



For anyone aged 12 -21
affected by their own or
their parents drinking



Alcohol
Advisory
Service

16 Hope Street, Douglas, Isle of Man, IM1 1AQ

www.alcoholadvisoryservice.co.uk
www.aas12-21.co.uk

ANNUAL REPORT

2008/09

1979 – 2009

30 Years of service to the Manx community

Registered Charity on the IOM number 275

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ISLE OF MAN ALCOHOL ADVISORY SERVICE

1st APRIL, 2008 – 31st MARCH, 2009

His Hon. Jack W. Corrin CBE (President)
Mrs. Thelma Wilson (Chair)
Mrs. Jo Brackett (Hon. Secretary)
Mr. Christopher Mitchell (Hon Treasurer)
Mr. Nigel Cordwell (Hon. Advocate)

DIRECTORS:

PC Darren Bradford (appointed 22/01/09)
Mrs. Rosemary Brereton
Mr. David Cole
Rev. Malcolm Convery
Mrs. Anne Craine MHK (appointed 10/07/08)
Mr. Joseph Duffy (resigned 12/08/08)
Mr. Quintin Gill MHK
Chief Constable Mike Langdon (appointed 01/05/08)
Mrs. Margaret Lannen
PC Gerrard Power (appointed 01/05/08 / resigned 08/01/09)
Mr. John Shimmin MHK
Mr. Christopher Sidley
Mr. Michael Taylor

STAFF:

Thea Ozenturk
Kay Mylchreest
Jenny Fong (resigned 27/03/09)
Debbie Moore
Andy Murdoch (appointed 08/06/09)
Dena Parker
Matthew Kelly

VOLUNTEERS

Susan Johns

Directors Report

Welcome to the Annual Report for the year ending March 2009 and what an eventful year it has been for the service with many exciting achievements and challenges.

To begin with, the Isle of Man Alcohol Advisory Service marked a major milestone when it celebrated its 30th year in operation from 1979 to 2009. When first established the 'Council on Alcoholism' as it was named by our founders defined as its objectives:

"The prevention of alcoholism through education, research and community service and the treatment and rehabilitation of those affected by alcoholism, alcohol-related problems and alcohol-related disabilities and the alleviation of the effects of alcohol abuse among persons normally resident on the Isle of Man".

Our constitutional mission statement remains as a constant beacon giving us holistic guidance on the direction of travel for the service. For this year's report we thought it would be a good idea to reflect back on what the original constitution set out in 1979 to see how the work has progressed over the years and if we have achieved our founders' original objectives.

At first glance one fundamental change is the preference to blame the substance, not the individual with more emphasis on 'alcohol-problems' as opposed to 'alcoholism'. A shift towards a harm reduction approach has broadened the base of treatment options for service users with many more contacting us in the earlier stages of alcohol problems developing.

The AAS is, to our knowledge, the longest serving organisation on the Island for substance misuse. In that time staff, members and directors have come and gone but the AAS's fundamental philosophy of providing confidential support for anyone concerned about their own or someone else's drinking has remained constant, standing the test of time in spite of many challenges to this policy. In a small community the stigma that surrounds alcohol problems makes it hard for those who are enduring these difficulties to come forward for help. Our staunch defence of this guiding principle has undoubtedly led to those in need coming forward in the earlier stages of problem drinking.

Indeed the importance of treating alcohol problems in the context of the family has always been a central philosophy of the service and it is interesting to see what was set down in our constitution 30 years ago is now viewed as new and innovative best practice in the addiction field. Addiction treatment has suffered from being individualistic focussing on the person with the problem, yet alcohol problems occur in a social context and that context very much revolves around the family. This service has striven to highlight the plight of family members offering services and support in their own right and not as an adjunct to the treatment of the problem drinker. In recent years a dedicated implementation plan for family members has produced a more strategic approach to this work and the service played an important role in the development of this. The 'Supporting Significant Others Affected by Substance Misuse: Implementation Plan' for the Isle of Man was one of the first in the British Isles to highlight the importance of offering support to carers and the often hidden role they play in supporting their loved ones with alcohol problems. Recent research on supporting family

members suggests that working with them even without engaging the problem drinker can be more successful than treating the problem drinker in isolation.

Our commitment to raising awareness of alcohol and its related problems through education is still at the forefront of our services. Most concerning is young people's alcohol misuse in the IOM, with the ESPAD survey (European Schools Project on Alcohol & Drugs) placing our teenagers high in the European table for alcohol misuse for many categories of consumption and problems. An evaluation of how we approach education in light of this led us to consider what education approaches work best, leading to the employment of a full-time Peer Educator, Matthew Kelly.

Peer education works on the principal of 'role modelling' in that young people are more likely to accept and act on health education messages if delivered by a credible peer. A hard task for anyone to achieve but Matthew has done incredibly well in his first year, with some very positive feedback from young people about education being delivered in this way. You can read within this report about his work with young people in a variety of education settings.

For the first time we include an in-depth report on the second year of operation of our young persons service AAS 12-21 within our main annual report. Without this dedicated provision the Island would not be meeting what is recommended best practice in young people's alcohol services.

Our dedicated provision for young people 'AAS 12-21' has gone from strength to strength becoming an essential agency in the health and social care provision for young people on the IOM, making up an integral tier of the services for young people who have alcohol issues of their own or live with parental problem drinking.

AAS 12-21 was established with a 3 year grant from Comic Relief with the proviso that matched funding be secured for the final year of the project from Government sources. We are particularly grateful to John Shimmin, MHK, who negotiated this funding for the young persons service from three Government departments. We also said goodbye to Jenny Fong our first young person's worker at the end of the year but welcomed Andy Murdoch into the role who is a qualified and experienced youth counsellor from Buckinghamshire.

A comparison chart is included in our annual data and statistics section comparing client numbers over the 30 years of operation. Numbers have increased dramatically in recent years; however careful interpretation of this rise is needed as there are many possible explanations. Firstly, the service in latter years has seen an increase in young persons' referrals through the creation of AAS 12-21. Furthermore, the adoption of a harm reduction approach has led to many more people contacting us in the earlier stages of problem drinking. Estimates of early to moderate dependence and binge drinkers range between 20% to 25%, whereas dependent drinkers make up about 3% to 5% of the adult population. We cannot exclude other possible reasons for this increase though, including the availability and price of alcohol. In terms of the percentage of household income, the cost of alcohol is now comparable to the 1960's prices. Experts believe that this has been a major contributory factor towards increasing consumption patterns. The Office of National

Statistics has seen almost a doubling in average consumption up by 83% since the early sixties.

This is a national debate which we hear of daily in the media as contributing to increased societal problems and associated health risks. Greater awareness of alcohol contributing to various Cancer's, Strokes and Heart Disease could also explain an increase in referrals with people receiving early warning signs from routine health checks linked to their heavy alcohol consumption. It is not unusual to find many people who believe it is 'normal' to consume a bottle of wine at every night yet this can take an adult female 5 times over the weekly recommended units.

The AAS constitutional remit to conduct research into alcohol and its related problems has been truly realised with the GENACIS project. (Gender, Alcohol and Culture International Study). This survey of 1000 Manx residents drinking and other life style factors continues to produce valuable research data and is used increasingly in international research projects.

Two new research papers published using GENACIS data released this year included: 'Gender, Alcohol, Drugs and Health: A comparison of the Isle of Man and the UK' (P Millar et al) which was published in the Journal of Substance Use in December 2008.

The second paper 'Alcohol related adverse consequences, cross-cultural variations in attribution process among young adults' (*Kuendig et al* 2008), was published in the European Journal of Public Health. This research project compared the negative consequences of binge drinking including, loss of control, remorse, injury, blackouts and failure to do what is expected of you after drinking. This was amongst the 18 to 25 year olds in the Isle of Man who took part in the GENACIS survey and 7 different European countries. A snapshot of some results includes; 44.6% of Manx respondents admitted to blackouts e.g. alcohol amnesia; 9.1 % admitted to suffering injury after drinking with the European average being 5.3%. Previous analysis of GENACIS data on this age group found young men to drink double that of their UK counterparts. (Copies of this report are available at the service on request).

Contract discussions with the DHSS have taken place this year as the service moves into a new era. The AAS will become what is termed a Tier 2 service in an alcohol treatment framework for the IOM. However, this will undoubtedly bring improvements for all service users as they will find a range of services meeting their need at the most appropriate level. Not everything within our constitutional remit will be purchased by the DHSS, including our education services. We are grateful to them for the many years of supporting this side of our work but we will now rely totally on charitable donations and the establishments who commission this side of our work for funding.

This agreement will give the service security for a contracted period of five years. Naturally the DHSS will be ensuring that we are providing value for money and that the interventions they purchase from us make a positive difference for our service users and prove value for money to the public purse. Outcome measurement is not a new concept for the service as we have provided detailed measures annually since 2003 and it is satisfying to know that this detailed work has proved worthwhile and laid down the foundations of evaluation for the DHSS. This year's outcomes are no exception and detailed reports on the holistic

difference we have made to our clients lives are included with a snapshot of comments from our annual client satisfaction questionnaire.

The AAS supports the Chief Minister's Drug & Alcohol Strategy and the work of the Strategy Team. As well as making up a substantial part of the treatment and support framework for alcohol problems for adults, young people and family members, we always endeavour to support any activities or meetings organised by them. This year we took part in two road shows at the Hilton Hotel in May and the QEII High School in October. Members of the public browsed with many primary & secondary school pupils at various stalls from a variety of organisations highlighting the work they conduct in the drug and alcohol field on the IOM.

And finally...

I would like to thank everyone who has given their time and support in aid of this service over the past 30 years. All contributions have been truly valued and have assisted the IOM Alcohol Advisory Service to stand the test of time and develop into a highly respected agency, entirely focussed on its clients' welfare and raising awareness of alcohol and its related problems on the IOM. Alcohol problems never seem to abate and although the substance has been around for thousands of years each generation seems to develop difficulties unique to its place and time. I believe that the AAS has adapted with our society's changing relationship with alcohol over the last 30 years but kept its fundamental philosophy intact. We look forward to a new era of continued public service to the IOM.

*Thea Ozenturk
August 2009*

Education, Groups, Training and Presentations

- IOM College of Further Education - Drug and alcohol education for all first year students
- Ballakermeen High School - PSHE for all pupils in years 7, 8, 9 and 10
- IOM Adoption Society - Alcohol and drug awareness for pre-adoptive parents
- QEII High School - Alcohol awareness for sixth form pupils
- Social Workers - Multi-agency training
- Juvenile Alcohol Referral Scheme - Young people/parents/guardians: Diversionary scheme for young people/alcohol & parenting education session. Joint project with the Youth Justice Team.
- Youth Workers - Alcohol Concern's Youth Worker Alcohol Training Programme.
- Youth Clubs/groups - (Dept of Education, Guides, Rangers)
- Positive Action Group - Alcohol and our Society Presentation
- St Anthony's Church - Ecumenical lent lecture.
- Carer's 'Caring Together' - Third sector and Government presentation.

Donations & Income

This year has seen some fairly substantial donations to the service. Our Charity Box collection, which Dena keeps charge of, sees a steady stream of donations throughout the year – there is rarely a fortnight goes by that the office isn't filled with the noise of pennies being counted! We are very grateful to OFFWATCH and their members for keeping this going. All in all, we made over £870 from this source – an awful lot of pennies!

June this year saw me tackle (for the first and probably the last time!) the annual walking event that is the Parish Walk. It was something I'd actually wanted to do for some time but had never got round to. An eager partner and friends were the impetus needed, plus the added pressure of picking AAS as the recipient of any monies – Jenny had also promised to bake a cake if I made it to Peel which was just the incentive needed! Colleagues were very supportive and wonderful in the aftermath when for 2 days in the office they were my legs and ran up and down stairs making cups of tea.

As you are probably aware, on that fateful day in June there was the highest rainfall recorded since time began (or it felt like it anyway), it was a hideous day, but I can't begin to tell you the camaraderie of everyone involved and the wonderful volunteers who provide drinks and snacks were brilliant. In spite of the weather we managed to make it to Peel just within the cut off time, exhausted but elated with our minor achievement. Thanks to everyone who donated this raised £563.00.



This is me at Patrick with my 3rd waterproof.....thanks to Mum!

In September we received a huge donation from the Hilton Hotel & Casino, £2630.00. This was as a result of numerous fundraisers they had held over a year, having nominated us and the Children's Centre as their charities for the year. This was the first time that a company had nominated us as a charity of the year, and we can't thank the Hilton enough for this level of support. Thanks must also go to one of our previous management directors, Sgt Paul Bryan, for helping set this up.



The Onchan Parish Church Council also gave us £250 in November, this is the second year they have donated to us and we are very grateful for their support and to director Rev Malcolm Convery for suggesting us as a recipient. Our treasurer, Chris Mitchell also used his business community cashback award to donate £250, something Chris has done every year, and again we are very thankful to him for this ongoing support. We also had donations from the Freemasons and a member of the public.

We have become known for throwing a coffee morning in the springtime (with the help of Olga Gray) but decided this year to also hold one near Christmas as well – this was prompted by a certain member of staff who had a virtual Santa's grotto of all things Christmas decorations related that she wanted to get rid of! A huge thanks has to go to Dena, cake maker and decorator extraordinaire, who surpassed herself by generously donating 2 spectacular Christmas cakes. One was sold immediately and the other we raffled as a 'guess the weight' prize. All in all, a magnificent £850 was raised.

December also saw us getting a large donation of £500 from an unexpected source – AFD Software Company who are based in Ramsey. Every year they allow their staff to donate £500 to a charity of their choosing, and we were lucky to be nominated by staff member Hilary Borthwick. Hilary used to have good links with the service when she was a manager at the Salvation Army, and although she had moved on to pastures new, she had thought of us which was a very nice surprise.

We did a bucket drop at the Gaiety Theatre at the end of December (just after the performance of the pantomime Aladdin). It was a freezing cold night but luckily we only had to stand in the entrance for 15 minutes, enough for us to collect around £200, so well worth the cold fingers and toes.

The final large donation of the year came from Zurich, who have supported us in the past. They gave us a donation of £1800, raised by staff dress-down days, very kindly then doubled by the company. In total this gave the service an income from donations of just under £7,500.00

Kay Mylchreest

Outcomes 2008/09

Introduction

Outcome measures have become increasingly important for voluntary organisations as funders and commissioners in all fields want to know the outcomes of projects they fund and the effectiveness of their interventions.

Since 2003 the service has been using Alcohol Concerns Outcomes Programme and in the last 2 years the latest tool the 'Alcohol Outcomes Spider'.

This programme, developed in consultation with 40 alcohol services around Britain, represents a natural progression of the sustained work carried out by them in developing innovative outcome tools for alcohol services this past ten years.

Since introducing this programme in April 06, we have been conducting a base line interview with problem drinking clients on assessment in 8 key areas, using a scale of 1 to 8. (1 being very poor, negative situation, to 8 being good, positive situation) This scoring system is then followed up at review and/or discharge. The results detailed are based on all problem drinkers who have been assessed, attending a minimum of 4 counselling and support sessions, (99 service users), the remaining attending less than four or involved in brief interventions. If clients show improvement in any areas by moving up the scale they have achieved a positive outcome. (This is not to say that clients who received fewer sessions did not achieve a positive outcome). The fields measured include: alcohol consumption, social contact/networks, physical health, mental and emotional health, employment status, crime and community safety, family and relationships and internal journey (or clients understanding and acknowledgement of their personal difficulties and motivation to change).

Looking at the monthly results and the overall totals for the year it is clear that many clients have made positive improvements. The clients who have negative outcomes and those with no change in their circumstances are low in comparison. Overall the programme reveals many positive changes undergone by the clients who have attended the service. This programme not only demonstrates the value for money this service brings to the DHSS, but the positive changes problem drinkers who accessed this service have made holistically to their lives in the past 12 months. An explanation of the fields followed by the monthly results charts follows.

Results

Alcohol Consumption

Lower down the scale clients can be drinking at harmful levels, binge or other harmful drinking patterns or showing strong signs of dependency. Scoring lower on the scale can also indicate mixing substances. They may be attending the service intoxicated and/or not engaging in therapeutic strategies with no recognition of the severity of their problem with alcohol. Higher up the scale the client may be abstinent or have achieved their goal of less harmful drinking patterns, with a good understanding of triggers to drinking and

acknowledgement of the scale of the problem. They may have reached their drinking goal and developed strategies to avoid alcohol misuse with a relapse prevention plan.

67.3% of clients reduced consumption/achieved a goal of abstinence

Social Well-being

People may have very different starting points within social networks and this scale is drafted to cover both those who are isolated and want to reduce isolation and those who have plenty of social contact, but within a drinking culture or one that holds them back from alcohol recovery. Improvement within the scales comes with: contact with people and activities outside of drinking friends/culture; those who are isolated reporting greater ease around other people or greater satisfaction or comfort within their situation; integrating into less damaging social networks.

53.9% of clients achieved positive changes in their social well-being

Managing physical health

This scale covers actual improvement in physical health and also user involvement in managing any health problems. Some physical health problems may be too entrenched to see actual health improvements (liver cirrhosis). If this is the case, the user may still show improvements by managing health problems by complying with medical treatments. Lower down the scales, the client may be drinking at high risk levels and suffering multiple health problems with frequent attendances at A & E and few planned GP or hospital appointments. Higher up the scale the client may be taking responsibility for health and attending planned appointments; gaining or losing weight, improvements in liver function tests, reporting feeling healthier.

51.0% of clients made improvements to their physical health

Mental and emotional health

This scale covers both mental/emotional health and also effective management of health issues. Some of those with diagnosed mental health issues may not show actual improvements in their mental health. If this is the case, the user will probably not proceed higher up the scale, but can still show substantial positive outcomes in taking responsibility and managing mental health issues. At the lower end of the scale the client may be in frequent crises, suffer from suicidal thoughts/attempts, self-harm, frequent bouts of depression, anxiety disorders, low self confidence and self-esteem. Higher up the scale the client may be managing their mental health; starting to receive counselling from the service for past trauma, complying with medication regimes, have improved levels of self confidence, self esteem, less frequent episodes of depression, reduction in anxiety disorder.

63.6% made improvements to their mental and emotional health

Work ready/occupation

This scale includes aspects of worthwhile activity and structure in the day. Higher up the scale the focus is on engaging with education/work. Many users may not get to this point especially those who are unemployed as a result of alcohol-related offences or losing employment through a drinking problem. They could also be in retirement, or at home with children. At the lower end of the scale the user may be chaotic with no sense of direction or motivation towards purposeful use of time during the day. Clients may score higher when

dissatisfaction with their current situation occurs with motivation to explore options for education/ training/therapeutic or voluntary work/ hobbies etc. Previous research on employment status has showed many clients who access the service are in employment and therefore no change is indicated.

41% improved their employment/voluntary work/occupied time status

Crime and Community Safety

This scale is included due to the growing interest in community safety benefits among some current and potential funders. It covers all aspects of risk, violence or harm to others, including harm to family and children and including drink driving. It is relevant whether or not a person knows they are committing the crime and whether or not they are caught. Clients at the lower end of the scale will have frequent and recent contact with the Police and/or Courts and alcohol use will be a contributory factor. Higher up the scale they may accept responsibility and the link between offending and alcohol use and be developing strategies to avoid high risk situations. However, this scale is not relevant for everyone and many will have no past or present criminal activity and will therefore demonstrate no change. This is clear with this years' clients as many have no criminal involvement which is to be expected in an early intervention service hence the low numbers involved.

22.8% reduced their offending behaviour

Family/relationships

Lower down the scale, the client may have little or no contact with family members and there may be very high levels of family conflict. This could include loss/risk of loss of contact with partner/children. They could be attending the service because of these conflicts under duress. Further up the scale they could be starting to explore a way forward in terms of reducing conflict and taking the initiative in improving the family situation. If this is not possible and relations have irrevocably broken down, acceptance of the situation and positive separation could be achieved.

48.7% improved their relationships/reached resolution with family members

Internal Journey

This scale measures the internal journey or process that might manifest as changes in other aspects of a persons life (as measured by the other scales) develop. Some of this internal journey is indicated by how a person is engaging in treatment. At the lower end of the scale the client may have attended the service under duress with family members; they may not be acknowledging there is a problem with alcohol. Moving up the scale will be linked to placement within the stages of change model e.g. stage of motivation; self awareness and acknowledgement of drinking problems; taking responsibility for recovery; exploring treatment options; setting goals; relapse planning and prevention; maintaining progress, scoring at the top of the scale indicates making significant life changes and real strides in recovery.

75.0% made significant and positive improvements/changes to enable recovery

Outcome tables monthly results- 2008/09

Clients with a positive outcome	Int. Journey	Social Wellbeing	Physical Health	Emotional Health	Work Ready	Public Health & Safety	Family Relations	Alcohol Consumption
Apr-08	57.1%	57.1%	57.1%	14.3%	42.9%	28.6%	28.6%	28.6%
May-08	73.1%	38.5%	61.5%	50.0%	38.5%	15.4%	26.9%	61.5%
Jun-08	60.0%	60.0%	40.0%	60.0%	20.0%	0.0%	40.0%	40.0%
Jul-08	60.0%	20.0%	40.0%	80.0%	20.0%	0.0%	40.0%	60.0%
Aug-08	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%
Sep-08	100.0%	71.4%	100.0%	85.7%	28.6%	42.9%	42.9%	85.7%
Oct-08	83.3%	16.7%	16.7%	66.7%	16.7%	33.3%	66.7%	50.0%
Nov-08	75.0%	50.0%	50.0%	87.5%	37.5%	0.0%	37.5%	87.5%
Dec-08	28.6%	28.6%	42.9%	14.3%	0.0%	28.6%	42.9%	57.1%
Jan-09	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Feb-09	100.0%	66.7%	66.7%	66.7%	100.0%	0.0%	33.3%	100.0%
Mar-09	62.5%	37.5%	37.5%	37.5%	25.0%	25.0%	25.0%	37.5%
12 month average	75.0%	53.9%	51.0%	63.6%	44.1 %	22.8%	48.7%	67.3%

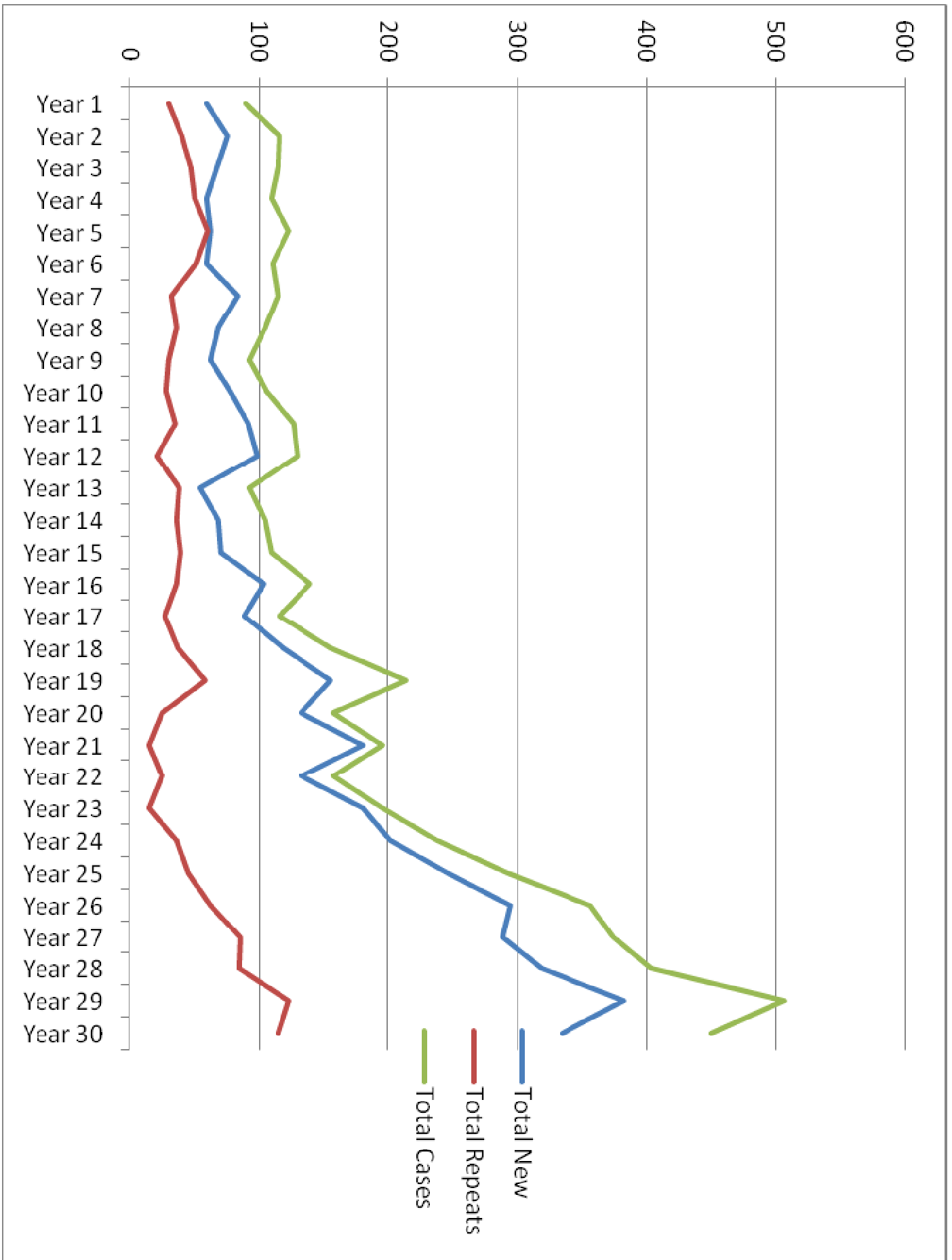
Clients with a negative outcome	Int. Journey	Social Wellbeing	Physical Health	Emotional Health	Work Ready	Public Health & Safety	Family Relations	Alcohol Consumption
Apr-08	28.6%	14.3%	28.6%	28.6%	14.3%	14.3%	14.3%	28.6%
May-08	7.7%	3.8%	3.8%	3.8%	7.7%	7.7%	7.7%	3.8%
Jun-08	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%
Jul-08	20.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	20.0%
Aug-08	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sep-08	0.0%	0.0%	0.0%	14.3%	28.6%	0.0%	0.0%	0.0%
Oct-08	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%
Nov-08	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%
Dec-08	14.3%	0.0%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%
Jan-09	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Feb-09	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mar-09	25.0%	12.5%	0.0%	37.5%	0.0%	25.0%	25.0%	12.5%
12 month average	8.0%	2.6%	2.7%	8.7%	7.1%	3.9%	5.3%	6.5%

Clients with no change	Int. Journey	Social Wellbeing	Physical Health	Emotional Health	Work Ready	Public Health & Safety	Family Relations	Alcohol Consumption
Apr-08	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
May-08	19.2%	57.7%	34.6%	46.2%	53.8%	76.9%	65.4%	34.6%
Jun-08	40.0%	40.0%	60.0%	40.0%	60.0%	100.0%	60.0%	60.0%
Jul-08	20.0%	80.0%	60.0%	0.0%	80.0%	100.0%	60.0%	20.0%
Aug-08	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Sep-08	0.0%	28.6%	0.0%	0.0%	42.9%	57.1%	57.1%	14.3%
Oct-08	16.7%	83.3%	83.3%	33.3%	83.3%	66.7%	16.7%	50.0%
Nov-08	25.0%	50.0%	50.0%	12.5%	62.5%	100.0%	62.5%	0.0%
Dec-08	57.1%	71.4%	57.1%	85.7%	85.7%	71.4%	57.1%	42.9%
Jan-09	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Feb-09	0.0%	33.3%	33.3%	33.3%	0.0%	100.0%	66.7%	0.0%
Mar-09	12.5%	50.0%	62.5%	25.0%	75.0%	50.0%	50.0%	50.0%
12 month average	15.9%	41.2%	45.1%	23.0%	45.3%	68.5%	41.3%	22.7%

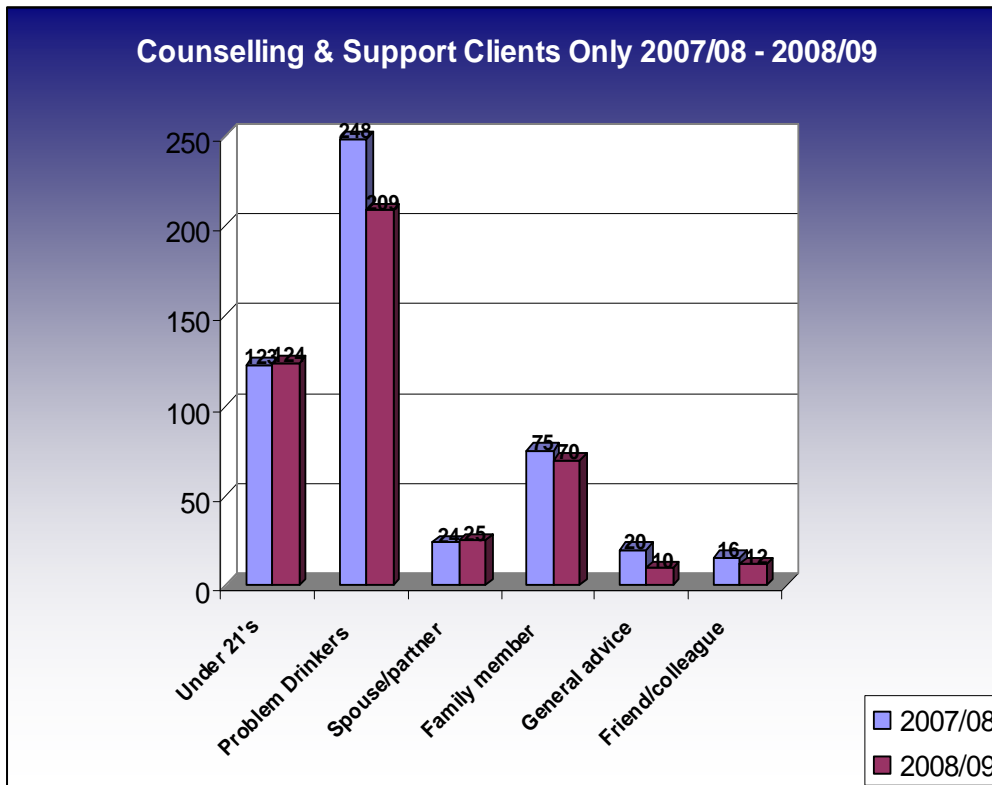
Snapshot of comments from client outcome questionnaire

- Been hard but with help from AAS its getting easier.
- My self respect has been restored since attending.
- AAS counselling has definitely helped me change my drinking behaviour, as other things I've tried in the past have not.
- While I am still drinking, I have had quite long periods of sobriety over the time the service had been helping me.
- Its just nice to have someone there to talk my problems over with which cause me to drink.
- Without the help from AAS I don't know where I would have been now.
- I feel a lot better now. No worrying about feeling rough and off my food for about 3 days after a session. I feel a lot better in my mind too, getting a bit of self respect back.
- I feel more assertive and positive, and I feel I can cope without the help of any medication.
- I feel better informed to the many negative effects of excess alcohol.
- Regained confidence that I've had in the past through counselling and self belief combined.
- Feel healthier, more confident and more in control of my future.
- My relationship is a lot better now with my partner, she tells me she's proud of me. That helps a lot, my son and friends think so too.
- Thank you for the time given to me, keep up the good work and it feels good that should I feel the need to talk to someone in the future that your door is open to me.
- The counsellor had helped me to realise that there are better choices in life than drinking and taking drugs and helping me through the difficulties in life which would probably send me back into addiction full stop.
- The AAS have been so helpful, without the help I might not be here today. I know they are only a telephone call away. Thanks to everyone for the help and support.
- Coming to the AAS was the best decision I could have made, no one else would have been able to understand the feelings of guilt and sadness that I was going through. Just having someone to listen to my ranting and raving helped me so much and has made me into a stronger person. I think you all do a wonderful job and I can't thank you enough for helping through a very traumatic time.

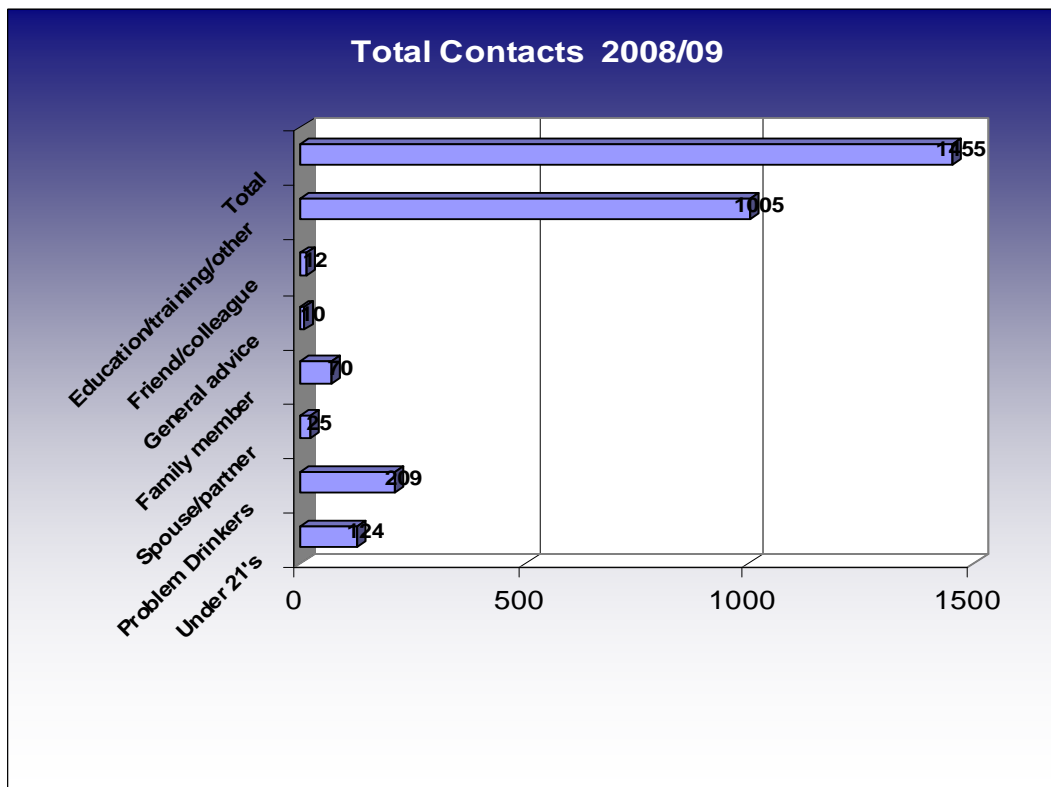
Client Numbers from 1979 to 2009



Annual Data and Statistics

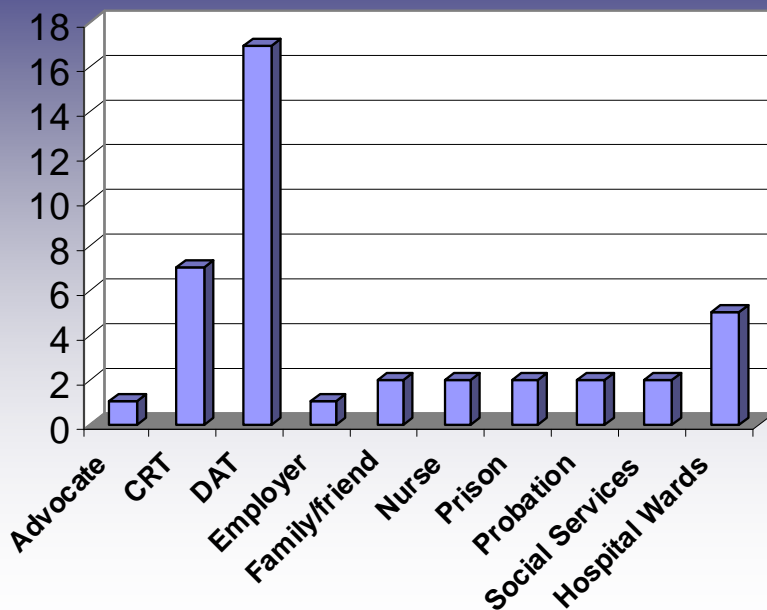


Total 2008/09 – 450



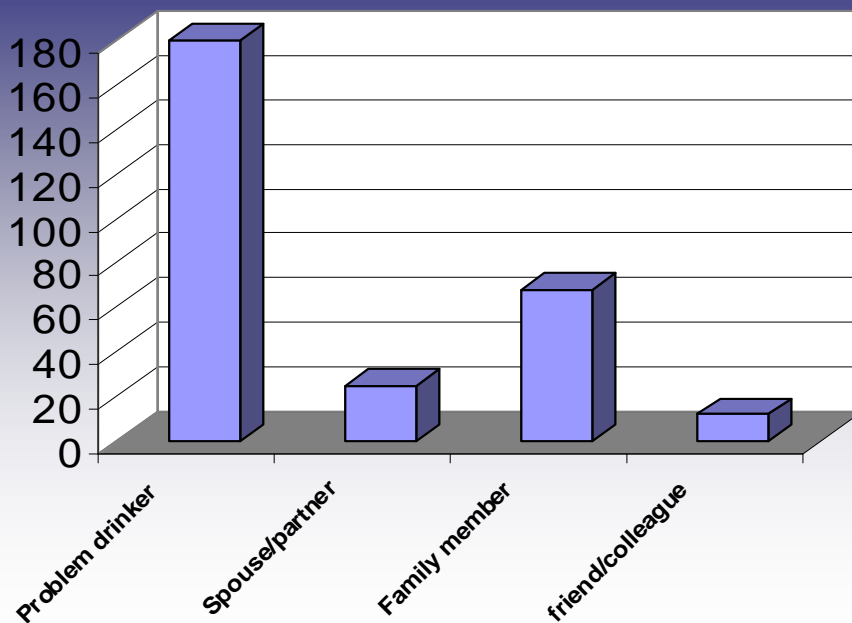
Total 2008/09 -1455

Breakdown of referrals from agencies 08/09 (adults only)

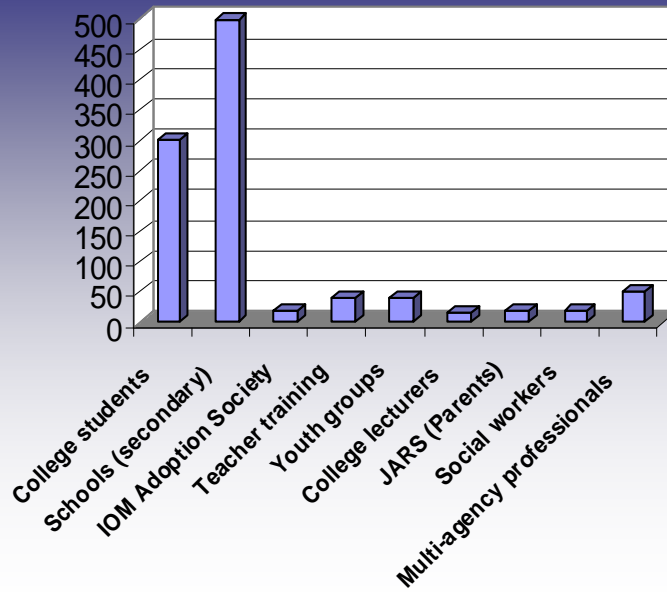


**Note- Breakdown for young persons' referrals in AAS 12-21 Annual report*

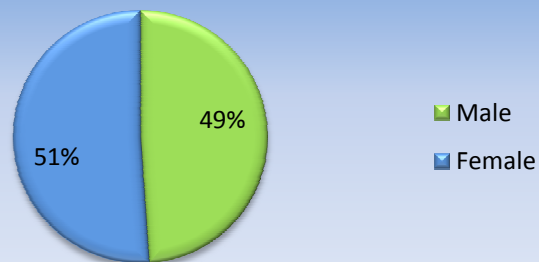
Self referrals 08/09



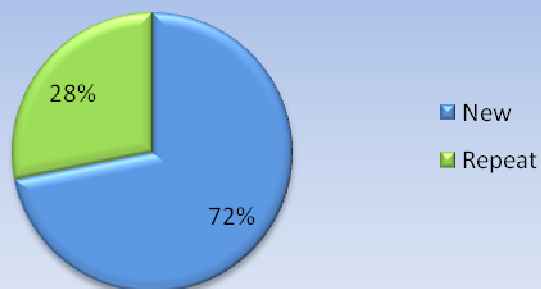
Training/education contacts - 2008/09

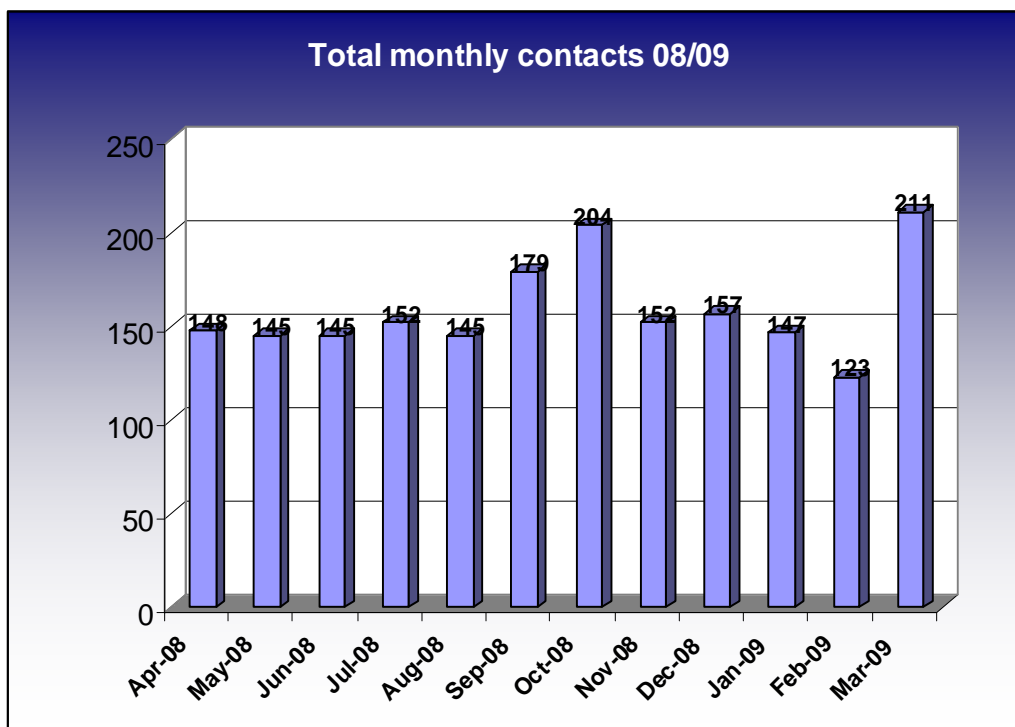


Breakdown by Gender, new and repeat clients 08/09



New and repeat clients 08/09





Total Contacts 2008/09 -1908

Comment

The service had yet another busy year with 1455 total contacts, slightly down on the previous years recording of 1572. Client numbers also show a slight decrease from 506 in 07/08 to 450 in 08/09. This is not significant enough to speculate on a possible downturn in referrals for alcohol problems. There are though a finite amount of clients that can be seen at the service in any week and capacity could have peaked. Its worth noting that we are stretched in terms of allocated time to see clients and at busy times our 5 working day policy for new referrals has come into effect. The new to repeat client ratio remains constant. We class repeats as people who have been discharged or drop out of support sessions, but return following relapse or in need of relapse prevention interventions. They can also be family members who are struggling with a long term problem drinker in the family. Addiction is recognised as a chronic recurring condition with only 1 in 3 making a full recovery. There are people who we have supported for many years who continue to drink and suffer major health difficulties as a result. Our goal with these individuals is to offer harm reduction as they do not fall under the DAT teams remit unless they wish to detox or have mental health problems. We have also noted many more being diagnosed as suffering from liver disease and other debilitating illnesses. It is an unfortunate consequence of working in this profession that we do lose clients on an annual basis and the importance of good supervision for staff and support is vital.

Monthly contacts seem to peak around October and March. It's difficult to think why this happens but could be related to the seasonal trends e.g. beginning of autumn and end of winter months.

Demand for our education and training grows and this work now particularly in the schools and college is being conducted by our young persons peer educator. It is important that this work continues.

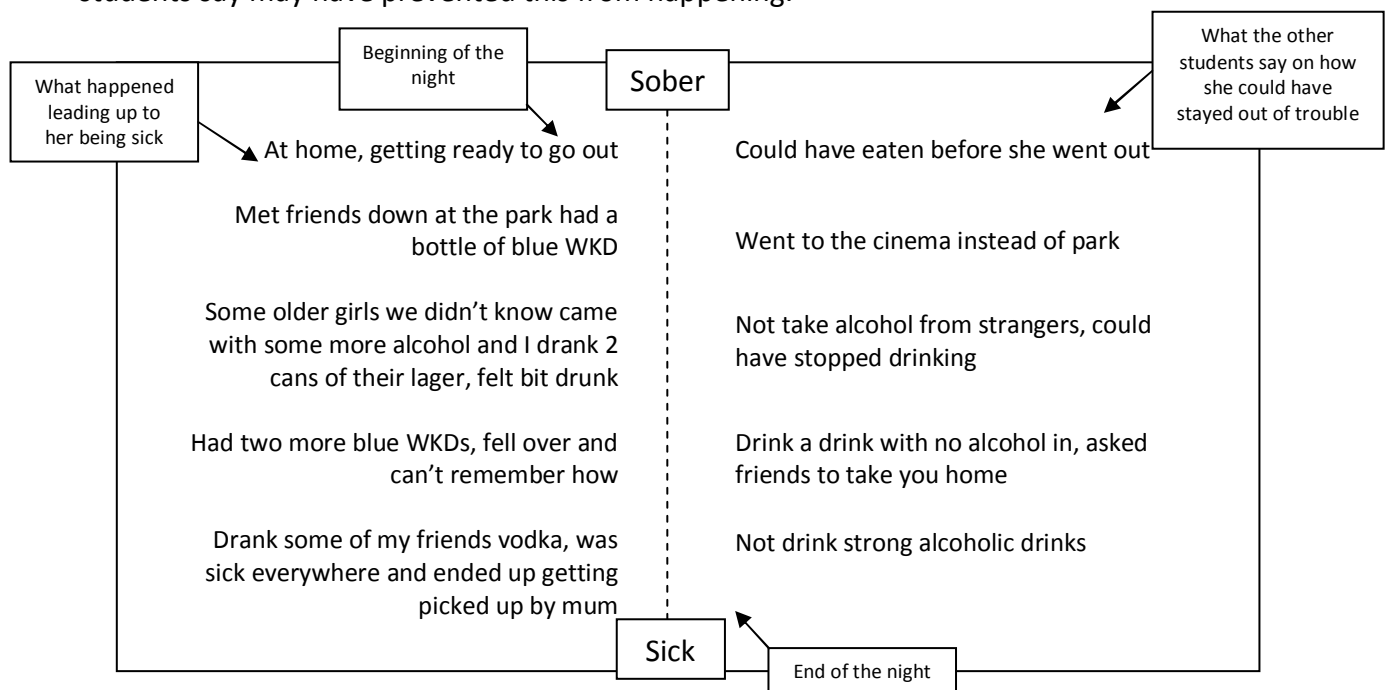
Referrals for family members and significant others remain on a par with previous years.

PEER EDUCATION

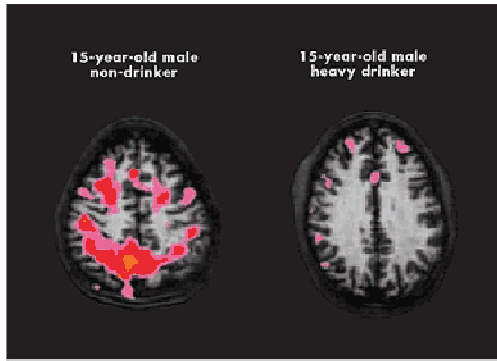
Hi there, well I've been here a little over a full year so I think it's about time I tell you about some of the education in the schools that I do.

The education in the schools and college has been brilliant, its loads of fun and each group are different and you never get two of the same answers from the students. Each session I use a range of different tools to help the students understand more about alcohol. Peer education makes it easier to engage with the students as well as providing them with the information they need, you can also draw on what it was like a few years ago when you were their age.

One of the best things I use is a line of lash, after the alcohol quiz if a person in the class has said that they have drunk too much alcohol and has been sick in the past then I ask them to take part. You start off at the beginning of their night and they then go through what they had drunk and what made them sick and write it on the white board, the rest of the class then gives their suggestions on how the person could have stopped themselves from getting that drunk and getting in awkward situations. This tool is very useful for people who are kinaesthetic learners as it engages the students in discussion and gets everyone involved in contributing to the exercise. Here is an example of a girl who has been sick, starting at the beginning of the night and what happened leading up to her being sick and what the students say may have prevented this from happening.



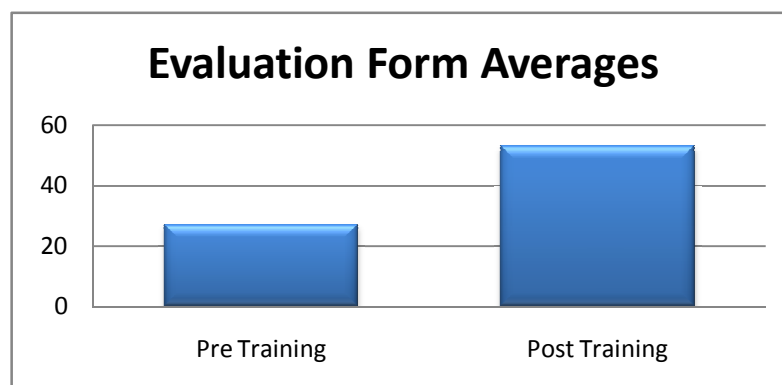
I also try and use as many pictures as possible; here are two pictures, one is of a scan of two 15 year old brains during a memory task, one is a brain of a heavy drinker and brain of a non drinker, as you can see there is more brain activity going on in the person that doesn't drink alcohol, this demonstrates new research on alcohol and the impact it has on the teenage brain and the lifelong brain damage that can occur. The other picture is of a man who has been in a fight after drinking too much on a night out; these graphic pictures are useful at getting the class to discuss antisocial drinking behaviour and the consequences of heavy drinking.



As well as going into the schools and up to the college I have also held education sessions in a couple of youth clubs, these tend to be more informal and we play a few games such as getting them to guess the amount of units in alcoholic drinks and also getting them to pour different units of alcohol (water) into glasses (usually the amounts they pour, if drunk, would probably kill you).

Since working here I have also gone on a training course with Alcohol Concern in London called Training the Trainers. In February of this year with help from the Youth Service, I held a training day which was attended by 4 youth workers wanting to improve their knowledge about alcohol, understand different actions they can take when they think a young person may be misusing alcohol and how to approach the subject of alcohol when talking to young people.

The people who took part in the training day were asked to fill in a pre-training evaluation form which asked them six statements and to what extent do the statements apply to them, 1 being disagree and 10 being strongly agree. There were six statements, here are a couple of examples, "1) I understand the short and long-term effects of alcohol," "2) I have an understanding of recognising indications of alcohol misuse." Below are the average scores out of 60 from the pre-training and post-training evaluation forms, as you can see their knowledge base has doubled from the pre-training evaluation to the post-training evaluation.



As the feedback from the training day was positive hopefully we will be doing more training sessions in the future.

Matthew Kelly

Working with Families and Substance Misuse – Residential Training Course in Warminster Action on Addiction/University of Bath

Earlier this year I had the opportunity to attend the above course. I have to confess from the outset I was as attracted to the venue as I was to the course content – an 18th century retreat.....



..... Four interconnecting gardens, a summer house, cosy rooms and fairtrade/organic food. Two weeks prior to my departure the venue was switched to this.....



As you can imagine – I was a little disappointed!

The Course

The main aims of the course were to:-

- Gain an in depth understanding of substance misuse from a family systems perspective.
- Review key research into how family members are affected by addiction problems.
- Explore models of intervention and best practice which include family members/significant others.

Background Summary

“The experience of living with a relative with a drinking or drug problem is a very particular experience. It brings together in some combination elements of stress, threat and even abuse often simultaneously affecting different family functions and different members of the family....It is bad for the health of the family and for the health of the family as a whole. There is no simple name for that kind of experience.”

(Orford et al., 2005)

In recent years there have been important advancements in our understanding and knowledge base about the impact addiction and problem drinking can have on families and significant others as all aspects of family functioning can be affected.

Research estimates that a problem drinker adversely affects between 2-4 other family members. This equates to a staggering 4 – 8 million people in the UK. Adverse affects experienced by significant others/family members can include enormous physical, psychological and social stresses which can result in:-

- High rates of anxiety, depression and worry.
- Domestic violence and arguments.
- Feelings of isolation and loneliness.
- Financial problems.
- Increased rates of GP consultations.
- It's important to state harm experienced by family members is not limited to dependant drinking but also excessive (binge) drinking.

Research has shown that providing effective support for family members can result in:-

- Better coping and improved health for family members.
- Increased rate of engagement with services and reduced drinking for the problem drinker.

My Learning...

Throughout the week we had plenty of opportunity to explore, develop and refresh our skills - this included the dreaded role play!

Below is a selection of the approaches I have found most useful in the context of my daily practice:-

- Genograms - a graphic picture of a family structure/emotional processes over time.
- Family Roles - working systemically with family roles and understanding patterns of behaviour.
- 5 step intervention – a brief structured intervention for family members.
- Social Behavioural Network Therapy – the need to develop a positive social network to support/mobilise positive change.

Since returning from the course I have also written a leaflet (see overleaf) aimed at family members and significant others. This leaflet explains how our service may be able to help family members and significant others, provides information on looking after your own needs, common experiences of living with a problem drinker and practical coping tips.

Debbie Moore

Are you concerned that somebody you care about is drinking too much?

If this question applies to you, please continue to read the rest of this leaflet to find out the following:

- Who we are, where we are, what support we can offer you and how you can contact us.
- Some of the common issues which can be experienced by the significant others of problem drinkers.
- Practical tips which may help you cope better with your situation.

Who are we?

- The IOM Alcohol Advisory Service is a local registered charity.
- We offer help to anyone who is concerned about their or someone else's drinking.
- We are committed to providing a safe and non-judgemental service to **all** sections of our island community.
- Our service is free, confidential and anonymous.

Where are we?

Isle of Man Alcohol Advisory Service
16 Hope Street, Douglas, Isle of Man, IM1 1AQ

Tel: 01624 627656

Fax: 01624 610205

Text: 415919

Email: alcoholadvisoryservice@advsys.co.uk

Web: www.alcoholadvisory.co.uk

Hours: Mon to Fri 9am - 5pm

What is problem drinking?

A person does not have to be drinking all day or every day to have a drink problem, so it can be very difficult to tell when a person's 'normal' social drinking progresses into 'problem drinking'.

Think about the person you are worried about, are you able to answer 'yes' to any of the following questions?

- Are their family, relationships, or work affected by their drinking?
- Do accidents, arguments or fights occur regularly because of drinking?
- Does life revolve around alcohol, or do they become sick or irritable if they don't have a drink?
- Does the person become angry or defensive when their drinking is discussed?
- Do they try and hide or minimise their drinking?
- Are they drinking more than sensible limits in a way that is causing you or them a problem?
- Are there any financial problems which are a direct result of the persons drinking?
- Is the person displaying physical signs of alcohol dependency such as tremors or blackouts?
- Does the person you are concerned about make regular and unfulfilled promises to cut down their alcohol consumption?

This is **not** an exhaustive list but it helps to give an insight into the sorts of indicators which may suggest that alcohol is causing problems for you or the person who is drinking.

Remember - even occasional drunkenness can cause problems

What is considered sensible drinking?

The following recommended limits are only general guidelines. There can be increased health risks/after effects if someone is pregnant, is an older person, has physical or mental health issues or is taking medication.

Women - 2/3 units daily, not everyday and no more than 14 units a week.

Men - 3/4 units daily, not everyday and no more than 21 units per week

1 Pub measure of spirits = 1 unit

1 Alcopop = 1.6 units

1 Bottle of 12% wine = 9 units

How can problem drinking affect relationships?

Problem drinking often impacts significantly on relationships with family and friends. Each situation is different, however. If someone you care about is drinking too much here are some common experiences which you may be able to identify with:

- You may experience a wide variety of negative emotions including embarrassment, resentment, shame, isolation and anger.
- Children may feel unable to bring friends to the family home.
- You may try to protect the drinker by making excuses on their behalf - pretending to the rest of the world that everything is 'ok'.
- Shouting, arguing or fighting may follow a drinking binge. This can make life unpredictable and potentially very harmful to all concerned.

Taking care of you . . .

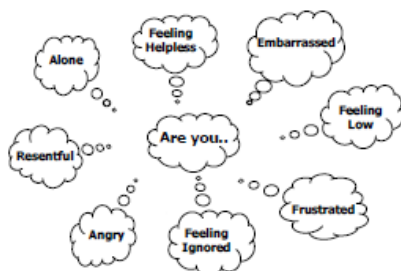
Living with, or caring about a person who drinks too much can feel like a rollercoaster with many ups and downs. You are likely to experience high levels of stress, anxiety, frustration and a lack of energy - particularly if you are not able to share your concerns and worries with someone else.

The person you are concerned about may welcome help if offered, but if it is refused, you can still seek support for yourself.

Support can sometimes be obtained from friends or family members, however you may feel isolated or just prefer to talk to somebody outside of your immediate family/social circle.

Here at the Isle of Man Alcohol Advisory Service we have a team of trained and experienced counsellors who can offer you advice, counselling, support and understanding in a safe and confidential environment.

The person with the drink problem does not have to be attending this service in order for you to benefit from our support. In other words you are welcome to come along as a service user in your own right.



Practical Tips

- Be open and honest with the person you are concerned about regarding the impact of their drinking on them and you - explore their feelings as well as your own.
- Find out what support is available and gather information. Encourage the person who is drinking to seek help. Obtain support for yourself even if the drinker will not do so.
- Avoid 'enabling' behaviour such as making excuses, covering up, phoning work etc. No matter how well meaning, this will not help in the long term and will just give the drinker permission to carry on drinking.
- Be realistic - cutting down rather than stopping drinking altogether may be an initial compromise. In some circumstances it can be dangerous for people to stop drinking suddenly so it is always best to get advice on this.
- Be consistent in your approach. Set ground rules around what you think is acceptable and unacceptable behaviour.
- Remember, you are not the cause of the problem, nor can you control or cure another persons drinking behaviour.

What to do next?

If you would like further information or wish to talk to somebody about your concerns then please feel able to either give us a call, send us an email or simply drop by the office.

All of our contact details can be found overleaf.

Does someone you care about drink too much alcohol?



How much is too much?

Do you need someone to talk to?



www.alcoholadvisory.co.uk



FREE CONFIDENTIAL
HELP

for anyone aged 12-21
affected by their own or
their parent's drinking

***Isle of Man
Alcohol Advisory Service
Young Person's Service***

***Annual Report
2008-2009***

AAS 12-21
16 HOPE STREET
DOUGLAS
Isle of Man
IM1TEL: 01624 627656 TEXT: 414240
aas@iom.com
www.aas12-21.co.uk



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FOREWORD

As Chair of the Alcohol Advisory Service it gives me particular pleasure to be able to contribute this Foreword for the 2008 – 09 Report. In the present financial climate all works in social care do so under very difficult circumstances, and I am immensely proud of our staff who have developed the work among children and young people, while also showing great initiative to cope with the problem of funding. The Government's Strategy Team recognise the importance of dealing with alcohol issues at an early stage, and it is good to know that they recognise the value of the work done by our staff who have developed themes of good practice to help young people to be aware of the dangers of alcohol, and through confidential meetings to help them overcome any problems they may have.

The misuse of alcohol in our society for all age groups is not a new phenomenon, and most young people who experiment during adolescence survive unscathed. However, there is now a growing number who are drinking more than previous generations and as a result are suffering in a variety of ways including alcohol poisoning, family arguments, alcohol-related offending, health, psychological, social and educational difficulties. This is an important area of work for the 12-21 worker, who is able in total confidence to guide young people into more sensible patterns of behaviour in a way that the AAS adult service had not been able to work. Other problems for young people may be present (often secretly) because of parental drinking habits – an area of work that has not been adequately recognised in the past.

This Report reveals that, since the launch of the 12 – 21 service in September 2007, 240 young people have been referred for support – so much so that the service has gone from strength to strength becoming an essential agency in the health and social care provision for young people in the Isle of Man.

One worrying factor is that the funding from Comic Relief comes to an end in April, 2010, and this is a constant headache for us all – particularly when we realise that if funding is not forthcoming, the service will cease, and there will again be no-one to whom young people will be able to go in confidence for help.

On behalf of the Management Committee I would like to record our thanks to our Director, Ms Thea Ozenturk, and all the staff for the team work in developing this service, to Mrs. Jenny Fong who contributed so much to the development of the scheme, and a welcome to Mr. Andy Murdoch, who is building on her ground work.
Thelma Wilson.

OVERVIEW

AAS 12-21 is a new dedicated alcohol service for young people on the Isle of Man. It provides a free, confidential service to all young people between the ages of 12-21 who experience difficulties due to their own or a family member's drinking.

The idea to have a young person's alcohol service was first envisaged in 2003. At that time young people on the IOM were seen alongside adult service users and ethically we knew this was not best practice or attractive to young service users who required more child/youth centred approaches. An application to Comic Relief followed and fortunately they shared this view seeing the need for this local provision by short-listing and subsequently awarding a grant to this project from over 100 UK applications. Thus AAS 12-21 was inaugurated in May 2007.

Why do we need a dedicated young person's alcohol service?

The IOM reports similar levels of alcohol misuse in young people to the UK and other Northern European Countries. The IOM Children's Plan 2009-2012, published in May 2009 reports on a number of local data sources which highlight young people's needs including:

- The ESPAD study 2007 identifies an increased frequency (over levels in 2003) of binge drinking and intoxication for a small proportion of 15-16 year olds from 9% to 14% 'in the last month' estimate of six times or more.
- Alcohol was reported as a primary offence in 140 referrals to the youth justice team in 2007/08
- ESPAD survey shows a marked change in the places where alcohol is consumed with an increase from 11% to 23% in public unlicensed places and at someone else's home from 37% to 45%.

What does the service offer?

AAS 12-21 provides free, confidential support to all young people who are affected by their own or their parents problem drinking.

The service also has an additional role in providing education for the wider community particularly for young people and their families who need alcohol education and advice. In addition, we also conduct training on alcohol and its related problems to the wider Health, Education, Social and Criminal Justice sectors.

The philosophical approach used is that of assertive outreach. Our young person's worker works flexible hours, evenings and weekends if necessary and will keep knocking on doors and persisting with some of our most challenging and affected young people to increase engagement. Also, close working partnerships have been established with the Youth Justice Team, Nobles Hospital-Children's Ward, the DAT team, Social Services, Youth Services and many more to ensure referrals for our most affected young people are received. This new and vital service has become an integral agency to many of the above receiving endorsements on the value it has brought to the Island's social care field.

Alcohol Misuse – The Hidden Harm

It is estimated that up to 1800 under 19's live with parental substance misuse on the IOM (*Supporting significant others affected by substance misuse a national implementation plan*)

for the IOM: Velleman et al 2007) and that 1 in 4 Island residents is concerned about the drinking of a close family member (*GENACIS, Plant et al, 2006*).

There is a huge body of international research on the negative impact on children and young people living with parental alcohol misuse. These include an impact on development, schooling, conduct and family functioning. These children are more likely than others (including those with parental mental health problems) to have conduct disorders, be excluded from school, engage in criminal behaviour, to experience physical and psychological distress, witness domestic and other types of violent behaviour and go on to develop substance misuse problems themselves in adult life.

This cycle need not continue though as there are specific interventions that can be used with these children and young people that help them build resilience to the potential harm of living with parental drinking.

AAS 12-21 provides a range of therapeutic counselling & support work with these children and young people & young problem drinkers in order to prevent them developing the problems outlined above. Our adult service can also work with parents to address their drinking problems and make changes to their families lives which can improve the whole families well being.

The future of AAS 12 -21

The service was established in May 2007 with a 3 year grant from Comic Relief with a proviso that half-matched funding is secured for the final year of the grant period 2009/10.

This half-matched funding has just been secured with a one off payment from 3 government departments (DHA, DOE and the DHSS) with endorsements on the valuable work conducted by AAS 12-21.

If a commissioner is not found at the end of this current 3 year grant period (April 2010), this vital and only dedicated alcohol initiative for young people on the IOM will cease to exist.

This report gives an overview of the valuable work carried out by the service in its second year of operation and includes the outcomes of the objectives set by Comic Relief which have secured our part funding for the final year of the project.

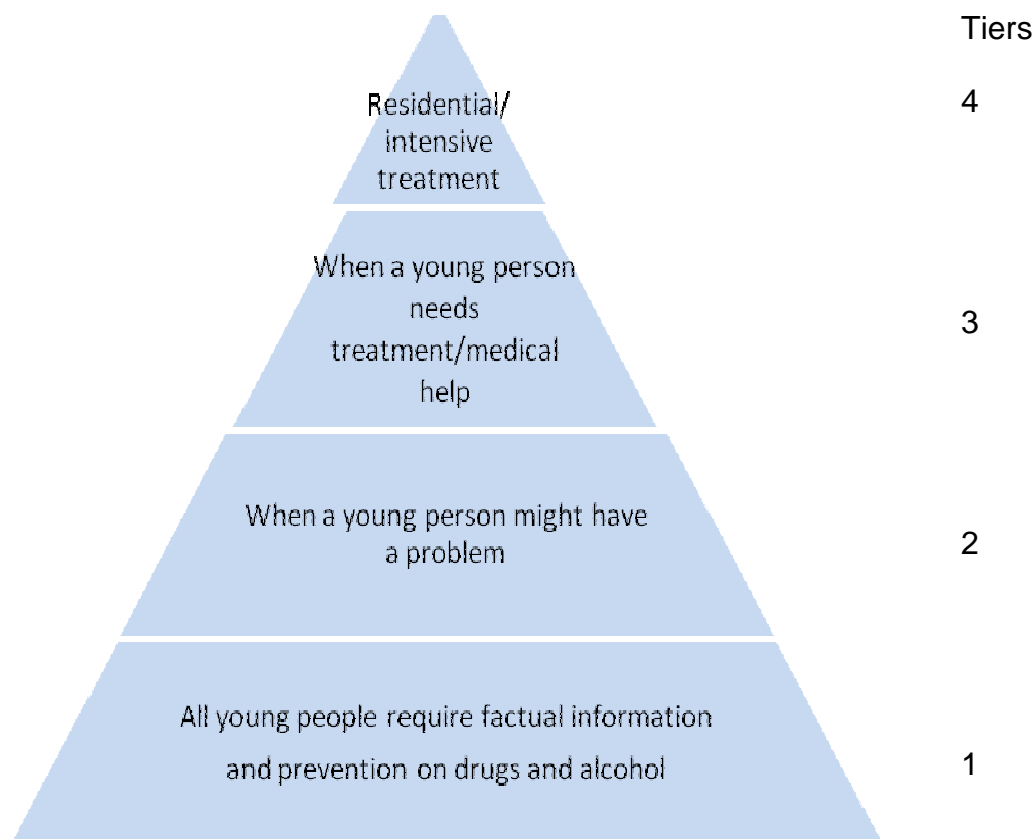
SERVICE PROVISION

AAS 12-21 is a 'tier 2' service. Tiered service descriptions clarify the roles and responsibilities for service providers in substance misuse services (MoCAM).

It is important to remember there is fluidity between the tiers and young people's needs should be met in the lowest possible tier.

As a tier 2 service provider AAS 12 -21's responsibilities are:

- Assessment
- Reduction of risk
- Proactive outreach
- Collaborative working
- Practical support and advice
- Prevention programmes
- Training and support to tier 1
- Linking with tier 3
- Audit and evaluation



REVIEW OF WORK OF YEAR 2

The work undertaken is divided into the key areas identified by MoCAM as the expectation of tier 2 service provision and that requested by young people and service providers.

1. **Assessment** - all young people referred are contacted within 2 working days to offer an assessment of their needs/areas of concern in relation to their use of alcohol. Numbers of young people assessed are given later in the report.
2. **Reduce the risk of harm** - to the young person. A motivational intervention alongside of harm reduction advice is offered.
3. **Access** - the service offers flexible appointments to fit in with the young person. They are seen in premises safe and suitable for both young person and practitioner. An assertive outreach approach is taken with continued attempts at engagement with hard to reach young people.
4. **Practical support and advice** - this is offered to both the young person and the family as appropriate, enabling them to access other services as and where necessary.
5. **Training and support to tier 1** - see specific breakdown
6. **Audit and evaluation** - this is an annual process to monitor outcomes and set plans for the following year.

TRAINING, EDUCATION AND SUPPORT TO TIER 1

- Adoption Society
- Care providers for looked after children, consultation and support
- Outreach sessions with Douglas based detached youth workers
- IOM College lecturers
- Visits to Children's Ward to assist with referrals
- Alcohol training for youth workers
- Drug & Alcohol Strategy Road show (Douglas)
- IOM College health fayre
- IOM College alcohol and drug education sessions for all first year students
- QEII alcohol workshops for students
- ICS policy and procedures group membership
- JARS – Juvenile Alcohol Referral Scheme- for young people and their parents
- Attendance at YJT team meetings, Social Services Children & Families Division
- Close liaison with DAT and DASH

PARTNERSHIP AND COLLABORATIVE WORKING

Informal partnerships established in the first year of operation with Government and non Government agencies have been consolidated leading to further increases in young people contacting the service and joint working.

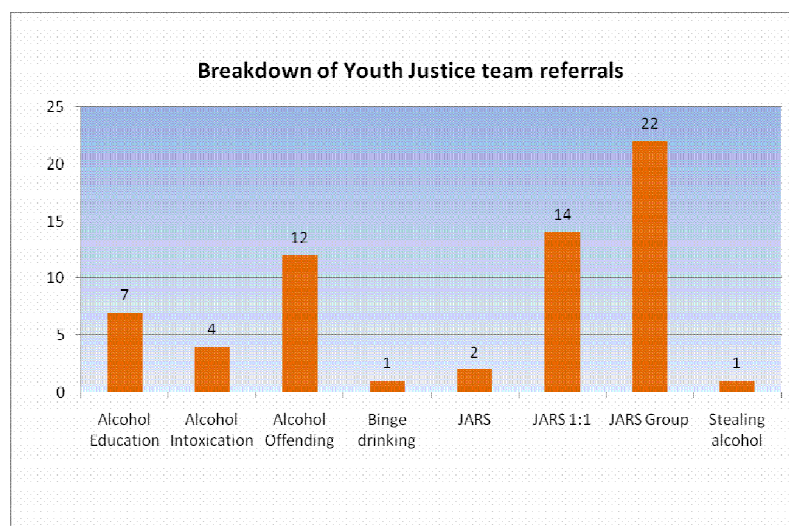
The partnerships have led to both direct work with young people with alcohol related difficulties and training/support to service providers on alcohol and young people.

Acute Medical Services

33 young people, 22 under 16's and eleven 16 to 18 year olds have been referred to AAS 12-21 from Children's Ward and the Hospital Medical Assessment unit (Ward 6). The majority of the 22 under 16's were seen at home for harm reduction sessions with a parent or guardian present. The care pathway is now standardised into hospital policy.

Youth Justice Team

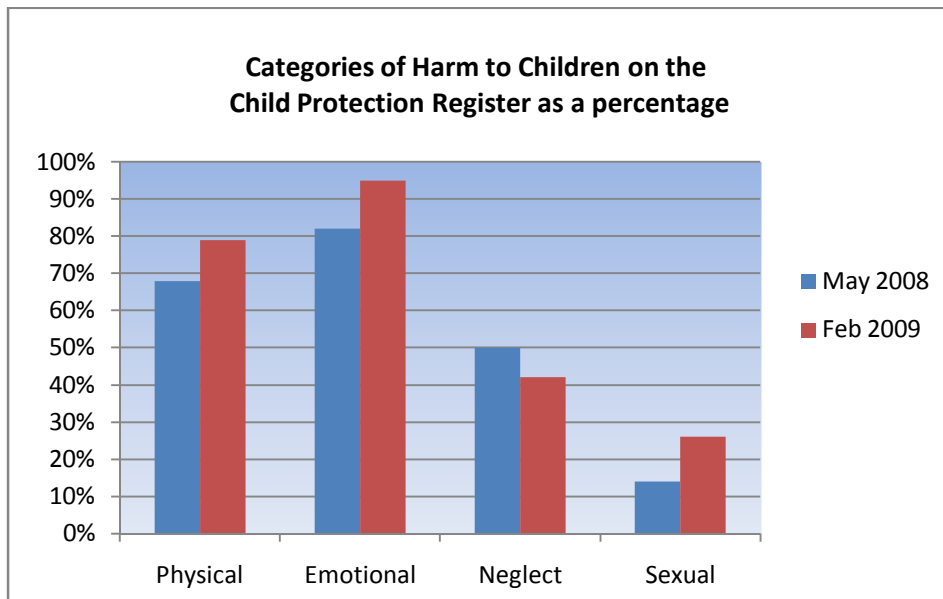
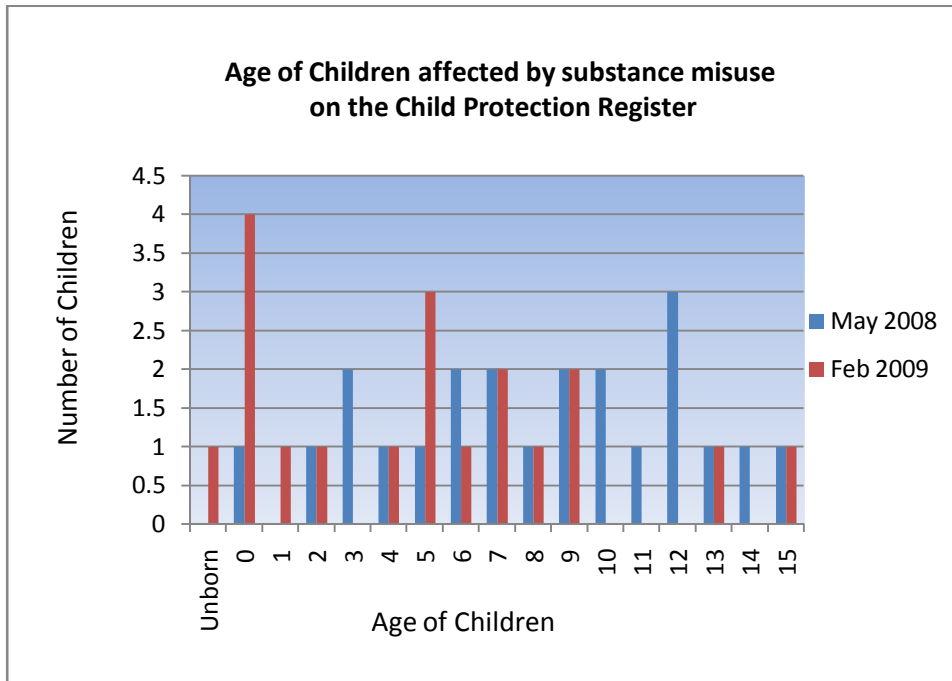
63 young people were referred to the service via the Youth Justice Team. A partnership protocol has been established between the AAS 12-21 and the IOM Youth Justice Team for **JARS +** an extended harm reduction intervention for young people whose offending is linked to alcohol consumption. This involves the young person being seen for 4 or more sessions.



Social Services

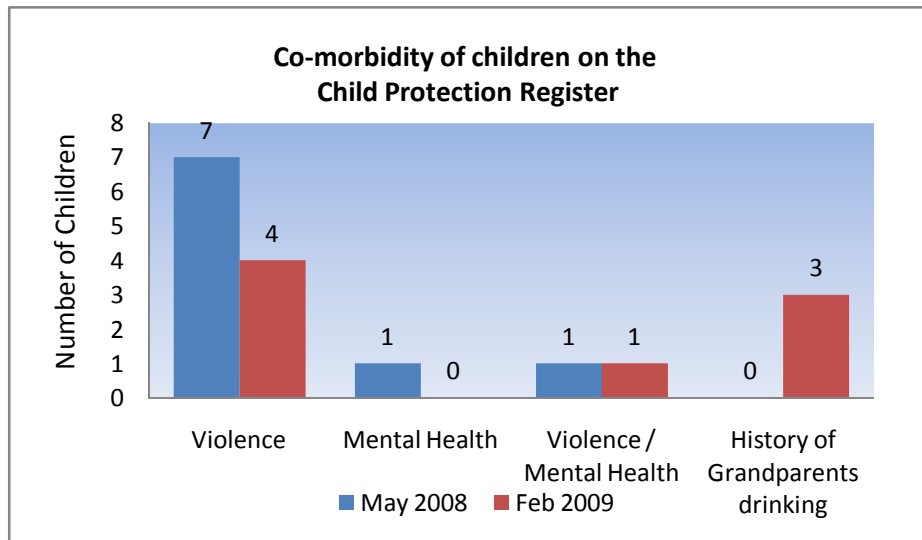
AAS 12-21 was invited by Social Services to conduct 2 audits of the Child Protection Register in May 2008 and February 2009 in conjunction with Ed Coates of the Children & Families Division. The remit of the audits was to look for the incidence of parental alcohol and drug misuse in families on the register and other co-morbidity factors such as violence in the home and mental health. We were also tasked to look for the involvement of substance misuse services in these cases prior to and after conference.

These figures represent a snapshot of the Child Protection Register over a 10 month period and cannot be compared to other jurisdictions. At the time of analysis 60% of cases on the register in both audits were indicating substance misuse (primarily alcohol) as contributing to the child/children being placed on the register.



High incidence of substance misuse contributing to the harm of the child

In the first audit the incidence of substance misuse as a contributory factor to the harm to the child is 71% which is significantly more than studies in the UK. Alcohol Concern (2003) reports, "alcohol misuse by parents is identified as a factor contributing to the harm of the child in over 50% of cases". The second audit showed a drop in cases to 50%, which would suggest further audits are necessary for more valid comparisons. It may also be that on the Island, child care social workers identify substance misuse as a contributory factor more than their UK counterparts.



The correlation between substance misuse and co-morbidity factors such as violence in the home & mental health is well established in many research studies and replicated in these audits.

Alcohol problems in grandparents of children on the register were also indicated. Young people having lived with parental alcohol misuse tend to leave home earlier, engage in more risky behaviours and enter relationships earlier in life seeking stability. This is evidenced in 33% of the families where maternal alcohol use led to family breakdown, the young people subsequently being looked after in the care system, entering early relationships and in turn having children of their own who are now themselves on the child protection register. (Repeating cycles of alcohol misuse through the generations are also well documented in research studies)

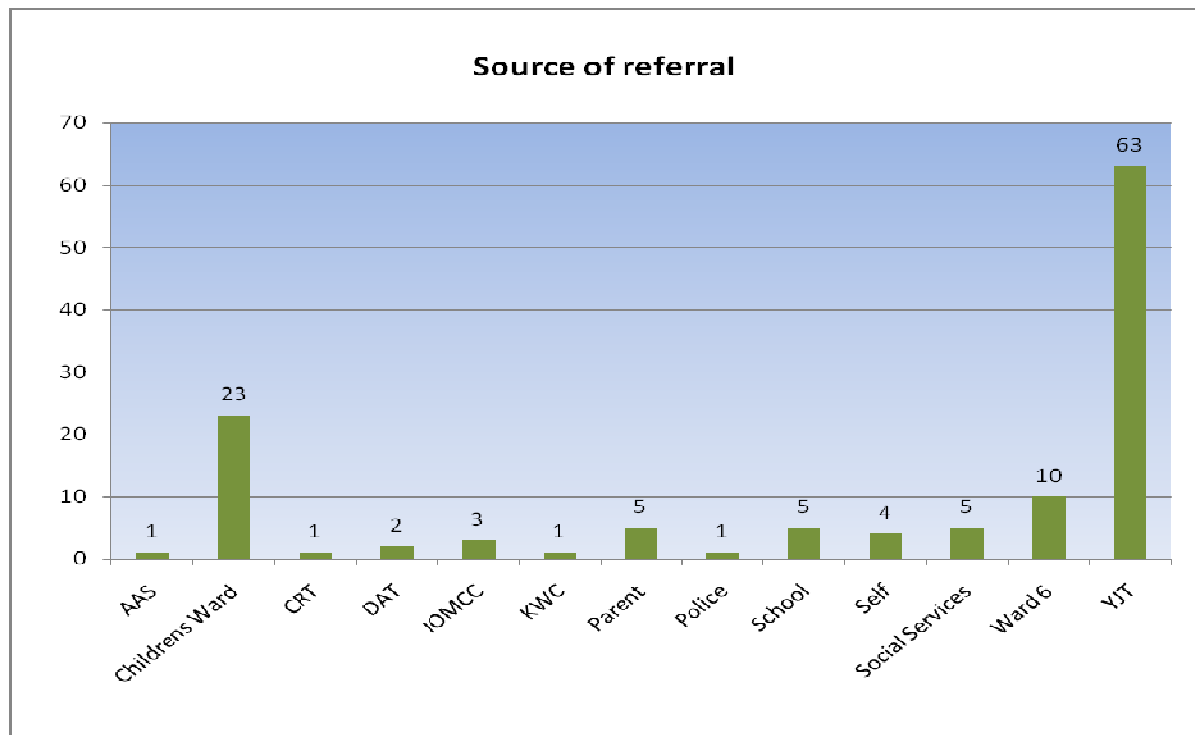
The involvement of substance misuse services in these cases was collated in the first audit only. Of the 9 families identified where substance misuse is a contributory factor to the child/children coming to conference 6 were identified as having substance misuse difficulties prior to conference and 2 post conference. The audit also noted that 2 adults from the 9 families on the register were currently engaging with substance misuse services. 2 families chose to be supported by the GP and 1 via their mental health worker. 1 young person sought help from AAS 12-21.

Comment

The impact of alcohol misuse on children and young people in families is largely hidden yet entirely damaging. These affected young people are more likely to suffer from anxiety, depression, mental health problems and go on to develop substance misuse difficulties of their own in adolescence and into adult life. Arguably it is central to some of our most troubled families' difficulties and to children becoming looked after in the care system. In spite of this referrals or targeted work with affected young people or their parents was found to be minimal. Recognising, identifying and targeting families in the earlier stages of problems developing has become a new area of practice in the UK with many projects targeting substance misusing parents and their children with innovative solution-focused interventions. Currently, AAS 12-21 views this area of practice as a priority and works exclusively with young people and their parents targeting the impact of alcohol abuse on parenting.

YOUNG PEOPLE ACCESSING THE SERVICE

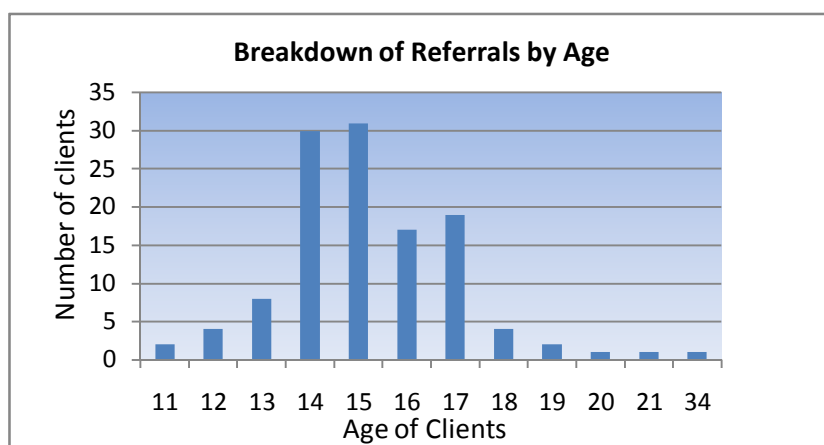
Between 2002 and 2006, 50 young people accessed the Alcohol Advisory Service for help and advice. Since the launch of AAS 12-21 in September 2007, 240 young people have been referred to the service with 124 referrals in this reporting year May 08 to April 09.



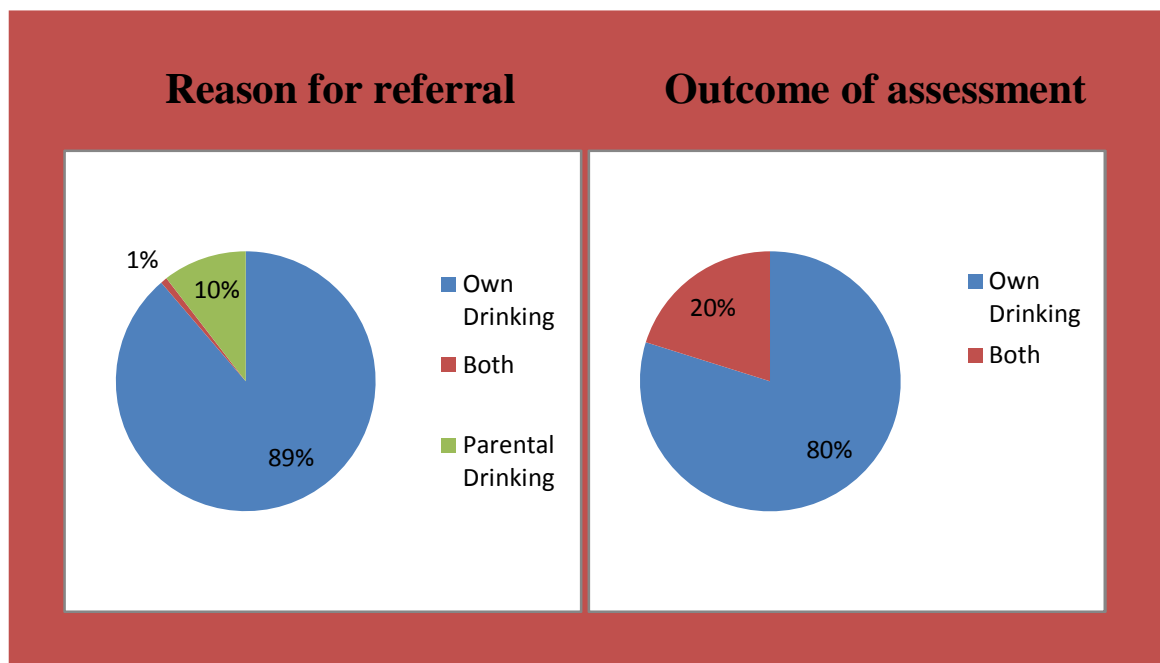
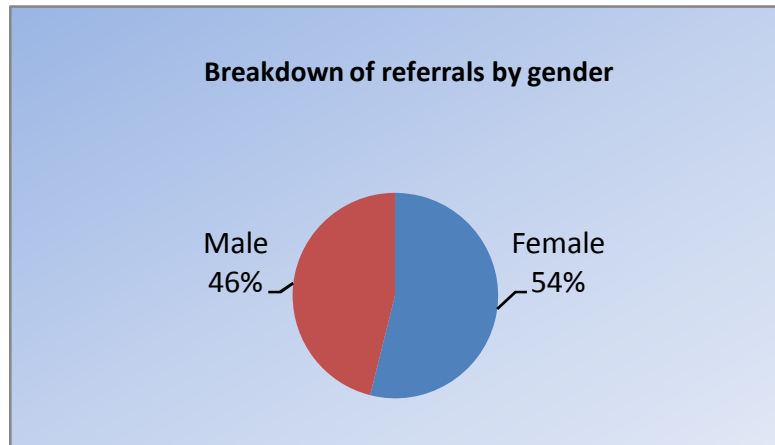
The referrals from all sources are varied and show the service is utilised by many statutory and other organisations. The Youth Justice Team refers the majority.

Children's Ward and the Medical Assessment Unit referrals remain high with 23 under 16's referred. 16 of these young people and their families went on to access support from AAS 12 -21 and were seen for an assessment and 1 or more alcohol harm reduction/educations sessions. Two of these cases were referred on to Tier 3 services (the DAT Team). These sessions were mostly conducted at home with a parent or guardian present, in schools or other youth settings.

The MAU referrals amounted to 10, 16-18 years olds - 4 out of the 10 referred requested further 1 to 1 help with 1 being referred on to Tier 3 services.



The ages of young people referred tend to cluster around 14 to 17. The largest category by age and gender being 15 year old females which would appear to be on a par with population data on teen drinking and the increasing trends noted in young women's drinking. Young people between the ages of 16 to 21 are assessed and if deemed appropriate referred into AAS adult services. (Please note for data collection purposes all under 21's are collated under AAS 12-21 although occasionally will be seen by AAS adult service if assessment shows their needs would be best met in the adult service)



Referrals for children affected by parental drinking have increased from 3 % in 07/08 to 10% in 08/09. (1% referrals for young people with drinking problems of their own and parental problem drinking) This increase is a marked improvement on year one and shows a greater awareness amongst professionals about the hidden harm caused by parental alcohol use and the remit of AAS 12-21 to work with these young people. However, following assessment 20% of all young people seen by our services report living with parents who abuse alcohol. The service will continue to promote the plight of young people living with this issue as it is a safeguarding and in some instances child protection issue.

OUTCOMES

MAKING A POSITIVE DIFFERENCE TO YOUNG PEOPLES LIVES

Each year Comic Relief agrees with us 3 outcomes to evidence that our interventions have a positive impact on the young people who have accessed the service. 2008/09 outcomes are as follows:

OUTCOME 1: INCREASE IN RESILIENCE IN YOUNG PEOPLE LIVING WITH PARENTAL PROBLEM

DRINKING

Key achievements in meeting this outcome in the last 12 months.

a) Referrals increased for young people affected by parental drinking from 3% in 07/08 to 11% in 08/09 - We believe this is due to an increased awareness of the service's remit to work with affected young people amongst statutory services and the third sector.

b) 'Domains of Resilience Matrix' carried out with 11 young people affected by parental problem drinking. (Showing positive results)

Results

10% of young people were referred to AAS 12-21 for support with parental alcohol problems alone. 1% for both. Following assessment of all cases a further 9% reported in addition to their own alcohol difficulties also living with parental problem drinking, bringing the total to 20%. (25 cases)

17 of these cases underwent therapeutic work. 6 declined to discuss parental alcohol use but willing to explore their own drinking within the context of the family and impact of this on own drinking behaviour.

The remaining 11 completed the Resilience Matrix with our young person's worker. Reported work carried out by them upon completing this included:

2 introduced boundaries with drinking parent (These were over 16)

3 were seen as a family group with their parent who later reported a reduction in their drinking.

2 sought support from non-drinking parent

2 joined youth clubs/cadets in addition to seeking support from non-drinking stable adult figure.

1 had support from appropriate adult outside the family.

1 joined young carer's and parent sought help from the AAS adult service.

An increase in the young people's resilience resulted from:

- Contact with an additional adult (family member, teacher youth worker, foster carer) who were able to provide stability to the young person.

- Finding resilience building activities outside of the home and introducing boundaries and different coping strategies.

Parental drinking reduced in 3 families and ceased in 1 (In this latter family the drinking parent took up support from AAS adult service and was de-registered from the Child Protection Register and later closed as a case to Social Services)

c) Young people accessing AAS 12-21 through a variety of means; Text, email, phone line

OUTCOME 2: YOUNG PEOPLE DRINKING LESS HARMFULLY

Our key achievements in meeting this outcome in the last 12 months and the difference we have these made to our young clients.

- Total of 124 referrals in 08/09.
- 47 young people seen for 3 or more sessions. Of the 27 young people with alcohol problems seen for 3 or more appointments, 22 reported to be drinking less harmfully at review compared to initial assessment.
- Of these 27 young people 16 were involved with alcohol-related offending on assessment: On review, 11 reported a reduction in offending behaviour and 8 of these had ceased to offend.
- Of the 5 others, 3 reported no change and 2 increased their offending.
- Improvements also shown in most cases in physical and psychological well being.
- The young people seen following alcohol-related admission to hospital have not been re-admitted or referred to our service via another route.

Information evidence gathered over this period which helped us assess how successful our project has been in achieving this outcome?

- Monitoring of alcohol consumed, offending behaviour, physical, psychological and social well-being of all young people seen for 3 or more sessions using 'Alcohol Concern's Outcomes Spider'
- Monitoring of re-admission of young people admitted to hospital and re-referrals to the service from other routes.

OUTCOME 3: FORMALISE PARTNERSHIPS WITH TWO KEY AGENCIES TO DELIVER HARM REDUCTION INITIATIVES.

Key achievements in meeting this outcome in the last 12 months of operation

a) Following agreement with the Nobles Hospital Safeguarding Board A **care pathway protocol** to refer young people to our service has been introduced.

b) Young people admitted to the Children's ward and 16 to 18 year olds in the medical assessment unit following an alcohol-related incident referred. (E.g. Alcohol intoxication, alcohol related accidents & injuries etc)

c) **Partnership protocol** between AAS 12-21 and the IOM Youth Justice Team for **JARS +** an extended harm reduction intervention. Young people whose offending is linked to alcohol consumption seen for 4 or more sessions

d) Statutory Drug & Alcohol service provider (Tier 3 interventions) agreed reciprocal referral pathway between our agencies to ensure young people's needs met at most appropriate Tier.

Information evidence gathered over this period which helped us assess how successful our project has been in achieving this outcome?

a) Thirty three young people, twenty two under 16's and eleven 16 to 18 year olds referred to service from Children's Ward and Hospital Medical Assessment unit. The majority of the 22 under 16's seen at home for harm reduction sessions with parents present.

Under 16's - take-up rate - 16 young people seen for 1 or more alcohol harm reduction sessions, 2 of these referred on to Tier 3 services.

16-18 years - 4 out of the eleven referred requested further help and seen, with 1 being referred on to Tier 3 services.

Care pathway now standardised into hospital policy

b) 8 young people referred via Youth Justice Team for JARS + scheme (4 or more sessions)

Special thanks to:-

- Jenny Fong for all her hard work in the first 18 months of AAS 12-21 and making it the success it is today.
- John Shimmin MHK (AAS committee member) for his work towards securing funding for year 3 of the project.
- The IOM Government, Department of Health & Social Security; Department of Home Affairs and the Department of Education for their matched funding for the final year of the project.
- The many people and organisations who have given donations over the year including:

Allied Irish Bank - £250

Charterhouse Group International Limited- £100

Mr F Crowe - AAS Member- £500

Raise the Roof - £3,015 (This donation has been set aside as a comfort fund for young people in crises)

Peel Charity Shop - £1,000

Coffee Morning - Promenade Methodist Church £959.76