

<b>Committee</b>  Overview and Scrutiny Committee	<b>Date</b>  7 <sup>th</sup> April 2009	<b>Classification</b>  Unrestricted	<b>Report No.</b>	<b>Agenda Item No.</b>
<b>Report of:</b>  Lutfur Ali, Assistant Chief Executive		<b>Title:</b>  <i>Smashed, Alcohol Misuse amongst young people: Report of the Scrutiny Working Group</i>		
<b>Originating Officer(s):</b>  Ashraf Ali Scrutiny & Equalities		<b>Ward(s) affected: All</b>		

## 1. Summary

- 1.1 This report submits the report and recommendations of the Smashed, Alcohol Misuse amongst young people Working Group for consideration by the Overview and Scrutiny Committee.

## 2. Recommendations

It is recommended that Overview and Scrutiny Committee:

- 2.1 Agree the attached draft report may be taken forward for submission to Cabinet.
- 2.2 Authorise the Service Head for Scrutiny and Equalities to agree the final report before submission to Cabinet, after consultation with the Scrutiny Lead for Safe and Supportive.

---

### LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

#### **LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT**

Background paper	Name and telephone number of and address where open to inspection
------------------	---

### **3. Background**

- 3.1 The Working Group was established in August 2008 to explore the extent of alcohol misuse amongst young people and to see if the problem is growing.
- 3.2 The review had six main objectives:
- Examine the implications of alcohol misuse, including crime, health and education;
  - Examine the range of policies and initiatives in place at a national, regional and local level aimed at informing and educating local authorities, parents, children and young people about the dangers of alcohol misuse
  - Identify and scrutinise preventative initiatives and consider best practice in this area
  - Understand how different socio-economic factors including ethnicity, age, gender affect both attitudes to and patterns of alcohol consumption
  - Review progress relating to preventative treatment work outlined within the Tower Hamlets Alcohol Strategy
- 3.2 The Working Group met five times to hear from Council Officers, the Police, PCT and young people, as well as hearing from representatives of local community organisations that work with young people.
- 3.3 The report with recommendations is attached at Appendix A.
- 3.5 Once agreed, the working group's report and action plan will be submitted to Cabinet for a response to their recommendations.

### **4. Concurrent Report of the Assistant Chief Executive (Legal)**

- 4.1 The Council is required by section 21 of the Local Government Act 2000 to have an overview and scrutiny committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee shall make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions. The attached report contains recommendations in relation to alcohol misuse amongst young people. It is open to the overview and scrutiny committee to agree the report for presentation to Cabinet.

### **5. Comments of the Chief Financial Officer**

- 5.1 There are no specific financial implications emanating from this report.

### **6. One Tower Hamlets consideration**

- 6.1 Recommendations 7, regarding the use of BME media to promote dangers of alcohol misuse and recommendations 9, regarding the need to develop a culturally appropriate response to alcohol misuse intervention have clear relevance for equal opportunity implications.
- 6.2 The report considers factors that lead young people to misuse alcohol, which has implications on educational achievement and access to jobs. This has significance when considering One Tower Hamlets implications.

- 6.3 Any examination of issues surrounding young people carries with it the danger of demonisation or criminalisation. The review sought to address this risk by ascertaining the views of young people on this matter so that their voices are represented.

## **7. Risk Management**

- 7.1 There are no direct risk management implications arising from the Working Group's report or recommendations.

# *Smashed*, Alcohol Misuse amongst Young People

Tower Hamlets Council  
April 2009



## **Index**

---

	Page
<b>Acknowledgements</b>	<b>6</b>
<b>Chair's foreword</b>	<b>8</b>
<b>Recommendations</b>	<b>9</b>
<b>Introduction</b>	<b>11</b>
<b>Findings</b>	<b>13</b>
<b>Conclusions</b>	<b>31</b>

## **Acknowledgements**

---

### **Working Group Chair:**

Councillor Shiria Khatun

### **Working Group members:**

Councillor Helal Abbas

Councillor Denise Jones

Councillor Rajib Ahmed

Councillor Abjol Miah

Jane Marlow (Co-opted Member and participant in the Future Councillors Programme)

### **Other Councillors**

Councillor Bill Turner, Scrutiny Lead for Excellent Public Service

Councillor Abdal Ullah, Cabinet Lead Member for Cleaner, Safer, Greener

### **Council Officers**

#### **Community Safety Service**

Andy Bamber, Service Head, Community Safety Service

Gilly Cottew, DAAT Coordinator, Community Safety Service

Heather Mallinder, CS Operations Manager, Community Safety Service

#### **Trading Standards**

Colin Perrins, Head of Trading Standards and Environmental Health

John McCrohan, Trading Standards Team Leader

#### **Children Service**

Mark Edwards, Healthy Schools Officer

Jamal Uddin, Head of Community Language Service

Saifur Rahman, Crises Intervention Manager, Youth and Community Services

Tim Stonbridge, Substance Misuse Commissioner

#### **External Contributors**

Chris Lovitt, Associate Director of Public Health, Tower Hamlets PCT

Marrie Carmen Burrough, Public Health Strategist, Tower Hamlets PCT

Robert Revill, Metropolitan Police Service

Steve Bending, Metropolitan Police Service

Andy Jackson, Metropolitan Police Service

Jonathan Davis, Metropolitan Police Service

Daniel Taegtmeyer, Service Manager, Lifeline London

Runa Khalique, Docklands Outreach

Sirajul Islam, Communities Against Alcohol and Drug Abuse (CAADA)

Sayed Tohel Ahmed, Manager, NAFAS

## **Scrutiny and Equalities**

Afazul Hoque, Scrutiny Policy Manager

Ashraf Ali, Scrutiny Policy Officer

Michael Keating, Service Head, Scrutiny and Equalities

## Chair's Foreword

---

I am delighted to present this Scrutiny report on Smashed, alcohol misuse amongst young people.

Talking to residents in my Ward, East India and Lansbury and hearing from other residents across Tower Hamlets, it is clear that there is a growing public concern about how much alcohol young people are drinking in their teenage years. Whilst drinking in moderation is acceptable and recognised to advance health, excessive drinking leads to numerous health and social problems. Evidence presented in this report shows that those who drink heavily risk obesity, cancers, vascular and liver disease and mental and sexual ill health. Moreover it leads to young people getting involved in anti-social behaviour and poor achievement in school.

The last few years has also seen a perceived rise in Bangladeshi drinkers. whilst the Working Group were told that young Bangladeshi's have always been drinking, the group raised concerns that this is now more open whereas in the past it was behind closed doors. Therefore, we have to be aware of the strong cultural influences and peer pressure that young people are subjected to and accept that, being young people, they learn through experience and experimentation.

Those tasked with dealing with this issue need to make sure that young people are informed and have full access to advice about the consequences of alcohol and substance consumption and how they can minimise risks to themselves, as well as others, associated with this behaviour.

This report outlines the review process and sets recommendations, which the Cabinet is asked to consider and agree. I believe that the recommendations the working group have made will further improve the way we tackle alcohol misuse amongst young people.

I would like to thank all those who have been involved, especially the young people and my colleagues on the review working group for the way in which they have contributed to the findings in this report.

I would also like to thank Council Officers, the police, PCT and voluntary organisations for their help and assistance.

**Cllr Shiria Khatun**  
**Scrutiny Lead, Safe and Supportive**



## **Recommendations**

---

The working group recommendations set out the areas requiring consideration and action by the Council and the Tower Hamlets Partnership (THP) to tackle alcohol misuse amongst young people. The recommendations cover three main areas:

- Effective promotion of information about sensible drinking and the problems associated with alcohol misuse to young people and parents
- Strong enforcement and prevention of young people purchasing alcohol
- An improved focus on health and alcohol education in schools and youth clubs.

- R1 That the Tower Hamlets Partnership arrange a consultation exercise with young people and use this to inform research that recognises the level of alcohol consumption amongst young people. This research needs to include data on;**
- Young peoples attitudes to drinking
  - Ethnicity, age and gender
  - Data by Ward or Local Area Partnership (LAP) if Ward data is not feasible
  - Hospital data relating to youth drinking issues
- R2 That Trading Standards and the Police ensure more regular test purchase operations are being made across the borough by recruiting additional actors to reduce burden on police cadets.**
- R3 That Trading Standards consider additional actions needed to prevent the purchase of alcohol by adults for young people. This should include more publicity about the prosecution of adults who purchase on behalf of young people, and those licensees who sell to, under-age drinkers.**
- R4 That Trading Standards develop useful working relationships with licensees in reinforcing their responsibilities in addressing alcohol related disorder. Also ensure licensees are supported and encouraged to become involved in local problem solving.**
- R5 That Childrens Service looks to support Healthy Schools programmes expanding its remit to include programmes in youth clubs and reviewing funding, staffing levels and project delivery.**
- R6 That Cabinet lobby the Government to see if advertising, similar to the national tobacco campaign can be implemented**

**locally. This would include clear labels on bottles showing dangers of alcohol misuse.**

- R7 That the Council uses BME media to highlight the dangers of alcohol misuse.**
- R8 That commissioned specialist agencies working with young people need to address alcohol problems with as much vigour as drugs in terms of information and advice, harm reduction and treatment.**
- R9 There is a need to investigate and develop culturally appropriate responses for young people to ensure that alcohol interventions are effective and acceptable for all the communities and faith groups in the borough.**
- R10 That the Youth and Community Service ensure staff have adequate training and support to address alcohol related issues within mainstream youth provision. This should include a drug and alcohol policy addressing training for staff, alcohol/drug related needs and tackling alcohol/drug related incidents.**

## Introduction

---

1. The improper consumption of alcohol by young people impacts not only upon young people, but also upon families and the wider community.

The consequences of alcohol misuse include effects on:

- Health
  - Educational attainment
  - Crime and anti-social behaviour
  - Sexual health and teenage pregnancy.
2. Starting in August 2008 this Scrutiny Working Group has explored the problem of alcohol misuse amongst young people. Five councillors and a Co-opted representative made up the membership of the review including the chair of the Working Group Councillor Shiria Khatun, Scrutiny Lead, Safe and Supportive.
  3. The review had six main objectives:
    - Examine the implications of alcohol misuse, including crime, health and education
    - Examine the range of policies and initiatives in place at a national, regional and local level aimed at informing and educating local authorities, parents, children and young people about the dangers of alcohol misuse
    - Identify and scrutinise preventative initiatives and consider best practice in this area
    - Understand how different socio-economic factors including ethnicity, age, gender affect both attitudes to and patterns of alcohol consumption
    - Review progress relating to preventative treatment work outlined within the Tower Hamlets Alcohol Strategy
  4. Tackling alcohol misuse amongst young people is linked to achieving the five outcomes of the 'Every Child Matters agenda'<sup>1</sup>.
    - Be Healthy
    - Stay Safe
    - Enjoy and achieve
    - Make a positive contribution
    - Achieve economic wellbeing

---

<sup>1</sup> The 2003 Green Paper, *Every Child Matters*, published alongside the Government's response to Lord Laming's Report into the death of Victoria Climbié, proposes a range of measures to reform and improve children's care. The aim is to protect children, but also go beyond, and maximise the opportunities open to young people to improve their life chances and fulfil their potential.

Consequently, the working group agreed that recommendations presented in this report have to help realise these five outcomes.

5. The group agreed the following plan:

**Introductory Meeting (August 2008)** - to agree the scope and consider overview of the national, regional and local perspective

**Meeting to discuss enforcement and prevention work (October 2008)** - by considering the role of Trading Standards, the Police, the Youth and Community Service, the impact of the Healthy Schools Programme and the wider role of advertising.

**Meeting to discuss the consequences of alcohol misuse (November 2008)** - on health, crime and education

**Focus group with a group of third sector voluntary organisations (January 2009)** - (Docklands Outreach, NAFAS and CADAA) to understand local work

**Discussion with young people from CADAA (January 2009)** – about their views and experiences of alcohol misuse

**Final Meeting (February 2009)** – To consider draft recommendations

6. The Overview and Scrutiny Committee will consider the Working Group's report and its recommendations before submission to Cabinet.

## Findings

---

### National Context

7. There is a growing national public concern about young people drinking and purchasing alcohol illegally. In some cases young people are drinking extreme amounts leading to serious personal and social consequences. Those that are drinking are doing so in great volumes and are starting to drink at an earlier age.
8. Unlike illegal drugs where strict laws against consumption are enforced, alcohol is legal to those over 18. Although its sale is strongly regulated so that under 18s are prevented from purchasing, it still poses extreme dangers as it is available more widely than illegal drugs.
9. In 2004 the Alcohol Harm Reduction Strategy for England was published and argued that four key activities will reduce alcohol harm:
  - better education and communication
  - improving health and treatment services
  - combating alcohol-related crime and disorder
  - working with the alcohol industry
10. In June 2007, the Department of Health and the Home Office launched a new government alcohol strategy, which set out clear goals and actions to help promote sensible drinking and reduce the harm that alcohol can cause. The *Safe. Sensible. Social. The next steps in the National Alcohol Strategy* adds to the 2004 strategy and aims to deliver three things:
  - Ensure that the laws and licensing powers to tackle alcohol-fuelled crime and disorder, protect young people and prosecute irresponsibly managed premises.
  - Focus on the minority of drinkers who cause or experience the most harm to themselves, their communities and their families.
  - Need to work together to shape an environment that actively promotes sensible drinking, through investment in better information and communications, and by drawing on the skills and commitment of all those already working together to reduce the harm alcohol can cause, including the police, local authorities, prison and probation staff, the NHS, voluntary organisations, the alcohol industry, the wider business community, the media and local communities themselves.
11. In addition to the 2007 Alcohol Strategy, the Government launched the Youth Alcohol Action Plan (drafted by the Secretary of State for Children, Schools and Families, the Secretary of State for The Home

Office, Secretary of State for Department of Health, June 2008) setting out five objectives to tackle young drinkers, including:

- Stepping up enforcement activity to address young people drinking in public places
- Taking action with industry on young people and alcohol
- Developing a national consensus on young people and drinking
- Establishing a new partnership with parents on teenage drinking
- Supporting young people to make sensible decisions about alcohol.

## **Local Context**

12. Tower Hamlets has a lively mixture of communities which are all, whether directly or not, affected to some degree by the use of alcohol. Alcohol plays an important part in the lives of so many people and whilst the health benefits of a balanced diet, which may include a moderate amount of alcohol are well publicised, so are the dramatic negative effects of excessive consumption.
13. Tower Hamlets itself has a rapidly growing population, which according to the Office for National Statistics, increased by over 35,000 people during the census periods 1991-2001. The total population is now approximately 223,000 and is characterised by its youth, ethnic diversity and contrasting levels of both socio-economic deprivation and prosperity.
14. The borough has one of the youngest populations in the country: 28% of residents are aged 19 years or younger and 76% of the school age population is from a minority ethnic group. When coupled with high levels of economic deprivation, a growing youth population presents many challenges in regards to tackling substance misuse issues within the borough. Indeed many of the risk factors related to problematic substance use are highly evident locally.
15. The Tower Hamlets Young People's Substance Misuse Plan (YPSMP) 2007/08, aims to reduce take up of alcohol and ensure access to treatment through four tiers of service provisions:
  - Tier 1 - Drug Prevention Strategy
  - Tier 2 -Targeted prevention and early intervention
  - Tier 3 –Treatment
  - Tier 4 -Specialist services including detox and rehab

This approach aims to ensure the most effective use of resources across all the agencies and interested parties.

16. The perception of elected members is that young people, particularly those from the Bangladeshi community, are drinking more and

concerned that the problem could escalate. The Working Group Members were concerned that the apparent increase in alcohol misuse has fuelled criminal activity in the borough, including anti social behaviour (ASB), vandalism, hate and sexually related crime. This was highlighted in early 2008 when an attack on the rector of St George's in the East, Canon Michael Ainsworth, in his own churchyard by a young Asian man received a high degree of media attention including internationally. Some sections of the media tried to use the incident to highlight racial and religious tension when in fact it transpired that the culprit had been drinking heavily. This high profile incident illustrated how alcohol misuse could have consequences far beyond the act of drinking itself.

## Trends in Alcohol Consumption

17. Working Group members considered a number of reports and surveys including the *Youth Alcohol Action Plan* (drafted by the Secretary of State for Children, Schools and Families, the Secretary of State for The Home Office, Secretary of State for Department of Health, June 2008), the *Safe. Sensible. Social report* (written by Department of Health, Home Office, Department for Education and Skills, Department for Culture, Media and Sport, June 2007), the TellUs3 Survey (Ofsted, October 2008) and Drug use, smoking and drinking among young people in England survey (Department of Health, June 2006).
18. *Safe. Sensible. Social* indicates that since 2001 the proportion of young people aged 11–15 who never consumed alcohol has gone up, from 38% to 46%. Furthermore in 2006, 21% of young people reported drinking alcohol in the past week, down from 26% in 2001. While the number of young people drinking alcohol has declined, those who are drinking are consuming more alcohol, more often. Working Group Members were surprised by the findings. As stated in the introduction, Members perceived that young people are drinking more, however national findings seem to suggest that this is not the case. The report also says that nationally the pattern of young people drinking differs with the age of the person.
  - **Age 11** - the majority of young people do not drink, and those who do, tend to drink at home with their parents.
  - **Age 13** - young people are likely to drink with their parents as with friends.
  - **Age 15** - almost 90% have tried alcohol, while over a third drink once a week or more. Those 15-year-olds who do drink usually do so with friends. The most common drinking location is either at home or that of a friend, but drinking in unsupervised outdoor locations, which is closely linked with harm, peaks in this age group.
  - **Age 17** - about half drink at least once a week and the most popular drinking location are pubs.

19. The average weekly consumption of alcohol reported by young people who drink aged 11–15 years doubled in the 1990s, from an average of 5 units a week in 1990 to 10 units a week in 2000. Over the last six years, self-reported levels of consumption of alcohol by older adolescents who drink has remained stable, while younger adolescents' consumption has steadily increased. Those 11–13-year-old boys consumed 11.9 units per week in 2006, up 6.4 units from 2001. 11–13-year-old girls consumed 8.4 units a week in 2006, up 2.7 units since 2001.
20. Ofsted's TellUs3 survey is wide ranging and includes questions about smoking, drinking and substance misuse. In Spring 2008 148,988 children and young people across the UK between the ages of 10 and 15 took part. The government also commissions an annual survey of pupils aged 11 to 15 years, 'Drug use, smoking and drinking among young people in England'.
21. Young people were asked in both surveys whether they had drunk alcohol. While the numbers in the TellUs3 survey saying they had never drunk falls with age the differences between the surveys are significant. 25% of pupils in the TellUs sample said they had never had an alcoholic drink compared to 46% in the DSD survey.
22. In London, many more young people say that they have never had an alcoholic drink than the national average (figure 4). In Tower Hamlets over 62% of pupils say they have never had a drink (figure 6). This may be explained by the high number of residents defining themselves as Muslim (that abstain from alcohol).
23. According to figure 6, in Tower Hamlets, 62% of young people say that they have never had an alcoholic drink and 24% said that they have never been drunk. In comparison, the national figures are 25% and 35% respectively. Results clearly show that in Tower Hamlets the level of drinking is not as high as is the case nationally.

Figure 6: TellUs3 survey – Tower Hamlets results 2008

Have you ever had alcohol?	Tower Hamlets ALL (%)	National ALL (%)
I have never had an alcoholic drink	62	25
I have never been drunk	24	35
I have been drunk but only once or twice and not recently	5	17
I have been drunk once within the last four weeks	1	6
I have been drunk twice within the last four weeks	1	4
I have been drunk three or more times in the last four weeks	1	6
Prefer not to say	6	8

Source: <http://drugeducationforum.wordpress.com/category/ofsted/>



24. Trends that show alcohol consumption are useful when trying to understand general patterns. However the Working Group was specifically told that responses to surveys can never be accurate as there is a sense that young people are rarely open about their level of alcohol consumption.
25. The Working Group was drawn to the fact that over 60% of the Tower Hamlets school age population are Muslim and whether levels of alcohol consumption, and misuse, may be under reported. Officers said that a lot of the evidence is anecdotal and therefore it is very hard to substantiate exact data.
26. Members recognised the cultural and religious factors preventing young people from being open about their drinking habits, especially with the large Bangladeshi Muslim community. Members argued that young Bangladeshis may refrain from being honest for fear of bringing shame to the family. Consequently a true picture of drinking habits may be almost impossible to ascertain and highlights how existing surveys are unreliable in determining the local situation.
27. While recognising the difficulty of obtaining honest responses from young people, the Group nevertheless believe that it is vital for the proper planning and delivery of services to ascertain a full picture of the lifestyles of local young people in Tower Hamlets. Research should therefore be carried out to gather and analyse data on alcohol consumption, identifying trends, hotspots, ethnicity, gender and age. Determining the best way to undertake this should be with the advice and co-operation of young people themselves. The Group also wish for young people to be consulted through out, making sure that their views are presented.

**R1 That the Tower Hamlets Partnership arrange a consultation exercise with young people and use this to inform research that recognises the level of alcohol consumption amongst young people. This research needs to include data on;**

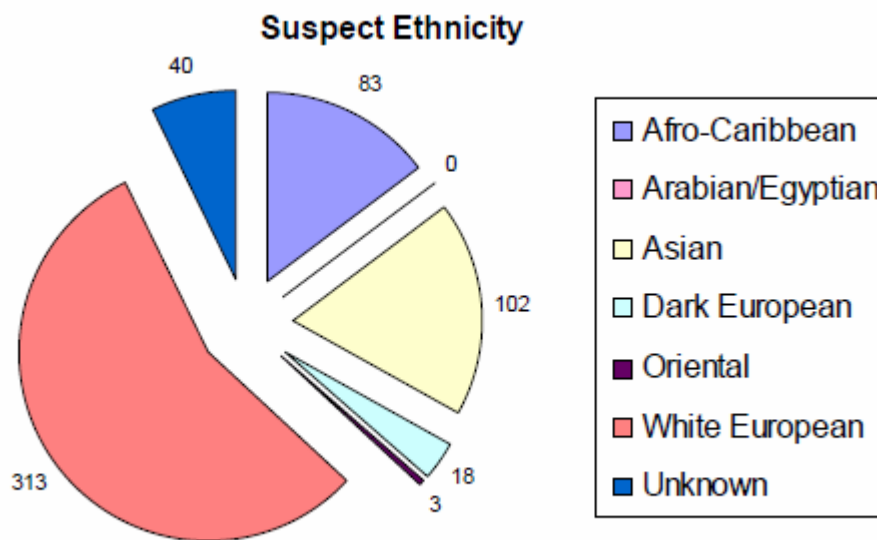
- Young peoples attitudes to drinking
- Ethnicity, age and gender
- Data by Ward or Local Area Partnership (LAP) if Ward data is not feasible
- Hospital data relating to youth drinking issues

### **Alcohol related crime and Anti Social Behaviour (ASB)**

28. During the development of the scope for this review, Members stressed the importance of reviewing consequences of alcohol misuse on crime

in the borough. Crime continues to be a major concern for residents and this increases when young people are drunk and disorderly.

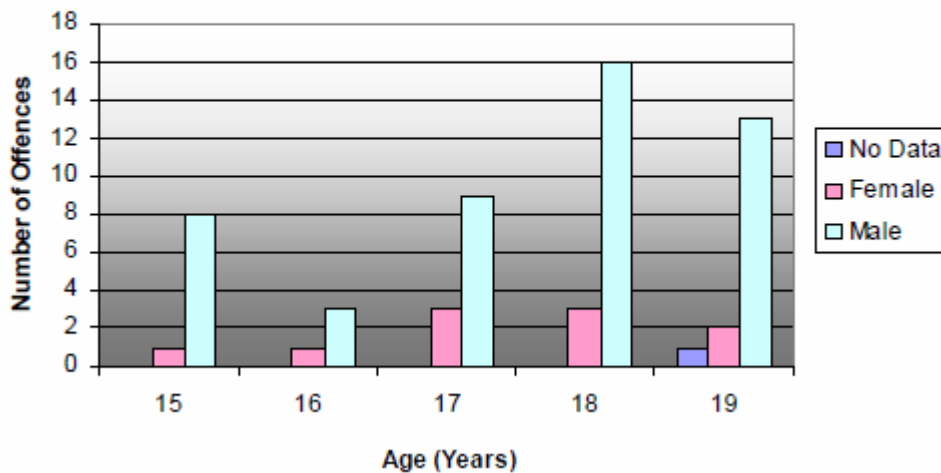
29. The Working Group considered data on youth and alcohol related crime. Information collected by the Metropolitan police was presented to the Group. Data suggested that the main hotspot is the Brick Lane, Commercial Street and Spitalfields area. This is linked to the proximity of licensed premises. The Whitechapel hotspot may also be linked to the number of businesses, and transport links which make it a very busy area.
30. Further information, revealed that there were no suspects under the age of 15 and the majority of suspects are 18-19 years old (i.e. over the legal age to purchase alcohol).
31. Figure 3 shows the most prevalent ethnicity of suspects in crimes associated with alcohol and under 20 are:
  - White European (56%)
  - Asian (18%)
  - Afro-Caribbean (15%)



32. Working Group Members also received information showing that most suspects are male and this increases with age.

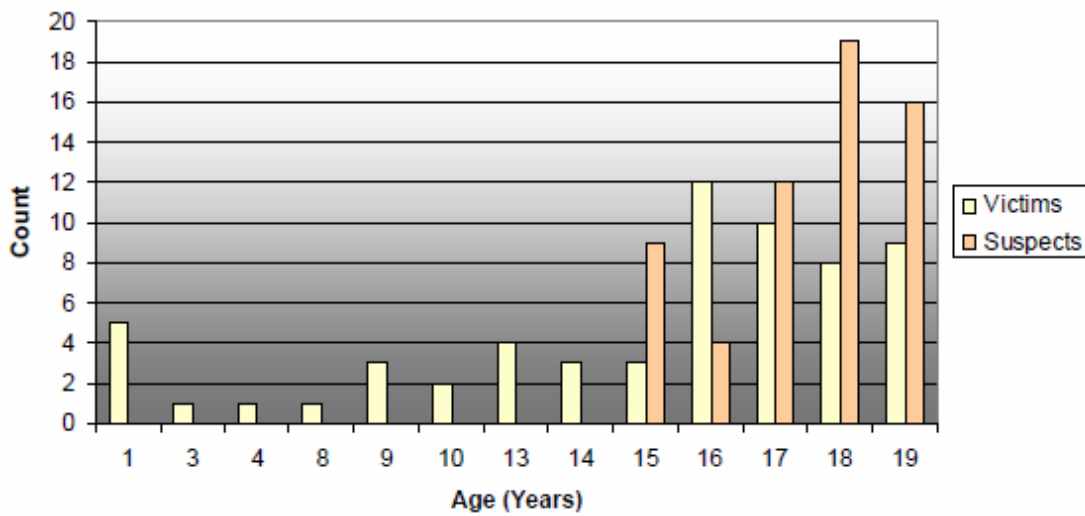
## Crime Suspect Age and Sex Breakdown

April 2007 to March 2008



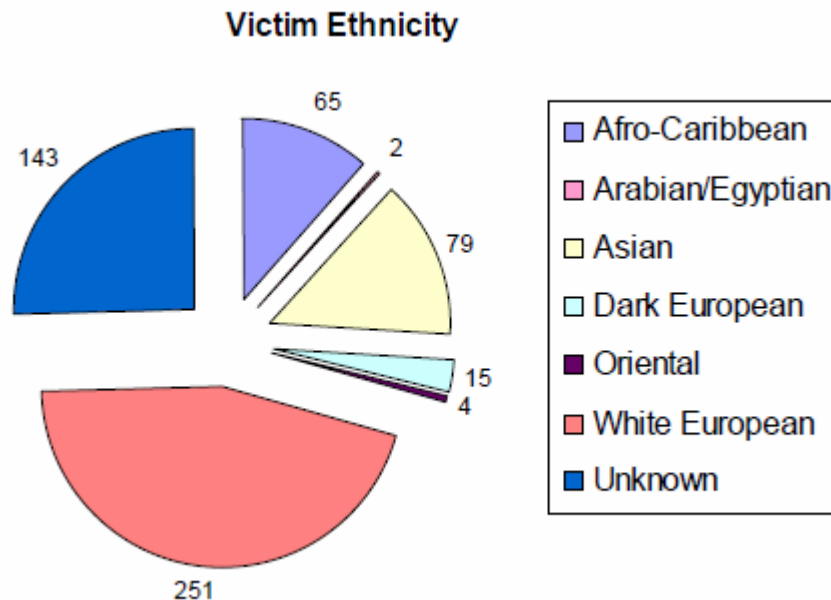
33. Members were presented with information showing that violence against the person accounted for 57% of suspects of all crimes where the victim is under 20. Criminal damage accounted for 15% of all crimes where the victim is under 20. 18 and 19 year olds make up the majority of suspects (59%) and this is because this age group are able to purchase alcohol and enter licensed premises legally. The majority of suspects are white, European Males and all were over 15 years of age. Violence was the main offence and criminal damage second highest. Brick Lane/ Commercial Road, Bethnal Green, Mile End, Whitechapel, Chrisp Street and around Westferry DLR are the areas with the highest concentration of suspects, under 20 years old.
34. Data on alcohol related victims was also presented to the Working Group. There are four distinctive major clusters:
- Brick Lane, Commercial Street area.
  - Surrounding Whitechapel Underground Station.
  - St Anne's Trading Estate (just north of Westferry DLR Station).
  - The Eastern End of Roman Road surrounding Candy Street
35. Research shows that victims are not confined to one age group, with victims being as young as one. However the majority of victims are 16-19 year olds.

### Crimes with Alcohol Flags - Victims and Suspects Age



36. The most prevalent ethnicity of victims in alcohol-related incidents and aged under 20 are:

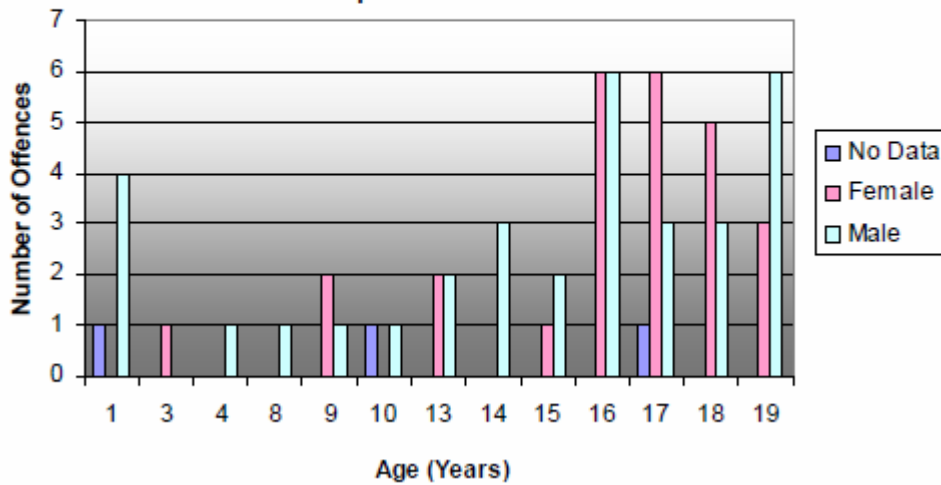
- White European (45%)
- Asian (14%)
- Afro-Caribbean (11%)



37. The gender of victims is fairly evenly distributed between male and female (53% and 42% respectively). However the numbers and percentage of female victims are significantly higher between the ages of 16 and 19, (77% of all female victims were 16-19 years old).

## Crime Victim Age and Sex Breakdown

April 2007 to March 2008



38. Violence against the Person accounted for 66% of victims of all crimes where the victim is under 20. 63% of victims were aged 16 to 19. 79% of victims were aged 13 to 19. 69% of crimes where the victim was 10 or under were classified as violence against the person.
39. The information presented suggests that victims were mostly older with an equal mix of males and females. As with suspects the largest affected ethnic group is White Europeans. Victims of crime, in this analysis, are most likely to be a victim of violence. Brick Lane/Commercial Road, Bethnal Green, Mile End, Whitechapel, centre of Lap 5, and around Westferry DLR are the areas with the highest concentration of victims, under 20 years old are.
40. The Working Group were focused on looking at hotspots of alcohol related crime. Based on the findings from this research, the Brick Lane area continues to pose ASB problems. Members were keen to know what action is in place to deal with those drunk and disorderly. Jonathan Davis from the Metropolitan police said that the local Safer Neighbourhood Team is working with the local community around the Chicksand estate and The Brune Estate to tackle ASB. This includes increasing patrols and working with residents to refurbish the area.

### Health effects of alcohol on young people

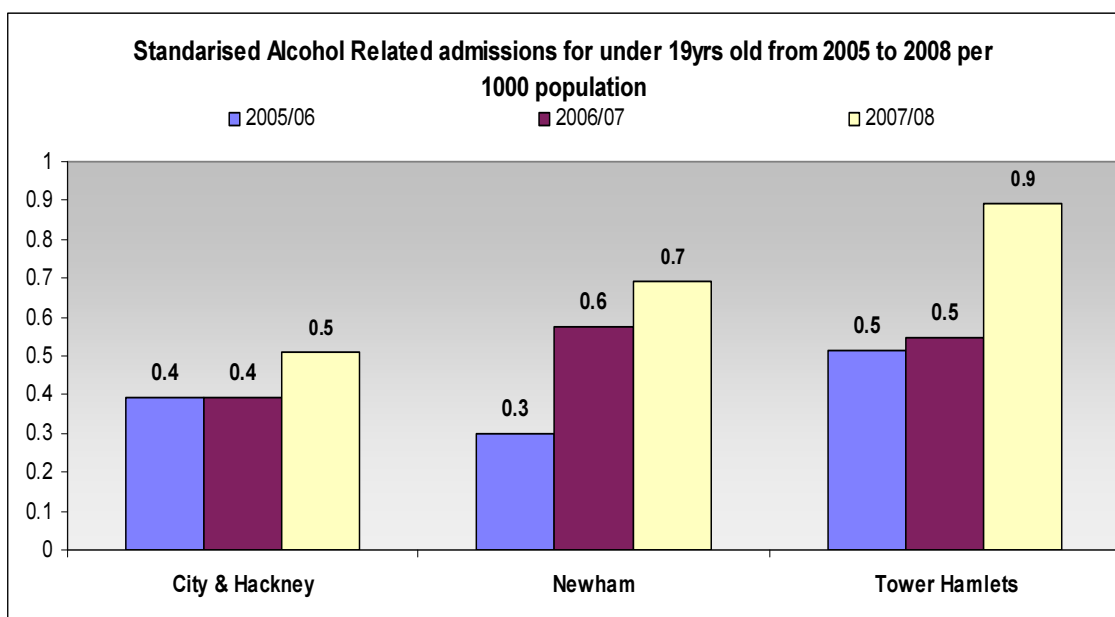
41. Chris Lovett, the Associate Director of Public Health at Tower Hamlets PCT, presented information about the effects of alcohol on young people's health. Moderate consumption of alcohol is associated with some health benefits. Excessive intake is associated with a number of health problems including obesity, cancers, vascular and liver disease and mental and sexual ill health. The consumption of large quantities of alcohol over a short period of time (binge drinking) may result in

acute alcohol poisoning. Excessive consumption of alcohol in pregnancy is associated with fetal alcohol syndrome.

42. In January 2009 Sir Liam Donaldson, Chief Medical Officer, advised that:
- An alcohol-free childhood is the healthiest and best option – if children drink alcohol, it shouldn't be before they reach 15 years old
  - For those aged 15 to 17 years old, alcohol consumption should always be with the guidance of a parent or carer, or in a supervised environment
  - Parents and young people should be aware that drinking at any age can be hazardous to health
  - If young people aged 15 to 17 consume alcohol, it should be infrequently and no more than once a week

The new advice was based on research which showed the serious damage drink could do to children's health. Members felt that this was a very good first step towards clarifying the risks and health effects of alcohol on young people.

43. Hospital admissions data showed that in 2008 the majority of alcohol related admissions were of Bangladeshi origin. Through out the review, members were presented with information that was mostly anecdotal regarding young Bangladeshi drinkers. This was the first piece of evidence supported by actual figures. Members argued that the hospital data is scrutinised thoroughly and that it is used to inform recommendation 1. Moreover compared to Hackney and Newham, Tower Hamlets had the highest number of hospital admissions for under 19s in 2008.



## **Impact on Education**

44. Members received information from Mark Edwards; Tower Hamlets Healthy Schools Coordinator on the effect alcohol misuse has on educational achievement. Members heard that it is difficult to identify the exact number of Tower Hamlets pupils affected by alcohol misuse, however studies have shown that alcohol and drug misuse makes it difficult for young people to engage in education, training and employment, as it is likely that attendance and performance at school or work will be poor and will affect their future opportunities. Alcohol can interfere with a student's ability to think, making learning and concentration more difficult and impeding academic performance. The more a student uses alcohol, tobacco and other drugs, the lower his or her grade is likely to be and the more likely he or she is to drop out of school. Adolescents who use alcohol may remember 10% less of what they have learned than those who don't drink. Compared to non-drinkers, heavy and binge drinking students are more likely to say that their school work is poor and up to five times more likely to report skipping school.
45. The Group welcomed the information provided by Mark Edwards, however raised concerns that the actual numbers of children affected by alcohol misuse could not be presented. This further reinforced members that a piece of evidence research is required in Tower Hamlets to understand the level of drinking and its effect on young people.

## **Enforcement and Prevention**

46. Enforcement and prevention is carried out in different ways by Licensing Authorities, Trading Standards, the Police and both the Youth and Community Service and Education elements of Children's Services.

## **Licensing and Trading Standards**

47. Representatives of the Trading Standards Team explained the Licensing Act 2003 and the duty on the Local Authority to enforce under age sales. Section 146 of the Act makes it an offence to sell to a child and Section 152 an offence to send a child to buy alcohol. Section 154 authorises the use of under age test purchasers.
48. The Working Group heard about initiatives to prevent young people purchasing alcohol including Challenge 21, which encourages retailers and licences to seek proof of age from anybody who appears to be under the age of 21, and test purchasing, which involves underage volunteers entering licensed premises in an attempt to purchase alcohol thereby testing compliance with the Licensing Act 2003. Licensed premises caught selling alcohols to young people are issued

with a fixed penalty notice. There is also an option to prosecute but Trading Standards officers believe that the most effective method was to trigger a review of the licence. If underage sales are made on three or more different occasions in a period of three months then the police may issue a temporary closure notice for more than 48 hours.

49. Trading Standards officers confirmed that the difficulties of this type of operation was getting enough volunteers to take part and that currently only police cadets are used. While the Working Group accepted officers' concerns, an increase in test purchase operations could have a significant impact on the level of sales to underage drinkers.
50. The most common way for young people to obtain alcohol is from adults purchasing on their behalf from off-licences. The Working Group believed there is a need to raise the profile of this concern amongst retailers and to publicise the consequences for those adults who purchase alcohol on behalf of under-age drinkers and so flout the law.
51. More over, the Working Group heard of the Pubwatch schemes around Brick Lane and Canary Wharf to prevent young people from buying alcohol. This is a community based crime prevention scheme organised by the licensees themselves to afford each other confidence and support, as well as some form of protection. It provides better communication between licensees and police and provides a forum for the discussion and solution of problems relating to violence on licensed premises. As the scheme is relatively new it is still too early to assess any specific benefits from it.

- R2 That Trading Standards and the Police ensure more regular test purchase operations are being made across the borough by recruiting additional actors to reduce burden on police cadets.**
- R3 That Trading Standards consider additional actions needed to prevent the purchase of alcohol by adults for young people. This should include more publicity about the prosecution of adults who purchase on behalf of young people, and those licensees who sell to, under-age drinkers.**
- R4 That Trading Standards develop useful working relationships with licensees in reinforcing their responsibilities in addressing alcohol related disorder. Also ensure licensees are supported and encouraged to become involved in local problem solving.**

#### **Police/ Anti Social Behaviour Team**

52. Members of the Working Group were keen to gain an insight from the police regarding tactics for enforcement and prevention and the different methods used to reduce alcohol misuse leading to crime and ASB. To that end Jonathan Davis and Andy Jackson for the Metropolitan police attended the 3<sup>rd</sup> review meeting to give evidence.



53. A number of initiatives were outlined including Drinking Control Zones (DCZs). These are designed to improve public places where drinking contributes to disorder and ASB. They are a Partnership conceived following a growing number of complaints from residents and businesses about alcohol related incidents.
54. Anti-Social Behaviour Orders (ASBOs) are also used against people who exhibited persistent anti-social behaviour related to drinking. These orders forbid the individuals from coming to the area; if they do they may be arrested and sent to court.
55. Occasionally pockets of ASB involving young people occur which may be related to alcohol. The Councils ASB Action Team and the Youth Offending Team work in partnership to address the behaviour of young people. Acceptable Behaviour Contracts (ABCs) are used to set clear boundaries of acceptable behaviour and ASBOs are used as a last resort if less punitive interventions fail.
56. Police Safer Neighbourhoods Teams work with Youth Services and hostels in some areas of the borough where alcohol related anti-social behaviour has been identified as a priority by local residents.

### **Youth and Community Service**

57. Information about the role and responsibility of the Youth and Community Service was provided to the Working Group by Saifur Rahman, the Crises Intervention Manager. The primary objective has been prevention by promoting a wide range of easily accessible and challenging positive activities for young people.
58. The message from young people is that they drink because there is nothing else for them to do at key times when they want to meet up with friends (eg at the weekends). Members argued that good youth facilities in clubs will serve to keep young people off the streets and away from alcohol. Officers said that the Council has recently invested £1 million to increase youth service contracts, including funding for sports, arts, voluntary projects and opening Youth Clubs during un-social hours including week-end provision.
59. Officers highlighted the general good relationship between Youth workers and young people. Members suggested that this relationship is used to encourage young people to take responsibility as individuals by refraining for alcohol misuse. Working Group Members were keen for youth clubs to provide support and guidance about dangers of alcohol misuse.

### **Education**

60. Mark Edwards, Tower Hamlets Healthy School Coordinator presented an overview of the National Healthy Schools programme. This initiative promotes the link between good health, behaviour and achievement and equips children and young people with the skills and knowledge to make informed health and life choices to reach their full potential. Members welcomed the programme, recognising the long-term initiative that promotes the link between good health, behavior and achievement.
61. More than 97% of schools nationally are now involved in the Programme and over 70% of schools have achieved National Healthy School Status. This translates to around 4 million children and young people currently enjoying the benefits of attending a Healthy School.
62. Research shows that children and young people in Healthy Schools feel healthier, happier and safer. Their parents say that they feel more involved in their child's health and learning and often feel better themselves. Schools say that the National Healthy Schools Programme has brought sustained improvement in behavior, standards of work and school management.
63. Members welcomed the impact of the programme in creating a whole-school approach to physical and emotional well-being focused on four core themes: personal, social and health education, healthy eating, physical activity and emotional health and well-being
64. However the Working Group made specific requests that drug and alcohol education, advice and support should be available to pupils both within the mandatory school curriculum and as part of enhancing Personal, Social, and Health Education (PSHE).
65. Members were specifically told that alcohol awareness is consistently delivered as a component of substance misuse education within local schools as part of the PSHE delivery programme. Members emphasised the need to establish early intervention and referral pathways between schools and commissioned young people's services to engage and intervene with young people who are drinking.
66. Members agreed that the evidence provided by Mark Edwards clearly showed the benefits to children of the Healthy Schools Programme. Furthermore the Working Group argued that this programme should continue to get funding to ensure that service delivery is on going and that this funding should extend to young people that attend youth clubs. This would help educate those young people who are not part of the education system. To that end Members ask the Council to review funding allocated to healthy schools programme to see if additional amounts can be given.

**R5 That Childrens Service looks to support Healthy Schools programmes expanding its remit to include programmes in youth clubs and reviewing funding, staffing levels and project delivery.**

### **Information**

67. The Working group were specifically told that social marketing campaigns to reduce harms associated with young people consuming alcohol need to be improved. Representatives from the PCT advised that advertising needs to target families, schools and peers.
68. The Working Group was keen to investigate the possibility of carrying out an advertising campaign that is modelled on the national campaign to reduce smoking. To that end Members felt it important to explore the possibility of lobbying the Government to get labelling on alcohol drinks, which clearly presents the dangers associated with alcohol misuse.
69. Moreover Council officers from the Community Safety Team said that parents need information and support to address their concerns around alcohol misuse and other drugs. This is particularly so for parents from non White-UK backgrounds who may be reluctant to access services. The Working group members were aware of anecdotal examples of residents having trouble accessing services.
70. The Working Group were keen that the older members of the Bangladeshi generation understand the dangers associated with alcohol misuse. It was felt that conventional messages would not work because of language and other cultural issues. To this end it would be important to work with BME media to explore how messages could be communicated effectively.

**R6 That Cabinet lobby the Government to see if advertising, similar to the national tobacco campaign can be implemented locally. This would include clear labels on bottles showing dangers of alcohol misuse.**

**R7 That the Council uses BME media to highlight the dangers of alcohol misuse.**

## Alcohol Treatment

71. Representatives from the PCT presented a summary of the Department of Health publication, Models of care for alcohol misusers (MoCAM). MoCAM provides best practice guidance for commissioning and providing interventions and treatment for adults affected by alcohol misuse. It has been developed by the National Treatment Agency for Substance Misuse (NTA), with support from the Department of Health (DH).
72. MoCAM recommends the provision of screening and brief interventions in primary care settings, assessment and referral pathways and the provision of aftercare services for people leaving treatment. The development of the alcohol treatment system in Tower Hamlets is based on this framework.
73. The working group were keen to review treatment activities in Tower Hamlets. To that end **Lifeline**, a voluntary sector agency that provides a range of drug and alcohol services for adults and young people was invited to give evidence. Daniel Taegtmeyer, Service Manager, Lifeline London, presented the types of treatment activities Lifeline carries out. These include family support services, health promotion events and community drugs awareness programmes.
74. The Working Group also held a focus group with three local third sector organisations:

**Docklands Outreach** offers diversionary projects (using graffiti, sports and the media) to young people not in employment, education or training (NEET), pupils excluded from schools and those involved in ASB. There is also a free and confidential advice service that young people can access to seek professional advice and support.

**Communities Against Drug and Alcohol Abuse (CADD)** whose membership is made up from residents works within communities providing advice and response to drug and alcohol related problems.

**NAFAS** works specifically with Bangladeshi residents and provides advice and information regarding support. It provides treatment by;

- Establishing a culturally sensitive day programme to meet the treatment needs of young Bangladeshi drug users.
- Increasing the number of Bangladeshi young people accessing advice, information and treatment.
- Providing a youth advisor service for young people based in schools and at Nafas.

75. Working Group members explored with the organisations whether drinking amongst young people is increasing. Representatives from Docklands Outreach said that this is not a new phenomenon and that young people have always consumed alcohol. NAFAS corroborated this, but did say that there is now a growing government and media focus on the issue leading to more awareness and discussions.
76. Furthermore the Working Group was keen to know if more young Bangladeshi boys and girls are now drinking more. NAFAS said that all evidence it has is anecdotal as figures are not available. However there is an indication that Bangladeshi boys are drinking more because alcohol is cheaper than drugs, particularly when purchased from supermarkets. It would appear that numbers are still low, but those drinking are doing so more frequently and openly.
77. NAFAS emphasised the need to engage in discussion with Bangladeshi families so that they are more aware of problems associated with alcohol and are able to identify signs of misuse. CADAA added that Bangladeshi parents were reluctant to report their children because the issue remains taboo.
78. In response to Members' questions about how to improve reporting by Bangladeshi parents the organisations suggested that campaigns promoting treatment should be both in Bengali and English. Local faith organisations should also be used. A local guide about the consequences of alcohol misuse was also felt to be a potentially useful tool.

**R8 That commissioned specialist agencies working with young people need to address alcohol problems with as much vigour as drugs in terms of information and advice, harm reduction and treatment.**

**R9 There is a need to investigate and develop culturally appropriate responses for young people to ensure that alcohol interventions are effective and acceptable for all the communities and faith groups in the borough.**

## Young People's View

79. As noted in the introduction, Working Group Members asked young representatives from CADDA to attend a review meeting to express their views about the issue. Saifur Rahman, Crises Intervention Manager, Youth and Community Services were also present. Discussions were interesting and at times rousing.

80. The general feeling was that the whole issue has been blown out of proportion by the media. At the same time they believed that a very small number do misuse alcohol. Members were keen to know if young people are aware of the acceptable limits of alcohol consumption. The response was that many young people drink vodka and spirits in large quantities without realising the consequences. Representatives from the PCT said that there are many social marketing campaigns identifying dangers of binge drinking. The Working Group suggested that these messages should be revisited to challenge young people's understanding about the acceptable levels of drinking.
81. There was also discussion about young people using youth clubs when intoxicated with alcohol and how this created a dangerous and intimidating atmosphere. Saifur Rahman corroborated this claim stating that young boys on occasions do attend youth clubs whilst under the influence of alcohol. It was said that youth workers find it hard to deal with the issue. Many also linked "nothing to do" with alcohol misuse. One young person said "We want to work, but can't get jobs. So we end up hanging around. I know boys that have done this for years and are now drinking". In addition many said that they now see young female drinkers. "Before it would be the Bangladeshi boys drinking, but now it's girls as well"
82. It was argued that provisions in youth clubs needed to increase. One said that "we have a pool table but 20 boys want to play." Members argued that although recent youth investment was welcomed, young people still perceive youth provisions as not being adequate. The Working Group suggested that ongoing consultation with young people is paramount in understanding their needs.
83. The Working Group asked young people to suggest ways to stop their peers misusing alcohol. There was general agreement that there need to be more role models and that the Young Mayor could be used to promote sensible drinking. Exploring incentives could also be useful.

**R10 That the Youth and Community Service ensure staff have adequate training and support to address alcohol related issues within mainstream youth provision. This should include a drug and alcohol policy addressing training for staff, alcohol/drug related needs and tackling alcohol/drug related incidents.**

## Conclusions

---

84. The Working Group recognised and welcomed the good amount of work that is currently being undertaken in an effort to educate and guide young people away from alcohol misuse. However, the group strongly recommend that the issue of tackling alcohol misuse amongst young people should be given higher priority by the Council and its key partners within wider work on drugs prevention and health living
85. While the findings of the Group still indicate that only a very small minority abuse alcohol, there is considerable anecdotal evidence to suggest that the problem could escalate particularly if sections of the community are unwilling to discuss it. A sustained but sensitive campaign to open up the debate and explain the actual issues related to misuse are therefore crucial.
86. The recommendations arising from the Working Group's work are therefore aimed at addressing this challenge. Making this work will demand a co-ordinated and consistent Partnership across the public, private and third sectors as well as with the wider community.