

Evidence Briefing 6: Children and Young People (ages 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 exposure to 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

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
- 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

Good practice

- Triple P Positive Parenting Programme
- Children Harmed by Alcohol Toolkit (C.H.A.T.)
- Rory resource pack
- LifeSkills programme

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 services

1 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.

2 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.

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

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 behaviours, 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 behaviours 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 the NHS Greater Glasgow & Clyde area. 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 This rate was significantly higher for the NHS Greater Glasgow and Clyde area compared to the national average, namely, 11.1 new cases per 10'000 people aged less than 18 per year for Greater Glasgow and Clyde compared to 9.7 new cases on average nationally.¹³

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
<p>Parenting Programmes</p>	<p>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.</p>	<p>Community Based</p> <p>For children of all ages</p>	<p>Effective</p> <ul style="list-style-type: none"> • Alcohol • Drugs <p>Sustained impact</p> <p>Transferable</p>	<ul style="list-style-type: none"> ✓ 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 	<p>Group Triple P is a broad-based parenting intervention delivered over eight weeks for parents/carers of children aged 18 months – 12 years old. This programme offers parents/carers a variety of practical tips, ideas and strategies to support and help promote their child's learning and development. Group sessions include understanding why children behave the way they do, how to set goals for change, how to develop good relationships with children, how to encourage positive behaviour and strategies for how parents can teach their children new skills and behaviours</p>
		<p>Family Based</p> <p>For children of all ages</p>		<ul style="list-style-type: none"> × Perception that it undermine parents' authority × Perception that it only provides information on drugs to parents so that they can talk to their children about it²³ 	<p>Teen Triple P offers an approach to parenting that aims to promote teenagers' development and manage behaviour in a constructive way, based on good communication and positive reinforcement to support teenagers to achieve their maximum potential¹⁹</p>
		<p>Vulnerable groups (Children and young people from families affected by alcohol and/or drug use)</p>			

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (×) effectiveness	Good Practice
					<p>Children Harmed by Alcohol Toolkit C.H.A.T developed by Alcohol Focus Scotland contains a range of interactive materials to be used with children, young people and families harmed by problematic alcohol or drug use²⁰</p> <p>NSPCC Parents Under Pressure - 20 weeks programme of home visits to support parents who are in treatment for alcohol or drug use²¹</p> <p>Getting Our Priorities Right - Scottish Government good practice guidance for all agencies and practitioners working with children, young people and families affected by alcohol or drug use²²</p>

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (×) 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 ²⁴	<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 	<p>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 skills²⁵</p> <p>LifeSkills - group-based programme delivered in schools or in the community to teach children aged 8-14 self-management, social competence and drug resistance skills²⁶ <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)²⁷</p> <p>Know Your Way helps young people age 12-17 increase knowledge in risk taking behaviour, develop decision making skills and improve their mental health²⁸</p>
		Secondary School		<ul style="list-style-type: none"> × Providing information on specific substances, including fear arousal 	
		Vulnerable groups		<ul style="list-style-type: none"> × Focus only on self-esteem²⁹ 	

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (×) 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	Effective <ul style="list-style-type: none"> • Alcohol • Drugs Sustained impact	<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 	GGC Substance Misuse Toolkit - collated quality assured alcohol and drug resources and lesson plans ³¹ 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 people ³²
		Vulnerable groups	Transferable ³⁰	<ul style="list-style-type: none"> × Sessions are unstructured dialogues or non-interactive lectures × Focus on giving information × Fear arousal × Testimonials from people with lived experience³³ 	

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.	Primary School	Effective <ul style="list-style-type: none"> • Drugs 	✓ Support student participation ³⁵	
		Secondary School	Transferable Innovative Not effective <ul style="list-style-type: none"> • Alcohol³⁴ 		
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.	Community Based	Effective <ul style="list-style-type: none"> • Alcohol 	✓ Short series of 2-5 sessions ✓ Delivered by trained professionals (psychologist, teacher) ✓ Participants identified using validated instruments ✓ Organise programme in such a way as to avoid stigma ³⁷	
		Vulnerable groups (Adolescents at risk due to personality traits)	Sustainable Innovative Transferable ³⁶		

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (×) 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 activities³⁹ 	
		Vulnerable groups (Adolescents from marginalised circumstances)	Innovative		
Diversionary approaches	Offering sports and other alcohol and drug free leisure time activities to divert from risky behaviours, including alcohol and drug use	Community Based	<p>Can be effective if designed carefully, but can also be linked to higher rates of use</p> <ul style="list-style-type: none"> • Alcohol • Drugs⁴⁰ 	<ul style="list-style-type: none"> ✓ Diversionary 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 	Project CHOICE - voluntary after-school programme providing 30 half-hour sessions throughout the year and providing social skills and social influence training ⁴¹

Intervention Type	Description	Relevant groups	Effectiveness	Factors that help (✓) or hinder (×) effectiveness	Good Practice
		<div style="background-color: #f4a460; height: 300px; width: 100%;"></div> <div style="background-color: #00a68a; height: 180px; width: 100%; text-align: center; color: white; vertical-align: middle;"> <p>Secondary School</p> </div>		<p>Saturday 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"> × Participation in team sport can be linked to higher rates of risky single session drinking (drinking too much too quickly) in young adult males × Bringing together high-risk individuals for diversionary activities might have adverse effects⁴² 	

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 impact⁴³</p>	<p>✓ Flexible and opportunistic delivery in the community (eg youth work settings) might increase effectiveness⁴⁴</p> <p>✓ Delivery in the context of an existing trusting relationship (eg with a youth worker) might increase effectiveness⁴⁵</p>	<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 advice⁴⁶</p> <p>CRAFFT - validated screening tool designed to identify substance use, substance-related risk, and substance use disorder among children and young people aged 12-21⁴⁷</p>

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- ² *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)*, Scottish Government, 2015. Available at: <https://www2.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS>
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- ⁴ *Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population*, Public Health Wales NHS Trust, 2015. Available at: [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf) For general information on ACEs, also visit <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>
- ⁵ *Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population*, Public Health Wales NHS Trust, 2015. Available at: [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf) For general information on ACEs, also visit <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>
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- ⁷ *Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population*, Public Health Wales NHS Trust, 2015. Available at: [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf) For general information on ACEs, also visit <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>
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