

Evidence Briefing – Children & Young People (Aged 5-24)

Need to Know

- Adolescence represents a period of vulnerability to alcohol and drug use issues and related harm.
 - The earlier a young person begins alcohol or drug use, the more likely they are to develop alcohol and drug issues later in life.
 - Those with greater number of Adverse Childhood Experiences (ACEs) may have a higher risk of developing certain problems later in life including issues around alcohol or drug use.
 - Care-experienced children and children whose parents have issues with alcohol and/or drug use are particularly vulnerable groups.
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Key Findings

- Successful preventative interventions engage children and young people in their design and development.
 - Sessions for children and young people need to be interactive. Lectures that primarily provide information are ineffective for most.
 - A focus on developing protective skills, values and attitudes is effective - Fear arousal does not prevent alcohol and drug use in children and young people.
 - The individuals delivering an approach – teachers, psychologists, mentors, peers – need on-going, high-quality training and support and where possible have clear alcohol and drug policies in place to deal with any alcohol and drug incidents.
 - One intervention approach might not fit all. The age, developmental stage, circumstances and needs of each child or young person within a targeted group need to be considered when designing and delivering a prevention programme.
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Good Practice

- Triple P Positive Parenting Programme
 - Children Harmed by Alcohol Toolkit (C.H.A.T.)
 - Rory resource pack
 - LifeSkills Programme
 - Talk About Alcohol teacher workbook
 - Speakeasy Programme
 - Mellow Ready
 - Adult Adverse Childhood Experiences Recovery Toolkit (AACEs RTK):
 - Decider Skills (delivered in partnership by SHBBV Team and CAMHS)
 - Planet Youth
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Potential Stakeholders

- Families and children
 - Education services
 - Colleges and universities
 - Social workers, youth workers
 - Police Scotland
 - Young people
 - Employers
 - Allied health professionals
 - Primary care, acute care and youth health services
 - Housing services
 - Third sector service
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Introduction

This is a briefing on what works for children and young people in preventing alcohol and drug use and related harm. It relates to interventions for individuals between the age of 5 and 24. However, it is important to note that there is a large cross over between this and the briefing on pre-birth, infancy and early years, as well as some crossover with the adults briefing.

Context

Alcohol consumption and drug use among 15 year olds in Scotland has been declining since the early 2000s. Overall, drinking in the last week remains more common (20%) than drug use in the last month (12%).¹ Nevertheless, adolescence represents a period of vulnerability to issues with alcohol and drug use, characterised by high impulsivity and strong peer influence. Young people are particularly at risk during transitional periods of their lives, such as leaving school, moving into sixth year or college or leaving home.

- 37% of 13 year olds reported they had had an alcoholic drink (a 'proper alcoholic drink a whole drink, not just a sip'). A 6% increase on 2013¹
- 74% of 15 year olds reported they had had an alcoholic drink (a 'proper alcoholic drink – a whole drink, not just a sip') . A 4% increase on 2018¹
- 79% of 15 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like.'¹
- There were 213 per 100,000, 11-25 year olds admitted to hospital for alcohol related issues, in NHS Tayside. (3 year aggregate 2017-2020) The total, all ages Alcohol related admissions was 507 per 100,000-⁴⁸
- 70% of 15 year olds said they had ever been drunk¹
- 12% of 15 year olds reported using drugs in the last month. A 5% increase on 2013.¹
- 50% of 15 year olds reported they had been offered drugs. 20% increase on 2013¹
- 34% of 15 year olds felt it was 'ok' for someone their age to 'try taking cannabis to see what it's like', a 21% increase on 2013¹
- 51% of 15 year olds reported that it would be 'very' or 'fairly' easy to get illegal drugs if they wanted to. 17% Increase on 2013. 4% higher than Scotland¹

- Dundee City Council area has the 2nd highest rate of teenage (<20) pregnancy in Scotland. (2019) ⁴⁹

Early use

The earlier a young person begins alcohol or drug use, the more likely they are to develop issues with use later in life. Delaying the onset of alcohol and drug use is therefore an important part of prevention. The age at which children and young people in Scotland initiate alcohol and drug use has gradually increased over the last couple of decades, however this positive development has stagnated in recent years. In 2018, the average age of first alcohol use in Scotland was 13.3. The first time they got drunk was slightly later at 13.8. 6% of 13 year olds and 11% of 15 year old have reported ever using drugs.²

47.8% of respondents to a 2022, Dundee Health & Wellbeing Survey⁵⁰ of 2nd and 4th year pupils, said that they had had a “proper alcoholic drink, not a sip or low alcohol.” 10% said they drank “once or twice a month.” Almost 12% said they had never been drunk. Alcopops, spirits and Cider were named as the most common, regularly consumed drinks. 26.3% of those who had access to alcohol, said they got it from home, family or friends. 30% of respondents said they were allowed to drink at home sometimes. 15.8% of respondents said their parent had bought them alcohol. The most common venues for the consumption of alcohol were ‘a party with friends’ (20.4%), ‘Someone else’s home’ (22.6%) and ‘my own home’ (26.8%).

Respondents did not report significantly high figures around drug use, with only 7.7% reporting substance use in the last year and 10.3% reporting ever using a substance. More concerning is the range of substances used, with roughly equal figures (around 1.5% of respondents) reporting using; solvents, amphetamines, ecstasy, cyroban, heroin, ketamine and LSD. 7.3% reported cannabis use, 2.8% cocaine and 2.4% reporting using magic mushrooms 1.8% and 1.2% reported using Diet and Tanning products, respectively and a further 1.5% reporting steroid use.⁵⁰

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are “stressful experiences occurring during childhood”³. ACEs include physical, verbal or sexual abuse, domestic violence, parental separation, parental mental health problems and parental issues with alcohol or drug use. Exposure to ACEs “can alter how children’s brains develop as well as changing the development of their immunological and hormonal systems”⁴. Those with greater exposure to ACEs stand an increased chance of developing health-harming and anti-social behaviors, often during adolescence, including risky single session drinking (drinking too much too quickly) and drug use⁵. Compared with people with no ACEs, those with four or more ACEs are:

- 4 times more likely to be a high-risk drinker⁶
- 11 times more likely to have smoked cannabis⁷
- 16 times more likely to have used crack cocaine or heroin⁸
- 20 times more likely to have been incarcerated⁹

Care-experienced children – those in the care of their local authority – present a particularly vulnerable group. They have commonly been exposed to very high rates of Adverse Childhood

Experiences (ACEs) ¹⁰ and have poorer health behaviors around alcohol and drug use than the general population. ¹¹

Parental problem alcohol and drug use

Parents with alcohol and/or drug use issues are a considerable concern in Scotland including in Dundee. In 2017, parental issue with alcohol or drug use was a factor in 37% of cases in which a child was added to a child protection register in Scotland. ¹²

- Child protection with parental alcohol misuse in NHS Tayside 2020 8 per 100,000
- Child protection with parental drug and alcohol misuse in NHS Tayside, 2020, 15 per 100,000

Parental issues with alcohol and drug use is considered to be an Adverse Childhood Experience (see section above) and can negatively affect multiple areas of a child's life as well as their outcomes. ¹⁴ In particular, children whose parents have issues with alcohol use are more likely to start drinking earlier and use alcohol as a coping strategy. ¹⁵ Risks for children are exacerbated when parental issues with alcohol and drug use is accompanied by parental mental health issues or domestic violence, both of which can often co-occur with alcohol and drug use. ¹⁶ Further risk factors include socioeconomic disadvantage, housing, social exclusion and unemployment. ¹⁷ Parental issues with alcohol and drug use can greatly affect parenting, relationships and attachment between parents and children and these issues sometimes affect children more than the alcohol and drug use itself. ¹⁸

3 Detailed analysis of what works

Key to evidence briefing

- High quality and multiple source evidence to support this approach (1)
- Some evidence or emerging evidence to support this approach (2)
- Limited evidence for this approach or potential development area for further investigation (3)

Primary School	Secondary School	Community Based	Family Based	Vulnerable groups
Personal & social skills (1)	Personal & social skills (1)	Parenting programmes (1)	Parenting programmes (1)	Parenting programmes (1)
Social skills & social influence (1)	Social skills & social influence (1)	Psychological vulnerabilities & managing emotions (1)	Mentoring (2)	Personal & social skills (1)
	School attachment (2)	School attachment (2)	Alcohol Brief Interventions (2)	Social skills & social influence (1)
	Diversiónary approaches (3)	Diversiónary approaches (3)		Psychological vulnerabilities & managing emotions (1)
				Mentoring (2)
				Alcohol Brief Interventions (2)

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (×) effectiveness	Good Practice
Parenting Programmes	Teaching core parenting skills and improve bonding between children and parents. This includes supporting parents on how to take a more active role in their children's lives and provide positive and developmentally appropriate discipline.	Community Based For children of all ages	Effective <ul style="list-style-type: none"> Alcohol Drugs Sustained impact Transferable Targeting mother and daughter particularly effective ²³	✓ Enhance attachment between parent and child ✓ Make it easy and appealing for parents to participate (child care, out of office hours, etc) ✓ Series of around 10 sessions, more for at-risk groups ✓ Include activities for the parents, the children and the whole family ✓ Delivered by trained individuals	Strengthening Families - programme to improve parenting and family relationships, course of 10-14 group sessions depending on family risk factors ²⁴ Children Harmed by Alcohol Toolkit C.H.A.T - contains a range of interactive materials to be used with children, young people and families harmed by problematic alcohol or drug use ²⁵ Parents Under Pressure - 20 weeks programme of home visits to support parents who are in treatment for problem alcohol or drug use ²⁶
		Vulnerable groups (Children and young people from families affected by alcohol and drug use)			

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
Personal & Social Skills	Series of structured, interactive sessions to teach children and young people a range of personal and social skills including how to cope with difficult situations in a safe and healthy way.	Primary School	Effective <ul style="list-style-type: none"> • Alcohol • Drugs Transferable ²⁹	<ul style="list-style-type: none"> ✓ Series of structured sessions with booster sessions over several years ✓ Sessions are primarily interactive ✓ Delivered by trained teacher or facilitator ✓ Sessions should fit with Curriculum for Excellence ✓ Session delivery should be aligned to good practice in the 'What works in drug education' Scottish Government document ✓ Sporting clubs can be a non-stigmatising and relaxed setting to deliver personal and social skills training 	Rory - resource pack based on a storybook to be used with primary school children to develop an understanding of the impact of parental alcohol problems and empathy for those affected as well as a range of life skills ³⁰ LifeSkills - group-based programme delivered in schools or in the community to teach children aged 8-14 self-management, social competence and drug resistance skills ³¹ <i>Young Booze Busters</i> Glasgow based programme for primary school pupils covering awareness (4 sessions in P6) and life skills (4 sessions in P7) ³²
		Secondary School		<ul style="list-style-type: none"> x Providing information on specific substances, including fear arousal 	Riskit - programme for 14-16 year olds at risk teenagers combining 10 group sessions and one-to-one motivational interviews ³³
		Vulnerable groups		<ul style="list-style-type: none"> x Focus only on self-esteem³⁴ 	

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
Social skills & social influence	Combined social skills and social influence programme with interactive sessions to teach children and young people alcohol and drug peer refusal skills and to change false normative beliefs about prevalence and social acceptability of substance use among peers.	Secondary School	<p>Effective</p> <ul style="list-style-type: none"> Alcohol Drugs <p>Sustained impact</p> <p>Transferable³⁵</p>	<ul style="list-style-type: none"> ✓ Series of 10-15 structured weekly sessions with booster sessions over several years ✓ Sessions are primarily interactive ✓ Delivered by trained facilitator who can be a peer unless sessions are for high risk groups ✓ Sessions should fit with Curriculum for Excellence ✓ Session delivery should be aligned to good practice in the 'What works in drug education' Scottish Government document 	<p>Talk About Alcohol -teacher workbook and complementary websites for use with adolescents aged 11-18³⁶</p> <p>GGC Substance Misuse Toolkit - collated quality assured alcohol and drug resources and lesson plans³⁷</p> <p>Which Way? A school-based programme for primary and secondary school pupils that focuses on increasing understanding of issues related to risk taking behaviours, such as substance use and anti-social behaviour, and builds resilience in children and young people³⁸</p>
		Vulnerable groups	<ul style="list-style-type: none"> x Sessions are unstructured dialogues or non-interactive lectures x Focus on giving information x Fear arousal x Ex drug users as testimonials³⁹ 		

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (×) effectiveness	Good Practice
School attachment	School-wide programmes to enhance school attachment, that is, positive bonding and commitment to school.	<p>Primary School</p> <p>Secondary School</p>	<p>Effective</p> <ul style="list-style-type: none"> • Drugs <p>Transferable</p> <p>Innovative</p> <p>Not effective</p> <ul style="list-style-type: none"> • Alcohol⁴⁰ 	<p>✓ Support student participation⁴¹</p>	
Psychological vulnerabilities & managing emotions	Programmes addressing individual psychological vulnerabilities (including sensation-seeking, sensitivity, anxiety, hopelessness) and help young people deal constructively with emotions arising from their personalities.	<p>Community Based</p> <p>Vulnerable groups (Adolescents at risk due to personality traits)</p>	<p>Effective</p> <ul style="list-style-type: none"> • Alcohol <p>Sustainable</p> <p>Innovative</p> <p>Transferable⁴²</p>	<p>✓ Short series of 2-5 sessions</p> <p>✓ Delivered by trained professionals (psychologist, teacher)</p> <p>✓ Participants identified using validated instruments</p> <p>✓ Organise programme in such a way as to avoid stigma⁴³</p>	

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
Mentoring	Mentoring programmes that match young people from marginalised circumstances with adults who commit to arrange activities and spend some of their free time with the young person on a regular basis.	Community Based	Effective	<ul style="list-style-type: none"> ✓ Mentors receive training and support ✓ Highly structured programme of activities⁴⁵ 	
		Vulnerable groups (Adolescents from marginalised circumstances)	Innovative Transferable ⁴⁴		
Diversiónary approaches	Offering sports and other alcohol and drug free leisure time activities to divert from risky behaviours, including alcohol and drug use	Community Based	Can be effective if designed carefully, but can also be linked to higher rates of use <ul style="list-style-type: none"> • Alcohol • Drugs⁴⁶ 	<ul style="list-style-type: none"> ✓ Diversiónary activities are more likely to be effective if combined with social and personal skills training ✓ Sporting clubs can be a non-stigmatising and relaxed setting to deliver personal and social skills training ✓ Sporting clubs need to implement alcohol harm reduction strategies ✓ Individual sports might have a protective effect for females ✓ Voluntary participation can increase effectiveness ✓ Offering diversionary activities during the busy social hours Thursday to Saturday 	Project CHOICE - voluntary after-school programme providing 30 half-hour sessions throughout the year and providing social skills and social influence training ⁴⁷

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
		<div data-bbox="680 350 865 690" style="background-color: #f4a460; height: 209px; width: 88px;"></div> <div data-bbox="680 690 865 1049" style="background-color: #00a68a; color: white; text-align: center; padding: 5px;"> <p>Secondary School</p> </div>		<p>evening might increase effectiveness</p> <ul style="list-style-type: none"> ✓ Activities need to target those who would be otherwise drinking, not those who would be less likely to use alcohol or drugs ✓ The effect of diversionary activities needs to be monitored and evaluated carefully <hr/> <ul style="list-style-type: none"> x Participation in team sport can be linked to higher rates of risky single session drinking (drinking too much too quickly) in young adult males x Bringing together high-risk individuals for diversionary activities might have adverse effects⁴⁸ 	

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (×) effectiveness	Good Practice
<p>Alcohol Brief Interventions (ABIs)</p>	<p>Course of up to four brief one-to-one counselling sessions (typically 5-15 minutes) that often employ motivational interviewing and include basic assessment and counselling or referral for treatment. Can be delivered in a range of settings including primary health care, school and workplace.</p> <p>See adults briefing for more detail on ABIs</p>	<p>Community Based</p> <p>Vulnerable groups (Adolescents possibly at risk due to their alcohol and drug use)</p>	<p>Effective</p> <ul style="list-style-type: none"> • Alcohol • Drugs <p>No sustained impact⁴⁹</p>	<ul style="list-style-type: none"> ✓ Flexible and opportunistic delivery in the community (eg youth work settings) might increase effectiveness⁵⁰ ✓ Delivery in the context of an existing trusting relationship (eg with a youth worker) might increase effectiveness⁵¹ 	<p>Sheffield Alcohol Screening Tool - web-based screening tool to enable workers from children, adult and family services to screen for problematic alcohol use and provide personalised brief advice⁵²</p> <p>CRAFFT - validated screening tool designed to identify substance use, substance-related risk, and substance use disorder among children and young people aged 12-21⁵³</p>

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