Purpose of the guide
This guide seeks to support Social Workers in their practice with young people who drink alcohol and whose use of alcohol is excessive or problematic. It will also be relevant for other social and health care professionals. The information in the guide should be supplemented by further reading and learning.

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Terminology and definitions
• For the purposes of this guide, reference to young people refers to people under 18 years of age.
• Substance use is the use of alcohol and other drugs.
• Parents should be taken to mean parents, those with parental responsibility and carers.
REASONS YOUNG PEOPLE DRINK

• There are many reasons why young people will drink alcohol. Everyone is different.

• For many young people drinking alcohol is a ‘normal’ part of growing up and not all young people drink to excess.

• Exploring the young person’s situation and the circumstances around their drinking is important as it may be a symptom of other problems.

• Young people tell us some of the reasons why they drink under age or drink to get drunk are:
  • Peer or parental pressure to drink.
  • Trying to fit in.
  • To relax and have fun.
  • To take their mind off problems at home.
  • To “get their anger out”.
  • To “cover up the pain and hurts inside” – emotional and psychological pain relating to past or current relationships.
  • To increase their confidence.
  • Boredom/nothing better to do.

• They also tell us that a young person may not have thought about why they drink/drink heavily. By raising the issue you may be the first person to help them think about it.
UNDERSTANDING THE PRESSURES

• Being aware of the pressures on young people to drink is important when you are seeking to support any change in their drinking.

  • Be aware of the use of social media, including Facebook and texting, which provides instant access to drinking buddies.

• Where a young person is involved with a group or gang, heavy drinking and other negative behaviours may be part of what they have to do to fit in.

• Heavy parental drinking and other drug use puts pressure on young people to start drinking and it may be encouraged at home.

  • Seeing older friends or brothers and sisters doing it also puts pressure on young people to start drinking or using.

• There may be abusive situations at home and safeguarding issues to consider.

• Sometimes other people control young people’s use of alcohol (and other drugs) as a way of controlling them.

Make sure you discuss the pressures to drink with young people.
EDUCATION & AWARENESS

“Don’t assume they know it cos they don’t.”

Young people tell us to educate children from an early age about alcohol and the risks. Others tell us it wouldn’t have made any difference to their drinking. Education and awareness raising need sensitive handling because of this tension.

• Keep messages simple and straightforward: don’t overload them with information.

• Be aware that young people may be at different stages of drinking (pp 8-9). They may also be at greater risk of harm if they are using other drugs at the same time.

• Be careful not to ‘lecture’ young people but know enough to help them understand the facts.

• Be prepared to offer harm minimisation advice, e.g. recommended no. of units of alcohol per day; alcohol free days each week.

• Choose your moment – one to one chat may be better than in front of peers.

• Tell them about the long term effects too – social, mental and physical.

• Provide information on where to get help locally, e.g. via text, at college, on business sized cards.
RISKS & SAFETY PLANNING

Young people drinking a lot are at higher risk of:

😊 Sexual assault/unplanned and unprotected sex.
😊 Pregnancy and Sexually Transmitted Infections.
😊 Self-harm and suicide.
😊 Physical damage, including brain development.
😊 Abuse and neglect.
😊 Trouble with the law.
😊 School exclusion.
😊 Homelessness.

Young people at greater risk of alcohol problems often experience conflict and abuse at home and have experience of living in institutional care.

Young people tell us they have learned how to keep themselves as safe as possible when they’re drinking. Messages for other young people are:

😊 “Keep your phone charged up in case of an emergency or you need to call for a taxi or a lift.
😊 Keep taxi money in a safe place and separate from your other money so you don’t spend it.
😊 Go out with friends you trust. Don’t drink alone.
😊 When drinking in groups, take turns to stay clear headed and watch each others’ backs.
😊 Don’t mix your drinks, including with other drugs.
😊 Eat something before you go out.”
WORKING WITH PARENTS

• **Positive** support from parents and wider family members is important in helping young people change problematic drinking behaviour. Tell them how they can access specialist services.

• **Ask** the young person, before talking to parents.* This shows respect and avoids making things worse if the parent is not supportive.
  
  *Reference the Fraser guidelines if you’re unsure.

• Some parents will have their own problems with alcohol so be ready to talk sensitively to them about their own drinking and the impact it may be having on their child.

• Be aware of cultural differences around alcohol use. Some parents may disapprove of their child’s attendance at a specialist agency.

  “I have to lie about going to a support group”

• A child between the ages of 5 and 16 can legally drink at home but current advice is for children not to drink until at least age 15.

• For 15-17yr olds the advice is to drink little, on one day only, and be supervised by a parent.

• Advise parents that evidence shows they have the most influence over their child’s drinking behaviour: suggest they give clear messages.
## STAGES OF ALCOHOL USE & SUGGESTED INTERVENTIONS

(adapted from source: *Practice standards for young people with substance misuse problems*, Royal College of Psychiatrists 2012)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Motive</th>
<th>Setting</th>
<th>Frequency</th>
<th>Emotional impact</th>
<th>Behaviour</th>
<th>Impact on functioning</th>
<th>Suggested interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental stage</strong></td>
<td>Curiosity and risk taking</td>
<td>Alone or with peer group</td>
<td>Rarely or very occasionally</td>
<td>Effects of alcohol are usually very short term</td>
<td>No active alcohol seeking behaviour</td>
<td>Relatively little; may rarely result in dangerous consequences</td>
<td>Alcohol education – formal or informal; young person and parents (if appropriate)</td>
</tr>
<tr>
<td><strong>Social stage</strong></td>
<td>Social acceptance/ the need to fit in</td>
<td>Usually with peer group</td>
<td>Occasional</td>
<td>Mind altering effects of alcohol are clearly recognised</td>
<td>No active alcohol seeking behaviour</td>
<td>Usually no significant problems, but some can go on to show features of the early ‘at risk’ stage</td>
<td>Alcohol education – formal or informal; young person and parents (if appropriate)</td>
</tr>
<tr>
<td><strong>Early ‘at risk’ stage</strong></td>
<td>Social acceptance/ peer pressure/ valuing alcohol use, based on pleasurable early experiences</td>
<td>Facilitated by peer group</td>
<td>Frequent, but variable, depending on peer group</td>
<td>Mind altering effects of alcohol are clearly recognised and sought</td>
<td>No active alcohol seeking behaviour</td>
<td>Associated with significant dangers; problems associated with acute intoxication (e.g. accidents related to recurrent binge drinking)</td>
<td>Identification and brief advice by frontline, non-substance specialist staff, e.g. social workers, GP, youth worker</td>
</tr>
<tr>
<td><strong>Late ‘at risk’ stage</strong> (alcohol use is not dominating mental state)</td>
<td>Cope with negative emotions; entrenched group behaviour</td>
<td>Alone or with an altered/ selected (e.g. drug or alcohol using) peer group</td>
<td>Frequent/ regular use</td>
<td>Mind altering effects of alcohol are clearly recognised and sought with some negative impact on functioning</td>
<td>Active alcohol seeking behaviour is a key indicator of this stage</td>
<td>May be impairment in functioning in some areas (e.g. school and family)</td>
<td>Treatment by specialist substance use services (see below). May involve family interventions if safe and appropriate.</td>
</tr>
<tr>
<td><strong>Stage of harmful use</strong></td>
<td>Alcohol use is the primary means of recreation, or coping with stress, or both</td>
<td>Alone or with an altered (alcohol or drug using) peer group</td>
<td>Regular use, despite negative consequences</td>
<td>Negative effects on their emotions and ability to function</td>
<td>Active alcohol seeking behaviour, despite negative consequences across many areas of life</td>
<td>Impairment in most areas of life and/or distress within families or close relationships</td>
<td>Treatment by specialist services (e.g. specialist substance use services for young people and specialist substance use professionals within young people’s mental health services). May involve family interventions if safe and appropriate.</td>
</tr>
</tbody>
</table>
Talking to young people about their alcohol use is important in building a picture about what type of help or support they may need, if any. Some young people may prefer to write things down rather than talk. If you want them to talk to you, you must:

- Build a relationship with them – don’t dive in with questions straight away.
- **LISTEN** to them properly – talk less.
- Be careful what language you use, e.g. don’t use words like alcoholic, addict, substance abuse – you may put people on the defensive.
- Don’t judge or criticise (in words or actions).

The practitioner’s guide to the *Common Assessment Framework* highlights a number of places where “substance misuse” (including alcohol) should be raised. A number of the CAF elements need to include questions about both the parents’ drinking and the young person’s drinking. Be aware that some young people may be carers for parents with alcohol problems so this will need sensitive exploration.

Consider whether a joint assessment with specialist alcohol partner agency is required and appropriate.
The advice for initial assessment is to establish:

- whether the young person is drinking
- if so, how frequently
- whether there are co-existing problems and risk factors
- the young person’s view of the impact of their drinking on their lives, and
- whether they are willing to accept further help (where appropriate).

How you establish these things requires a sensitive approach. The National Institute for Clinical Excellence (NICE) currently advise the following approach, particularly for younger adolescents:

- **Begin with questions that build rapport**, e.g. about school, team they support, music they like.

- **Gather more detail, using age appropriate language**, e.g. do they like reading and if so what, do they attend school, are they a happy person.

- **Move on to open ended questions about alcohol**, e.g. whether or not they drink, what it tastes like, who they drink with and how they behave.
ASSESSMENT: PRACTICE (cont.)

Young people suggest you ask them if there are reasons they’re willing to share about why they are drinking.

Don’t forget that assessment should identify risks but also the young person’s strengths, resilience and other protective factors.

Additional motivational questions may include:

- What are some of the ups and downs of drinking for you?
- Have there been any scary or dangerous moments while you’ve been drinking? How did you deal with that?
- What can you do in the future to keep yourself safe when you’re out drinking?

There are more formal alcohol assessment tools available for use with young people. They require you (and the young person) to know your units of alcohol. Two very brief tools for screening young people’s alcohol use (over 15 yrs old) are:

- **Audit C – Alcohol Use Disorders Identification Test**  
  www.alcohollearningcentre.org.uk/_library/AUDIT-C.doc

- **SASQ – Single Alcohol Screening Questionnaire**  
INTERVENTION

Unless you specialise in alcohol you are not expected to do specialist work. However...

• talking to young people about their drinking
• offering age appropriate advice and education
• enhancing their motivation to change their risky drinking, and
• referring on to specialists (if needed).

...are not specialist tasks!

Some young people will want to change their drinking, others may not. Some may be starting to experiment with a range of drugs, including alcohol. It is important to know which specialist services you can refer young people to for different needs.

Some young people will have other priorities they need help with first. Working in partnership with other young people’s services is important. Seek consent for information sharing.

Young people tell us the hardest part of changing their alcohol use is the withdrawal process and changing everything around them including their friends. They want help to keep busy and active.
The following are some of the things that young people tell us social workers can do to help them:

- Offer practical support with other needs, not just focus on the drinking, e.g. money.
- Go to new places/appointments with them to offer support, particularly around alcohol.
- Provide alcohol information to young people and parents, e.g. free leaflets.
- Facilitate support from friends and family – providing it is positive and safe and with the young person’s agreement.
- Help them with housing that is suitable, i.e. not a hostel where there are lots of drinkers.
- Help them to keep occupied and avoid boredom including fun groups and classes, as well as training courses and other activities.
- In partnership with local specialist services, refer them for detox when needed and, importantly, build in an aftercare plan.
- Advocate for them, particularly with GPs and other professionals. Where possible find an alcohol or young people’s service with a GP attached.
RESOURCES

- **Talk to Frank** – 0800 77 66 00. To find services that work with young people’s alcohol and other drug use. [www.talktofrank.com](http://www.talktofrank.com)
- **Drinkline Scotland** – 0800 7 314 314
- **Daisy** (Northern Ireland) – 028 9043 5815 or 028 7137 1162 or text DAISY to 81025 for a call back.
- **Drinkaware** – 0207 766 9900. The website provides good information for parents about talking to their children about alcohol. [http://www.drinkaware.co.uk/children-and-alcohol/parents](http://www.drinkaware.co.uk/children-and-alcohol/parents)
- **Free e-learning module** on young people and substance use (including alcohol): [www.drugtraining4free.co.uk](http://www.drugtraining4free.co.uk)
- **Child and adolescent mental health services** information: [http://www.camh.org.uk/](http://www.camh.org.uk/)
- **Practice standards for young people with substance problems** (Gilvarry et al. 2012): [https://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf](https://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf)
- **Young People and Alcohol** information for parents: [http://www.direct.gov.uk/en/Parents/Yourchildshealthandsafety/Youngpeopleandalcohol/index.htm](http://www.direct.gov.uk/en/Parents/Yourchildshealthandsafety/Youngpeopleandalcohol/index.htm)

General advice about alcohol and other drugs and social work is available from the first guide in this series. Download all the guides at [http://www.basw.co.uk/special-interest-groups/alcohol-and-other-drugs/](http://www.basw.co.uk/special-interest-groups/alcohol-and-other-drugs/)
# LOCAL CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name of agency/person</th>
<th>Contact info</th>
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<tbody>
<tr>
<td>Alcohol agency</td>
<td></td>
</tr>
<tr>
<td>Drug agency</td>
<td></td>
</tr>
<tr>
<td>Young person’s service</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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We are very grateful to the young people and professionals who helped with this guide. Their voices, views and support have been invaluable.

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