohol Action Plan, July 2008, The Children's Society, notes of site visit to Liverpool, March 2009; *Reducing Alcohol Harm: health services in England for alcohol misuse*, 2008, National Audit Office

¹²⁵ *Report of workshops with young Londoners on alcohol*, 2009, London Assembly

¹²⁶ Notes of site visit to Liverpool, March 2009