

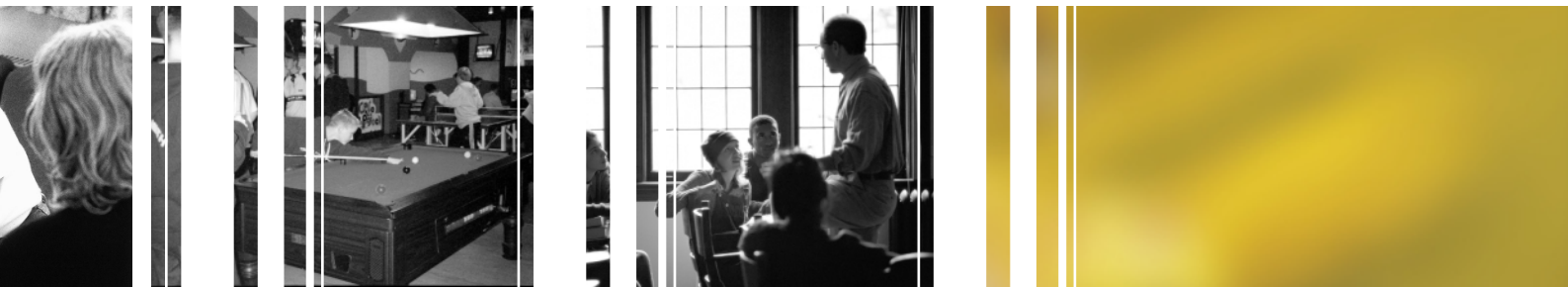


# chapter four

prevention and education



## Plan for Action on alcohol problems



## introduction

### 4.1 This chapter:

- sets out the aims within this Plan that need action on prevention and education;
- describes action targeted at children and young people.

### Aims for prevention and education

**4.2** This part of the Plan has benefited from a seminar on prevention held by the Scottish Advisory Committee on Alcohol Misuse (SACAM) in November 2000, at which a number of expert witnesses gave evidence. A full report has been published separately.

**4.3** Relevant aims from chapter 2 of this Plan include:

- to start to change unhelpful perceptions of, and attitudes to, alcohol in Scotland, offering realistic options and alternatives;
- to promote clear and consistent messages relating to alcohol.

#### **4.4** In the longer term, prevention and education will contribute to the Plan's aims:

- to reduce the level of consumption of alcohol by some groups within the population;
- to reduce harmful patterns of alcohol consumption;
- to reduce specific risks relating to alcohol consumption, such as hazards through work or sports.

#### **4.5** Prevention and education require the right messages, to be delivered to the right people, in the right way. The roles of a number of key players are set out in this chapter:

- the Executive;
- national bodies such as HEBS and Alcohol Focus Scotland;
- Alcohol Misuse Co-ordinating Committees (AMCCs) and their constituent agencies;
- schools and those involved in youth work and further, higher and community education;
- employers and workplaces.

### **Sensible drinking advice**

#### **4.6** The Sensible Drinking Report of an inter-departmental working group, published in 1995, included three main elements:

- Redefining the benchmarks for sensible drinking, in terms of daily limits.
- Reducing episodes of excessive drinking and intoxication.
- Specific messages to particular groups, such as children and young people and pregnant women, or about particular settings.

#### **4.7** The Executive continues to support the 1995 advice. It needs to be conveyed in appropriate formats, which will vary according to the audience and the setting. For example, detailed advice about limits in terms of units may be needed in discussion between GP and patient, or in workplaces or sporting activities, where safety is critical. Size of glasses and strength of drinks may need explaining, where these are linked to units of alcohol. International evidence suggests, however, that it does not work to incorporate sensible drinking advice in detail in advertising aimed at the general public.

### **What works?**

#### **4.8** It can be difficult to establish the effectiveness of prevention and communications activity on alcohol problems because of the long timescales involved. This should not deter us from looking at evidence of what works. As the study of effectiveness suggests, we need to focus on prevention in research and evaluation action under this Plan, which will be discussed further in chapter 7.



- > **The research strategy to be developed as part of the Plan will give a high priority to developing the evidence base for prevention, education and communications action.**

### Prevention and children's strategies

- 4.9** Chapter 3 described the national communications strategy that forms part of this Plan. As it says, local co-ordination of prevention, education and communications action is also important. AMCCs will be central to this, and will build on the existing work by agencies such as NHS boards, schools and community education providers.
- 4.10** Services that provide treatment and support for people with alcohol problems and those close to them will play a part in prevention and education. Services can make people aware of potential problems with alcohol at an earlier stage and encourage them to seek help. They can give information about responsible drinking and risks of alcohol problems. They can promote self esteem, provide strategies to resist peer pressure and encourage positive mental health. They can promote positive alternatives and healthy lifestyles generally.
- 4.11** The framework for services described in chapter 5 will need to be considered alongside action on prevention, education and communications, so that these link up effectively. For children and young people it makes sense to address alcohol and drugs issues together, given that many who have problems with one substance also misuse others. As the Children's Action Team has said in its recent report, all children's services need to be considered as a single service system. AMCCs and DATs will need to join up locally with those planning children's services, to make this happen.
- > **Each AMCC should make prevention, education and communications an integral part of its local strategy.**
  - > **AMCCs and DATs should plan together to meet the prevention, education and treatment needs of children and young people in their area.**

### Children and young people

- 4.12** This Plan gives priority to reducing harmful drinking by children and young people. Prevention and education will make a major contribution to this. They will need to take account of evidence about why some young people drink too much, for example as a "rite of passage". They will also need to involve young people and address their views about the risks of drinking, the safety strategies they adopt, and their attitudes to advertising and promotion of alcohol.



- 4.13 It's happening already: the Walk the Talk initiative launched in November 1999 supports the development of appropriate, accessible health services for young people. The Child Health Template, recently published by the Executive, underlines the need for improved, combined and integrated child health services. These include a comprehensive school health service, and extra help, support and guidance for families, whose children have drug or alcohol problems. The draft National Care Standards for residential services for children and young people, first issued for consultation in June 2000, include standards for providing information and addressing children's problems with alcohol and drugs.**

#### **School education**

- 4.14** Schools, in partnership with the home and community, can make a difference to the health behaviours of young people. The public consultation exercise identified how important many people consider school-based education on alcohol issues to be.
- 4.15 It's happening already: a survey in July 2001 confirmed that 96% of all schools provide education about alcohol matters: 96% of primary schools, 100% of secondary schools and 77% of special schools.**
- 4.16** Health education is addressed in schools within a comprehensive programme of personal and social education. This is designed to give information and develop skills and self esteem to help young people develop sound lifestyle choices and healthy living. The drug education component of health education covers alcohol and illegal drugs as well as smoking, solvents and the safe use of medicines. This recognises that children may experiment with a number of substances from an early age.
- 4.17** In Scotland, the curriculum is set out in national guidelines developed through wide consultation and consensus. Separate 5-14 curricular guidelines for health education were issued in November 2000, following a review led by Learning Teaching Scotland (LTS). Health education, personal and social development and religious and moral education are now consolidated into an important element of the curriculum with a specific allocation of time.
- 4.18** A range of alcohol education materials is produced commercially and by local authorities and other statutory and voluntary organisations such as HEBS and TACADE. These are available to support teachers in the delivery of alcohol education within the overall framework of local authority and national advice. It is for individual schools and authorities to decide which resources best support their programme of alcohol education.
- 4.19** HM Inspectors of Schools (HMI) have published a number of reports on health education which offer evaluations and advice to local authorities and schools as they develop their policies and practice. Health education programmes are subject



to regular monitoring and evaluation. The national approach to self-evaluation is set out in *How Good is Our School?: Self-evaluation using performance indicators* (HMI: Audit Unit 1996), a tool to assist schools in carrying out an audit of their practice. It provides a coherent and consistent, yet flexible, approach to evaluating performance in schools. The same performance indicators are used within external evaluation by HMI and within education authority procedures for quality assurance.

- 4.20** The School Drug Safety Team (SDST), which comprised representatives from a wide range of sectors and agencies including education, health, social work services and police, reported to Scottish Ministers in June 2000. Their report offered recommendations on all aspects of drug education in schools, including the curriculum, management and co-ordination within the school, quality assurance, teacher education and multi-agency training. The Executive has accepted the SDST recommendations in full. Implementation will also have an impact on the delivery of alcohol education.

- 4.21** Health education is part of the context of the health promoting school. This includes the curriculum, school ethos, health services and other support agencies, and partnerships with parents and the wider community. Health promoting schools recognise that the health and wellbeing of young people are influenced by the total experience provided by schools.

**> A Health Promoting Schools Unit will be set up by the end of January 2002.**

The Unit will have a national leadership role championing, facilitating and supporting the implementation of the health promoting school concept throughout Scotland. The Executive, HEBS, LTS and the Convention of Scottish Local Authorities (CoSLA) are key partners.

### **Community-based education and prevention**

- 4.22** Schools provide only one element of work with children and young people on health improvement. A collaborative approach is needed which involves young people themselves, parents, the wider community, detached youth work, community education, health and social services, and other specialist agencies. This will help to reach all children, including the most vulnerable.
- 4.23** The national communications strategy will reach children and young people, although it will not target them specifically. Young people should be involved and consulted about communications work with them. This applies locally and nationally, including through bodies such as the Scottish Youth Parliament and Youthlink Scotland.
- 4.24** Community Learning Strategy Partnerships involve statutory, voluntary and independent organisations, many of which work with young people. AMCCs will work with these partnerships in prevention and education for young people within their local strategies.

**4.25** Children and young people need positive and affordable alternatives to alcohol.

**4.26** **It's happening already: The CAFE (Community Alcohol Free Environment) Project, in Arbroath was established in 1996. It offers an alternative to "life on the street" where young people can socialise and do a wide range of activities in a safe environment. It has several parts, including:**

- **A health information service.**
- **PALS (Positive Action Local Support) – an employment, education and training service.**
- **"Opt-In" – a drop in centre and outdoor activities run by a youth committee for 12-25 year olds at risk from exclusion, alcohol and substance misuse and crime. It is open six nights a week and caters regularly for 250 young people.**

**4.27** The Executive encourages people to take part in sport or physical activity, as part of a healthy lifestyle. **Sportscotland** operates a number of programmes to encourage people to participate in sport. Children and young people are a key target group. The Active Primary School and School Sports Co-ordinator programmes aimed to increase participation in sport and physical activity. The Executive, through **sportscotland** and its funding for local authorities, also encourages and assists the development of new and improved facilities for sport and physical recreation which are both affordable and accessible.

**4.28** The forthcoming round of New Opportunities Fund initiatives will provide £87m of lottery funding for sport and physical education in schools in Scotland. Half of this sum will be used for school sports facilities. The rest will be for out of school hours sporting and cultural activities and to put in place sports programmes aimed at diverting young people from criminal and other anti-social behaviour.

**4.29** The Executive's £3m Healthy Respect national health demonstration project will explore with young people:

- the types of behaviours they participate in that they feel good about; and
- how they can develop strategies to avoid behaviour they don't feel good about.

Encouraging young people to have respect for themselves and others should reduce high risk activities such as unsafe sex linked to drinking too much.

**4.30** The Executive's Changing Children's Services Fund will support work with children and parents which has a preventative focus.

- > **Alcohol problems will be included in the indicative list of priority objectives for the Changing Children's Services Fund from April 2002.**



- 4.31** The Lloyds TSB Foundation Partnership Drugs Initiative funds work with vulnerable groups of children and young people. This includes services tackling alcohol problems alongside drugs.
- 4.32** **It's happening already: the Lloyds TSB Foundation are funding the West Lothian Youth Action Project's streetwork service. This will provide a drug and alcohol information service to young people aged 10-20. There will be a minimum target of 120 streetwork contacts per month during the first year.**
- 4.33** The public consultation exercise also highlighted how students may drink in harmful ways and be at risk of developing longer-term problems with alcohol. The communications strategy described in chapter 3 will target young people directly, through its focus on making binge drinking unacceptable.
- > **Alcohol Focus Scotland is working with the National Union of Students in Scotland to develop ways of targeting responsible drinking messages to students, in line with the overall communications strategy in the Plan.**

## Parents

- 4.34** Parents can play an important part in shaping their children's drinking behaviour and in creating the context in which children learn to drink. It was clear from the public consultation exercise, however, that many parents find it difficult to approach the subject of alcohol with their sons and daughters. They may need to bridge a generation gap and examine their own, as well as their children's behaviour to talk about drinking credibly. Parents are involved in their children's health education at school and this can help to some extent.
- 4.35** The Executive has been giving careful consideration to the development of parenting support in general. There are a range of initiatives, including Sure Start Scotland, New Community Schools and Starting Well which include elements of parenting support. We are looking at how best to build upon this provision to help to support parents in their parenting role.
- 4.36** A number of guides for parents who want information on talking with their children about alcohol have been produced in the past: for example by Alcohol Focus Scotland, The Portman Group and in local areas in Scotland. An updated and widely available guide would be helpful, however.
- > **The Executive will commission new resources for parents on alcohol and young people which will be widely disseminated.**

## Prevention in particular settings

- 4.37** We highlight in the following sections how action in four particular areas can contribute to prevention of alcohol problems.



## Health promotion in primary care

**4.38** It is part of all GPs' role to improve health and prevent illness generally. As we say in chapter 5, brief interventions can be effective in changing patients' drinking behaviour. GPs also organise specific health promotion services for which they may be reimbursed. Examples include prevention of heart disease, teenage health and smoking cessation.

- > Local Health Care Co-operatives (LHCCs), with the support of public health practitioners and the wider multi-disciplinary team should consider organising health promotion activities that address alcohol problems or potential problems, in the context of delivering other health promotion advice. They should publicise that these services are available, in ways that are appropriate to the target client group.**

## Thiamine in beer

**4.39** The HERU study quotes evidence that adding thiamine (vitamin B1) to beer in the production process is an effective way to prevent some forms of alcohol-related brain damage. The Executive has asked the relevant UK scientific advisory committee to consider the complex issues involved in introducing this measure in the UK.

## Workplace policies

**4.40** The workplace is a good starting point for tackling the personal as well as the economic costs of alcohol problems. Some employers already have alcohol policies. As in chapter 3, organisational culture is important. The development of occupational health policies generally is promoted by Scotland's Health at Work (SHAW) and through HEBS.

**It's happening already: guidance on occupational health to small and medium sized enterprises, issued by the Executive in November 2001, includes information about workplace alcohol policies.**

**4.41** The consultations for this Plan identified the value of workplace initiatives, as part of raising general awareness, as well as to keep employees safe and healthy, and deal with any problems that arise.

- > SHAW will work with other organisations to help employers to develop better workplace alcohol policies within their occupational health strategies and plans. SHAW will aim to double participation by small and medium sized enterprises in their scheme by March 2003. They will aim to cover 40% of the Scottish workforce by 2006.**



## Drink driving

- 4.42** Government campaigns and other activities to inform the public and help prevent drink driving have had good results. Between 1989 and 1999, the number of serious casualties as a result of drink drive accidents has fallen by nearly half from 480 to 250. In the same period, as Appendix 1 shows, the number of people killed in Scotland as a result of such accidents has dropped from 80 to 60.
- 4.43** Scottish publicity initiatives on drink driving are undertaken by the Scottish Road Safety Campaign (SRSC), which is funded by the Executive, in partnership with the Association of Chief Police Officers in Scotland. Scottish publicity measures complement national publicity campaigns run by the UK Government. In December 2001, the SRSC published research on current attitudes to drinking and driving and launched phase 1 of a 5-year strategy for drink drive publicity.
- > **The Scottish Road Safety Campaign will provide a 5 year strategy for drink drive publicity.**
  - > **The Scottish Road Safety Campaign will continue to provide publicity support for enforcement campaigns undertaken each year by Scotland's police forces.**

## Equality groups

- 4.44** The consultation exercises identified different issues for equality groups. For some of these, other national and local strategies will help to prevent and address potential alcohol problems. For example, HEBS is developing a three-year health promotion programme for older people, which will address a range of lifestyle issues, including alcohol. Chapter 7 of this Plan indicates that research will investigate whether there are alcohol issues for minority ethnic groups.
- 4.45** There is a general need for prevention and communications strategies to be sensitive to the different requirements of equality groups.
- > **The Executive will consider with knowledgeable representative groups, whether it would be helpful to develop material on preventing alcohol problems within the overall communications strategy, targeted at specific equality groups.**
  - > **AMCCs should include, as part of local prevention, education and communications, action targeted at the needs of significant local equality groups.**