



Home Office

PATHWAYS TO PROBLEMS:

A follow-up report on the implementation of recommendations
from *Pathways to Problems*

Advisory Council on the Misuse of Drugs 2009

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The ACMD has received a considerable amount of valued input from experts and young people.

We would like to thank the ACMD Secretariat for its administrative support.

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Secretary: Will Reynolds

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July 2009

Dear Home Secretary,

In September 2006, the Advisory Council on the Misuse of Drugs (ACMD) published the report *Pathways to Problems*. The report focused on the hazardous use of tobacco, alcohol and other drugs by young people in the UK and its implications for policy. We have pleasure in enclosing this subsequent report, which considers progress against our recommendations since 2006.

In broad terms, the ACMD believes there has been significant progress made towards many of the recommendations in the ACMD's *Pathways to Problems* (2006) report. Of note are the increasing recognition of the role of parents and schools, the progress made in tobacco control, and the efforts made via information campaigns to communicate the health risks of alcohol and tobacco. In this report, we also support the work undertaken within the Healthy Schools and the Healthy Further Education programmes, but we recommend broadening this out to include services for young people in the youth justice system.

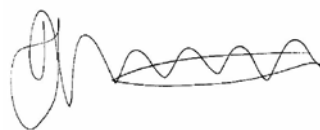
The ACMD is still concerned about the progress that has been made against recommendations regarding young people's exposure to and use of alcohol. The ACMD has already made known its concerns that the Government did not go to consultation on its alcohol strategy, and we believe that it should take a more proactive approach towards discouraging the culture of excessive drinking and promoting the 'less risky drinking' message. Although the Government receives evidence from a number of sources on alcohol and tobacco use, and on their harms, the ACMD has concerns that there is no equivalent independent expert body, similar to the ACMD, to advise on these issues. We are aware of the advice that Ministers in the UK may receive – from a diversity of expert sources; however, we believe that policy may be the weaker for not having independent, expert advice from a non-departmental public body.

This report would not have been possible without much help and support from others. In particular, the ACMD is indebted to a number of young people who attended meetings so that we could hear at first hand their experiences of drug, alcohol and tobacco use. We are also very grateful for the valuable input and expertise of a number of practitioners in the field, who told us of their experiences of prevention and education of young people in drug, alcohol and tobacco misuse. Finally, we are grateful for the support and advice from government officials, who have kept us informed of their departments' work in this important and fast-moving field.

Yours sincerely,



Caroline Healy
Chair of the Pathways to
Problems Working Group



Professor David Nutt FMedSci
Chair of the Advisory Council on
the Misuse of Drugs

c.c. Other government departments
Devolved administrations

Background

PATHWAYS TO PROBLEMS

1.1 The Advisory Council on the Misuse of Drugs (ACMD) has a duty under the Misuse of Drugs Act 1971:

“to keep under review the situation in the United Kingdom with respect to drugs which are being or appear to them likely to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to constitute a social problem, and to give ... Ministers ... advice on measures ... which ... ought to be taken for preventing the misuse of such drugs or dealing with social problems connected with their misuse.”¹

1.2 In 2006, the ACMD produced a report, *Pathways to Problems: Hazardous use of tobacco, alcohol and other drugs by young people in the UK and its implications for policy* (ACMD, 2006). The report was the first by the ACMD that specifically addressed alcohol and tobacco (in addition to illicit drugs) – largely in the context of these being ‘pathway’ substances to illicit substance misuse. The report was predicated on an acknowledgement that:

“The scientific evidence is now clear that nicotine and alcohol have pharmacological actions similar to other psychoactive drugs. Both cause serious health and social problems and there is growing evidence of very strong links between the use of tobacco, alcohol and other drugs.” (p14)

1.3 The report contained 24 wide-ranging recommendations (see Annex 1) that sought to reduce the number of young people in the UK affected by substance misuse.

1.4 The recommendations were primarily intended for government and the devolved administrations to consider. The report was made available to Ministers, and was also widely disseminated, as it was applicable and relevant to practitioners and the public.

1.5 In the wake of its 2006 report, the ACMD convened the Pathways to Problems Working Group. The overarching aim of this group was to evaluate the extent to which the recommendations contained within the report were taken forward and implemented.

1 While the term ‘drug’ is used in the Misuse of Drugs Act 1971 there is no qualification of whether this includes the licit substances alcohol and tobacco. The ACMD has approached the Home Office for clarification of the current terminology in the MDA. The Home Office considered that, for the purposes of the ACMD’s role, alcohol and tobacco are implicit in its terms of reference.

Introduction

OVERVIEW

2.1 *Pathways to Problems* focused on the patterns, trends, influences and determinants observed in the use of psychoactive drugs by young people aged 24 and under in the UK. The report reflected the fact that the use of substances such as tobacco, alcohol and cannabis typically starts in adolescence. Moreover, it voiced the concern that what may start as casual use of such substances:

“may not only lead to immediate harm but may also set the individual on a path leading to dependence and long-term harm, and to the use of ‘hard’ drugs such as heroin or cocaine.” (p14)

2.2 The most recent surveys of young people in the UK indicate a decline in tobacco, alcohol and other drug use among certain groups. For example, there has been a long-term decline in the proportion of pupils who have tried smoking – in England, it has fallen from 53% in 1982 to 33% in 2007 (NatCen, 2008). In Scotland, between 2004 and 2006 there was a rise in the proportion of pupils who reported that they had never smoked – from 59% to 69% of 13-year-olds, and from 39% to 47% of 15-year-olds (Scottish Executive, 2007). In Wales, between 1998 and 2006 the proportion of 15-year-olds who smoked weekly declined from 21% to 12% for boys, and from 29% to 23% for girls (Office for National Statistics, 2008). The proportion of 11–15-year-olds in England who have never drunk alcohol has risen in recent years – from 39% in 2003 to 46% in 2007 (NatCen, 2008); and the prevalence of drug use has declined overall between 2001 (when 29% of pupils said they had tried drugs at least once) and 2007 (when the figure was 25%) (NatCen, 2008).

2.3 Despite these encouraging statistics, the overall figures for alcohol, tobacco and psychoactive drug use among young people in the UK still make for concerning reading. Data from England shows that, by the age of 15, the vast majority of pupils (88%) will have drunk alcohol, smoked and/or tried illicit drugs (NatCen, 2008). It is, therefore, of great importance that Ministers should be well equipped with the current evidence and expert views to make well-founded policy decisions in order to reduce the harm that these substances can cause to young people.

2.4 The data available on illicit drug use at a European level suggests that, among young people, use is confined to a small minority (EMCDDA, 2007). However, the UK has the highest level of self-reported cannabis use before the age of 13. Although the UK is one of a small minority of countries where the trend in the use of cannabis among young people continues to decline, the lifetime prevalence of cannabis use among under-15s is the highest in Europe (EMCDDA, 2007).

THE UK POLICY AND STRATEGY LANDSCAPE

2.5 In the UK, the legislative framework covering the harms and associated penalties concerning drugs is provided by the Misuse of Drugs Act 1971. The regulations under the Misuse of Drugs Act (the Misuse of Drugs Regulations 2001) authorise and govern legitimate activities otherwise made illegal under the Act. However, the strategies for enacting this legislation are devolved. England has separate drug and alcohol strategies; Scotland also has a drug strategy (launched in May 2008) and a separate alcohol strategy; whereas Wales and Northern Ireland have each developed substance misuse strategies that include both alcohol and drugs.²

2.6 In this report, we have considered the recommendations contained in *Pathways to Problems* within the context of the UK’s strategy and policy landscape.

KEY POLICY AND STRATEGY DEVELOPMENTS POST-PATHWAYS TO PROBLEMS

2.7 There have been significant changes across government in departmental responsibilities for children’s policy and in the continuing drive for government departments and service providers to work together.

Every Child Matters

2.8 The programme set out in *Every Child Matters: Change for Children* (2004)³ is designed to improve the well-being of children and young people from birth to the age of 19. It is the Government’s aim that every child, whatever their background or circumstances, should have the support they need to:

- be healthy;

2 England does have a joint alcohol and drug Public Service Agreement (PSA 25).

3 <http://publications.everychildmatters.gov.uk/eOrderingDownload/DfES10812004.pdf>

- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic well-being.

2.9 The Every Child Matters programme provides a national framework for local areas to build services around the needs of children and young people, and has a strong focus on the integration of services, early intervention, prevention and the effective use of resources. This programme of work was further strengthened by *The Children's Plan: Building brighter futures*, which was published by the Department for Children, Schools and Families (DCSF) in December 2007.

2.10 Every Child Matters prioritises the need for policy-makers and agencies to work together in order to ensure that the needs of children and young people are central to all work programmes. Prevention is a key area – an approach that is consistent with the recommendations contained in *Pathways to Problems*.

Drug and alcohol strategies

2.11 In 2008, England launched a new 10-year drug strategy – *Drugs: protecting families and communities* (HM Government, 2008a). In that same year, Scotland launched its drugs strategy – *The Road to Recovery* (Scottish Executive, 2008a) and Wales launched a substance misuse strategy – *Working Together to Reduce Harm* (Welsh Assembly Government, 2008). Northern Ireland has developed an integrated approach to preventing and addressing the harm related to alcohol and drug misuse through the *New Strategic Direction for Alcohol and Drugs* (2006–2011) (DHSSPS – Northern Ireland, 2006).

2.12 The aim of the drug strategy (HM Government, 2008a) is to restrict the supply of illegal drugs and reduce demand for them. The new strategy focuses on protecting families and strengthening communities. The ACMD responded to the Government consultation and welcomed the opportunity to comment on the formulation of the new drug strategy, which draws on evidence concerning current drug policy, crime, prevention, interventions and treatment.

2.13 In 2004, the Government published its *Alcohol Harm Reduction Strategy for England*. This cross-government strategy has now been revisited, and in 2007 the Government published *Safe. Sensible. Social. The next steps in the National Alcohol Strategy* (HM Government, 2007a). The ACMD welcomed the production of the strategy and, in particular, the joint Public Service Agreement (PSA) introduced in April 2008 (HM Government, 2007b), which set out in its vision a long-term and sustainable reduction in the harms associated with alcohol and drugs. The ACMD also welcomed the joined-up approach by the devolved administrations – for example, Northern Ireland's *New Strategic Direction for Alcohol and Drugs* and the Welsh Assembly Government's new strategy *Working Together to Reduce Harm*, which explicitly covers 'alcohol, drugs and other substances'.

2.14 In October 2008, the ACMD contributed to the Department of Health's consultation paper *Safe, Sensible, Social – Consultation on further action*. In response, the ACMD strongly supported the Government's indicated direction of travel – that the alcohol industry's retailing code should be revised 'with a view to making it mandatory in retail premises that sell alcohol (on-licensed and off-licensed)'⁴.

Know Your Limits campaign

2.15 The Alcohol: Know Your Limits⁵ campaign is a welcome addition to providing public health information on the dangers concerning the misuse of alcohol.

Youth Alcohol Action Plan

2.16 The Youth Alcohol Action Plan (YAAP) (DCSF *et al.*, 2008) sets out to develop guidelines for young people and parents/carers on the risks of drinking alcohol, building on the alcohol strategy. One of the key proposals of the YAAP is to develop a national consensus on young people and drinking, with the view that there should be clearer information for young people and parents/carers about the risks of drinking alcohol.

Youth Crime Action Plan

2.17 The 2008 Youth Crime Action Plan sets out the Government's approach to making streets safer and dealing with anti-social behaviour. The plan dovetails

4 For the ACMD response, see <http://drugs.homeoffice.gov.uk/publication-search/acmd/ACMDDH>

5 <http://units.nhs.uk/index.php>

with both the Government's drug and alcohol strategies for young people (see 2.11, 2.12 and 2.16 above).

2.18 In addition to these strategies and campaigns, there have been several other government policy initiatives to address and prevent the use of drugs (licit and illicit) by young people, including:

- Extended Services;
- Healthy Schools;
- Healthy FE;
- Targeted Mental Health in Schools; and
- Targeted Youth Support.

Wales

Rights to Action

2.19 The Welsh Assembly Government set out its vision for children and young people in *Children and Young People: Rights to Action* (Welsh Assembly Government, 2004). This is based on the United Nations Convention on the Rights of the Child (UNCRC)⁶ and a commitment to partnership working to improve outcomes. Partners jointly decide their priorities, objectives and performance measures under each of seven core aims – two of which specifically address substance misuse.

2.20 The Welsh Assembly Government's approach to implementing the Children Act 2004 is to strengthen its current partnership and planning arrangements through statutory guidance. This approach differs significantly from that in England, in that there are no children's trusts, nor any requirement to merge children's social services and education under a single director. Leadership roles in local authorities, local health boards and NHS trusts concentrate on leading change and enabling joint working to take place. They do not imply responsibility for the delivery of particular services.

Working Together to Reduce Harm

2.21 Launched in October 2008, *Working Together to Reduce Harm* is the Welsh Assembly Government's 10-year substance misuse strategy, covering 2008–18. It seeks to set out a clear national agenda for tackling and

reducing the harms associated with substance misuse in Wales. It sets out the approach to tackling the full range of substances that are misused in Wales – illegal drugs, alcohol, prescription-only medicines, over-the-counter preparations and volatile substances. The key action areas of the strategy are:

- preventing harm;
- supporting substance misusers;
- supporting families; and
- tackling availability and protecting individuals and communities.

2.22 While continuing to take a joint approach to tackling drugs, alcohol and other substances, it acknowledges that there are distinctive issues to be considered in relation to alcohol misuse. Thus, a clear consensus exists for the Welsh strategy to focus on tackling the problems caused by inappropriate or risky consumption of alcohol.

Hidden Harm

2.23 The ACMD, too, has added to the body of work in this area by publishing its report *Hidden Harm Three Years On* (ACMD, 2007) – a follow-up report illustrating the progress that had been made in implementation of the ACMD's original report, which focused on those children in the UK with a parent, parents or other guardian whose drug use has serious negative consequences for themselves and those around them.

REPORT AIMS AND OBJECTIVES

2.24 It is not the intention of this report to review the whole gamut of initiatives and strategies: to do so would require much greater resources and far more time than we have available. However, there is now evidence, through policy and initiatives, that the health and well-being of young people is now starting to get the attention we believe they deserve. This report seeks to document and comment on the progress that has been made in implementing the recommendations of the original *Pathways to Problems* report since its publication and dissemination in 2006.

⁶ The UNCRC is an international human rights treaty that grants all children and young people (aged 17 and under) a comprehensive set of rights. The UK signed the Convention on 19 April 1990 and ratified it on 16 December 1991, and it came into force in the UK on 15 January 1992. When a country ratifies the Convention, it agrees to do everything it can to implement it.

Mapping the uptake of the recommendations in *Pathways to Problems*

ENGAGEMENT WITH GOVERNMENT DEPARTMENTS AND OTHER STAKEHOLDERS

3.1 *Pathways to Problems* concluded with 24 wide-ranging recommendations and indicated appropriate leads for their implementation. In order to establish how the recommendations are being taken forward and implemented, the ACMD engaged with the relevant government departments in England, Northern Ireland, Scotland and Wales. Engagement with government departments took place by means of a questionnaire and meetings with officials.

3.2 The questionnaire asked government departments to respond formally to each of the recommendations, indicating whether:

- the department would follow it up in full or in part;
- the department would consider it in full or in part;
- the activity was covered at devolved administration level; and
- there was no known current activity; or
- activity relevant to Pathways was being undertaken that was not covered by a specific recommendation.

3.3 For those recommendations that a department was following up, we asked for an indication of whether it had been:

- started;
- not yet started but planned; or
- not planned but action likely.

3.4 As well as requesting feedback from government departments, the ACMD held a conference for practitioners and stakeholders (see section on ‘The role and contribution of other stakeholders’) to gather their views and examples of good practice. The ACMD also heard evidence from charitable organisations and industries concerned with substance misuse.

3.5 We have used the responses from government departments to the questionnaire as a baseline for our comments on implementation and progress.

Progress on the recommendations

RECOMMENDATION 1

As their actions are similar and their harmfulness to individuals and society is no less than that of other psychoactive drugs, tobacco and alcohol should be explicitly included within the terms of reference of the Advisory Council on the Misuse of Drugs.

Action: Home Office.

4.1 The terms of reference of the ACMD, set out in section 1 of the Misuse of Drugs Act 1971, refers to the ACMD's duty to keep under review the situation with respect to drugs which are 'likely to be misused and of which the misuse is having or appears [to them] capable of having harmful effects sufficient to constitute a social problem'. The term 'drugs' in this context is not defined by the Act.

4.2 When asked by the ACMD for its view, the Home Office replied that it considered alcohol and tobacco to be implicit in the ACMD's terms of reference, as these are substances that can be misused. The view of the ACMD is that alcohol and tobacco come within the terms of reference, but to date they have not been explicitly included in the Council's work (an important exception being the ACMD *Pathways to Problems* report).

4.3 The Government is obliged to consult with the ACMD before laying orders before Parliament or making regulations under the Misuse of Drugs Act 1971. As they are not explicitly included within the Act, the Government has not consulted the Council on changes in legislation relating to alcohol and tobacco. However, the ACMD's terms of reference also state that it is under a duty to consider any matter relating to drug dependence or misuse that may be referred to it by the Government – this is not restricted to those drugs covered by the Act. Therefore, there seems to be no legal barrier to the ACMD considering matters pertaining to alcohol and tobacco.

4.4 Regarding tobacco, the ACMD acknowledges the expert input that government departments receive through the UK Centre for Tobacco Control Studies. The ACMD understands that such expertise is directly reported to the Government's Tobacco Programme

Board and, at ministerial level, through the devolved administrations. The ACMD is aware that similar expert input is available with regard to alcohol. Nevertheless, it is of concern to the ACMD that, while the Government does conduct consultations on matters relating to alcohol and tobacco, and does seek the views of relevant stakeholders, there is no equivalent independent expert body, so far as we are aware, that undertakes a role analogous to that of the ACMD.

4.5 The ACMD does not believe that it is necessarily best placed to take up this broadened scope of remit (as currently constituted, it does not have the necessary resources to undertake the same role for alcohol and tobacco as it does for illicit drugs). However, it does believe that there is a need to provide Ministers with expert, independent advice in an effort to strengthen the decision-making process in the formulation of alcohol and tobacco policy.

4.6 The ACMD intends to draft an options paper for the Government's consideration, gathering evidence and proposals and outlining the alternatives for formal independent advisory structures for alcohol and tobacco.

RECOMMENDATION 2

The Government should ensure that young people are repeatedly made aware of the real hazards of using tobacco, alcohol and other drugs. This should be done in ways that are accurate, credible and consistent, using a variety of routes including the media, the school system and further and higher education. In particular, we endorse the decision taken by the Government in January 2006 to conduct an education campaign to communicate the risks of cannabis use for mental and physical health.

Action: Department for Education and Skills (DfES), Department of Health (DH), Home Office, devolved administrations.

4.7 There are a number of public information campaigns that address young people (e.g. FRANK⁷ and the THINK! drink-driving campaign). However, it should be acknowledged that young people will take risks and that such behaviour is part of growing up. We believe, therefore, that campaigns and information provision should be about guiding young people and helping them to make informed choices.

4.8 We give the Government credit for its regular anti-smoking and drink awareness campaigns (e.g. NHS Smokefree, the Department of Health's campaign against exposure to second-hand smoke and its Know Your Limits campaign). We also applaud the role charities and agencies play in supporting young people in this area.

4.9 Since our original *Pathways to Problems* report, there seems to have been a growing acknowledgement by the Government of the actual and potentially hazardous use of alcohol by children and young people. This has been evidenced, among other things, by the development of Know Your Limits – the Department of Health-led social marketing campaign aimed at young people (primarily the 18–24 age group). The Government has also made commitments in respect of young people in its alcohol strategy, published as *Safe. Sensible. Social.* (HM Government, 2007a). It focuses specifically on preventing harm in the under-18s and on addressing binge drinking by 18–24-year-olds.

4.10 The Department of Health has worked to incorporate the potential risks of using alcohol and other drugs into communications about other risky behaviour. An example of this is the series of radio adverts for the Condom Essential Wear campaign, which mention the effects of alcohol consumption in making safer-sex decisions.

4.11 Since the ACMD's call for a substantial public information campaign on the health risks of cannabis use,⁸ the Home Office, Department of Health and Department for Children, Schools and Families have worked closely together on the issue. In autumn 2006, they launched a multi-faceted campaign under the FRANK brand.⁹ There was also additional advertising

about the risks and effects of cannabis on television, radio and the internet, and three new cannabis information leaflets were published – for young people, parents, and heavy and regular cannabis users, respectively. Evaluation of this FRANK campaign activity revealed that overall awareness of FRANK was 89%, and 94% of 15–18-year-olds recognised FRANK advertising.

4.12 We note that independent audience-insight research was undertaken to inform the development of the key campaigns – FRANK and Know Your Limits. In light of such practice, we would also like to see young people's opinions incorporated into the planning of future information campaigns and strategies.

4.13 As part of the follow-up process, the ACMD's discussions with young people have highlighted the fact that they welcome accessible presentation of the facts about the risks and hazards of substance use, rather than a didactic approach that may be counterproductive.

4.14 FRANK is an example of a website that provides information in a user-friendly, factual way and – most importantly – that has brand recognition through its longevity. While it is difficult to assess the perceived credibility of campaigns, we are aware that the FRANK campaign has annual tracking, which finds that 88% of young people surveyed 'trust FRANK a great deal' and 81% would 'recommend FRANK to a friend'.

4.15 The Home Office funded a mental health charity, YoungMinds, to produce a set of information leaflets aimed at mental health professionals working with young people, young people themselves and their parents. These contain information on the risks of cannabis use and mental health.

4.16 The DCSF worked with the Home Office and the Department of Health to produce *Understanding Drugs* – a teaching resource and pupil leaflet developed for pupils at Key Stage 3 (11–14-year-olds).¹⁰ The pack covers information on the most commonly used illicit and legal drugs. It was promoted by the DCSF and the TeacherNet website, and was made available to every English secondary school in September 2006.

⁷ See the Talk to Frank website at www.talktofrank.com/

⁸ *Further consideration of the classification of cannabis under the Misuse of Drugs Act 1971* ACMD, 2006.

⁹ See the Talk to Frank website at www.talktofrank.com/

¹⁰ See the online publications for schools website at <http://publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFES-0418-2006&>

4.17 In Scotland, under Curriculum for Excellence, the ‘Health and wellbeing’ area of the new 3–18 curriculum includes learning outcomes and experiences that will provide teachers with opportunities to develop young people’s awareness of alcohol, drugs, tobacco and other substances, as well as their associated risks to health.

4.18 Curriculum for Excellence represents another significant strategic development to support and encourage the Health Promoting Schools agenda. Significantly, for the first time ever, all teachers will have responsibility for promoting health and well-being. In addition, a new duty has been introduced by the Schools (Health Promotion and Nutrition) (Scotland) Act 2007 on Scottish Ministers and local authorities to endeavour to ensure that schools are health promoting. This duty came into force in January 2008, and for the first time there is now a legislative underpinning for health promotion in schools.

4.19 In Wales, we have seen the establishment of the All Wales School Liaison Core Programme (AWSLCP), delivered at key stages in 97% of primary and secondary schools. This programme aims to provide a core programme of accurate, consistent and credible information about substance misuse (including misuse of alcohol and solvents) and other community safety information around which additional and locally determined prevention initiatives can be built. An evaluation to measure the impact of the AWSLCP on children and young people was undertaken in December 2007 (Welsh Assembly Government, 2007).

4.20 *Guidance on Good Practice for the Provision of Services to Children and Young People who Use or Misuse Substances in Wales* was published in July 2008 as part of the Substance Misuse Treatment Framework for Wales (SMTF). The document aims to assist planners and service providers in establishing effective services for young people in relation to substance misuse, and includes specific examples of how education can be universally delivered.

4.21 Work has also begun on developing a ‘volatile substance abuse’ module of the SMTF, which is due for publication by March 2010. This module will include guidance on the problems of volatile substances being so accessible, together with the need for awareness of the dangers of these substances.

4.22 Northern Ireland has, for a number of years, had guidance in place for all schools to develop policies and education programmes to combat alcohol and drug misuse. This has now been complemented by a new curriculum, which places greater emphasis on developing skills and on preparing young people for life and work. The revised post-primary curriculum includes a new area of ‘Learning for Life and Work’.¹¹

4.23 The ACMD commends the Government for the extensive work that has been undertaken against this key recommendation. It is apparent that there has been substantial activity in recognition of the growing concerns about young people’s use of alcohol and other substances, and we welcome the work that has been undertaken to highlight the risks and potential harm of cannabis. We would welcome further work in evaluation of the public health campaigns relating to alcohol and cannabis use, in addition to the ongoing FRANK campaign, in order to determine the most effective means of conveying such messages to children and young people.

RECOMMENDATION 3

Periodic, large-scale surveys of representative samples of 11–15-year-olds should continue, with coverage across the whole of the UK, using the same definitions and questions regarding tobacco, alcohol and other drug use, including volatile substances. To quantify the number of young people of this age who frequently use drugs other than tobacco or alcohol, such surveys should include questions about their weekly and more frequent use.

Action: DH, DfES (now the DCSF), Home Office, devolved administrations.

¹¹ www.nicurriculum.org.uk/learning_for_life_and_work/

RECOMMENDATION 4

In order to obtain information about the extent to which 16–30-year-olds are combining the use of tobacco and alcohol with illegal drugs, the Health Survey of England and its equivalents in Scotland, Wales and Northern Ireland should include a small number of identical questions about the use of drugs other than tobacco and alcohol, including volatile substances.

Action: DH, devolved administrations.

RECOMMENDATION 5

A longitudinal follow-up lifestyle study of a representative sample of 16–30-year-olds should be commissioned to enable drug use to be seen in the wider context of their lives.

Action: DH.

4.24 Our commentary on recommendations 3–5 has been combined, since these recommendations all refer to increasing the evidence base on substance misuse among young people.

4.25 We welcome the DCSF's commitment to continue with surveys of tobacco, alcohol and drug use by 11–15-year-olds. The Tellus2 survey (Ofsted, 2007) and subsequent Tellus3 survey will be used to measure National Indicator 115 (Substance misuse by young people), part of the national indicator set used by local authorities and their partner agencies to measure performance against PSA 14 (HM Government, 2008b).

4.26 We understand that the DCSF will survey schoolchildren's drug usage, including volatile substance abuse (VSA). It is important that the question(s) are phrased correctly, so that users understand what use is included and avoid under-reporting. Experts from Re-Solv (the national charity dedicated solely to the prevention of solvent and volatile substance abuse) and the British Aerosol Manufacturers' Association have offered to help prepare a form of words based on their experience in schools.

4.27 We welcome the extension of the British Crime Survey to cover under-16s from January 2009 (limited information will be collected on the use of alcohol and cannabis). The ACMD believes that the scope of data collection among the under-16s should be broadened to reflect changing patterns of substance use. However, although the ACMD is aware of several large-scale surveys relating to generic drug and alcohol use in the 11–15-year-old age group, we are not aware of any current large-scale surveys that include, or are specific to, reporting the use of volatile substances.

4.28 At present, England, Scotland and Wales are partners in Health Behaviour in School-aged Children – an adolescent health study, which includes questions on the use of tobacco, alcohol and other drugs (Office for National Statistics, 2008). Questions on tobacco, alcohol and cannabis use are mandatory, but it is up to the national teams to decide whether to include questions on other drugs. However, with reference to recommendations 4 and 5, as far as the ACMD is aware, there is no true harmonisation of questions across the UK countries, and little is being done to identify substance misuse in the age group 16–30.

4.29 While mortality figures have shown a decline in recent years in terms of deaths from VSA, it does not necessarily follow that the amount of volatile substance use has similarly declined. Given the often secretive nature of this form of abuse, it is hard to elicit quantifiable data to substantiate levels of use. Topic-specific surveys on VSA may be one way around this.

4.30 The ACMD welcomes the Government's commitment, in its 10-year drugs strategy:

“to develop a strategic research programme ... that draws on enhanced partnership working between government, academia and the wider international research community in order to further develop our evidence base and support the delivery of our new drug strategy” (HM Government, 2008a, p56).

4.31 The ACMD considers recommendation 3 to have been addressed, and recognises that there is a strong commitment to identify means of delivering the drugs strategy in an effective way, through the use of annual surveys and research programmes.

RECOMMENDATION 6

It should become an offence to sell tobacco products to anyone under the age of 18 (raised from the present age of 16), and this new limit should be strictly enforced. The impact of this change should be carefully evaluated.

Action: DH, devolved administrations.

4.32 Since publication of *Pathways to Problems*, the law has been changed to restrict the sale of tobacco products to those aged 18 and over. The change came into force in England, Wales and Scotland on 1 October 2007, and in Northern Ireland on 1 September 2008.

4.33 In 2008, new legislation was introduced in England and Wales to strengthen the sanctions available against retailers who sell tobacco products to people under the legal age. The Government has provided additional funding for local authorities to carry out enforcement.

4.34 Further measures to reduce smoking by young people were included in the consultation on the future of tobacco control in England and Wales (Department of Health, 2008a). These include: further restrictions on advertising and promotion of tobacco products at the point of sale; controls on the sale from vending machines; the introduction of plain packaging (i.e. generic, standardised packaging without trademarks or colour schemes); and an increase in the minimum pack size (packs of 10 cigarettes are cheaper and more affordable for young people). The ACMD fully supports the introduction of such measures.

4.35 In May 2008, the Scottish Government published a new long-term Smoking Prevention Action Plan – *Scotland's Future is Smoke-free* (Scottish Government, 2008b). This sets out an ambitious programme of measures, designed specifically to dissuade children and young people from smoking. It includes a commitment to further statutory controls on the sale and display of tobacco products, which are enshrined in the Tobacco and Primary Medical Services (Scotland) Bill. This bill was published in February 2009 and is progressing through the Scottish Parliament.

4.36 The ACMD welcomes the developments in line with this recommendation and is encouraged by the change in legislation and the enforcement resources that have been provided to local authorities.

RECOMMENDATION 7

Given the strong evidence that increasing the price of alcohol reduces consumption overall and may have a disproportionately large effect on consumption by young people, the Government should seriously consider progressively raising the excise duty on alcohol.

Action: HM Treasury.

4.37 The commitment announced in the 2008 Budget to increase alcohol duty by 2% above inflation in each of the following four years is in line with our recommendation for a progressive increase in the cost of alcohol.

4.38 Despite the increases in alcohol duty, there is evidence that supermarkets absorb the increase and are continuing to sell alcohol at heavily discounted prices, or within a framework of multi-buy promotions.

4.39 In 2008, the Department of Health published an independent review by the School of Health and Related Research at the University of Sheffield (ScHARR), which sought to understand better the link between alcohol-related harm and the way alcohol is promoted and priced. As well as examining the likely impact of pricing changes on the population as a whole, the review looked specifically at the impact on drinkers under 18 years of age, 18–24-year-old binge drinkers, and harmful drinkers. The review concluded that there is a clear relationship between the price of alcohol and consumption (Department of Health, 2008b).

4.40 The ACMD supports the recommendation of the Chief Medical Officer for England, Sir Liam Donaldson, to introduce minimum-price legislation for alcohol.

4.41 We note that in Wales, matters relating to taxation/excise duty and to alcohol licensing have not been devolved. The 10-year substance misuse strategy *Working Together to Reduce Harm* (Welsh Assembly Government, 2008) makes clear the Welsh Assembly Government's support for increases in alcohol taxation and the introduction of minimum pricing. In addition, the strategy supports stricter controls on the promotion of alcohol and a mandatory code of conduct for the alcohol industry. The Welsh Assembly Government has lobbied the UK Government on these issues.

4.42 The ACMD believes that good progress has been made against this recommendation, and welcomes the increases in alcohol excise duty announced in the 2008 and 2009 Budgets. However, we are concerned at the way that larger commercial outlets are able to offset any price increase using discounted offers. Given the relationship between the price of alcohol and its level of consumption, we feel that this is an area that requires further government action, in line with the recommendation by the Chief Medical Officer for England.

RECOMMENDATION 8

Given the continuing rise in the prevalence of alcohol-related health problems and the high levels of drinking among young people, we recommend that a much stricter code for alcohol advertising (including via the internet) and sponsorship should be established. This would include prohibiting alcohol advertising on TV or in cinemas showing films to under-18s and prohibiting sponsorship by alcohol companies of sports or music events attended or watched by under-18s.

Action: Department for Culture, Media and Sport (DCMS).

4.43 *The Children's Plan* (DCSF, 2007) included a commitment to look at further measures to reduce excessive alcohol consumption by children and young people under the age of 18. A study by Ofcom and the

Advertising Standards Authority (ASA) attempted to assess the impact of strengthened alcohol advertising rules on young people's attitudes to alcohol advertising (Ofcom/ASA, 2007).

4.44 As was reported in the *Youth Alcohol Action Plan* published in June 2008, it was found that, while current restrictions have reduced young people's exposure to alcohol advertising 'young people remain exposed to such adverts and find them appealing' (DCSF *et al.*, 2008, p16). Although alcoholic drink suppliers have reduced TV spend, it is of concern that young people surveyed felt some of the 'edgier' advertisements made the drink appealing and would encourage people to drink, with 34% believing that in 2007, compared with 25% in 2005. This accords with recent research, which provides evidence that the way certain types of alcohol are marketed particularly appeals to young people.^{12, 13}

4.45 The plan identified five priorities:

1. stepping up enforcement activity to address young people drinking in public places;
2. taking action with industry on young people and alcohol;
3. developing a national consensus on young people and drinking;
4. establishing a new partnership with parents on teenage drinking; and
5. supporting young people to make sensible decisions about alcohol.

4.46 The Department of Health independent review (see 4.38) found 'evidence of small but consistent effects of advertising on consumption of alcohol by young people at an individual level' (Department of Health, 2008b, Part A, p82). Furthermore, the research found that there was evidence to suggest that advertising (not including that on television) may 'increase the likelihood of young people starting to drink, the amount they drink, and the amount they drink on any one occasion' (Department of Health, 2008b, Part A, p85). However, the researchers did feel that the findings were inconclusive and proposed the need for further research in this area. Recent changes to the advertising standards

¹² *Safe, Sensible, Social – Consultation on further action: Impact Assessments*, p30, available at: www.dh.gov.uk/en/Consultations/Liveconsultations/DH_086412

¹³ *Appealing Alcohol Beverages and Marketing Practices in Europe*, ELSA, May 2007, available at www.alcoholreclame.nl/content/bestanden/elsa_5_appealing_alcohol1.pdf

in children's food as part of the Government's commitment to change the nature and balance of food and drink advertising to children have demonstrated the level of change that can be achieved.¹⁴

4.47 In response to the Department of Health's consultation paper *Safe, Sensible, Social – Consultation on further action*, the Secretary of State for Culture, Media and Sport asked the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) to take into account the ScHARR review (Department of Health, 2008b) as part of the current CAP and BCAP code review. Having completed a detailed analysis of the ScHARR review findings, the CAP and the BCAP considered that the review contained insufficient evidence to warrant further revision of the alcohol advertising rules (Advertising Standards Authority, 2009).

4.48 The ACMD understands that there is a system of indexing programmes of appeal to children aged under 18. If a disproportionately large number of under-18s watch a programme, the broadcaster may not place alcohol adverts in or around it.

4.49 In its response to the Department of Health's consultation paper *Safe, Sensible, Social – Consultation on further action*,¹⁵ the ACMD recommended that the Department of Health should carefully consider the impact of alcohol-related sponsorship – for example, music festivals, sporting events and sports teams/clubs. In addition, it supported the implementation of a policy to promote 'less risky drinking', which would introduce 'a mandatory end frame with an average duration of one-sixth of total advertising minutes displayed on broadcast and cinema advertising, with similar restriction for printed advertising'.

4.50 The ACMD also supports Alcohol Concern's recommendations that:

- Drink adverts should be banned between 6am and 9pm, to ensure that the majority of children are not able to see this form of alcohol advertising.
- Drink adverts should be banned during programmes that run after the watershed but are still likely to appeal to children.

- The regulations covering scheduling need to be made clearer and the sanctions for when these are contravened should be publicly promoted.
- Broadcast codes should be brought into line with a clear definition of programming likely to appeal to children.

4.51 Overall, there has been some progress against this recommendation. However, the ACMD does believe that further action needs to be taken as outlined above, to protect children and young people from succumbing to the attractiveness bestowed on alcohol through and by the media. Several EU member states already have restrictions that go beyond the European directive – for example, prohibiting television advertisements for alcoholic drinks in excess of a given alcohol content.

RECOMMENDATION 9

Given the unequivocal evidence that many under-18s buy alcohol and many under-16s buy tobacco, the age-of-purchase laws for tobacco and alcohol should in future be much more strictly applied. Vendors should be encouraged to require proof of age and compliance should be reinforced through the use of underage test-purchasing and the prosecution of offenders.

Action: DH, Department of Trade and Industry, devolved administrations.

4.52 Since the ACMD's recommendation in 2006 that it should be an offence to sell tobacco products to anyone under the age of 18, the law has been changed and tobacco is now restricted for sale to over-18s only. The ACMD strongly supports this change in legislation and effective enforcement to prevent the sale of tobacco products to children under the age of 18.

4.53 However, the ACMD has concerns that point-of-sale restrictions have not been effective in reducing the availability of cigarettes to young people. The ACMD strongly supports the use of test-purchasing and the national alcohol misuse enforcement campaigns that were initiated in 2004 across England and Wales.

¹⁴ *Changes in Food and Drink Advertising and Promotion to Children*, Department of Health, October 2008.

¹⁵ Full response available at: <http://drugs.homeoffice.gov.uk/publication-search/acmd/ACMDDH>

4.54 While much progress has been made in encouraging test-purchasing, the ACMD would welcome moves to facilitate greater implementation of such schemes. The ACMD recognises that test-purchase schemes are expensive and difficult to carry out (e.g. test-purchasers are not allowed to lie about their age if challenged). The ACMD would encourage take-up of the voluntary test-purchasing schemes, as outlined in the *Youth Alcohol Action Plan* (DCSF *et al.*, 2008).

4.55 We fully support Northern Ireland's intention to develop and enforce test-purchasing legislation. The legislation requires police and trading standards officers to target premises breaking the law by selling to under-18s. It is hoped that this approach will ensure that retailers strengthen their procedures and training of staff in relation to underage sales. The ACMD will await the results of the evaluation to determine the effectiveness of such an approach.

4.56 We welcome feedback from the Scottish Government that it intends to apply age-of-purchase laws more rigorously. It plans to introduce a form of licensing scheme for retailers who sell tobacco products, and are considering ways of assisting trading standards officers in enforcement. In addition, the 'Young Scot Card' and other local proof-of-age schemes are to be applauded. Cardholders are provided with an incentive to carry proof of age, as they can use the cards to obtain discounts on food, leisure activities and driving lessons.

4.57 The ACMD understands that in Scotland the results of the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) will be used to monitor the success of the new law in the strategy to prevent and dissuade young people from smoking. Importantly, one survey question will specifically seek to gather information on how young people source cigarettes. The results of this evaluation should be considered UK-wide.

4.58 While we commend the progress that has been made in the area of test-purchasing, we feel that further progress could be made by a more vigorous approach to tackling underage sales. Further progress could be made if there was greater enforcement – with vendors requiring proof of age (see the Scottish example above), with test-purchasing being made easier for trading standards officers to implement, and with tougher

sanctions imposed on those breaching licensing conditions. The ACMD would support implementation of the Licensing Act Review proposal (referenced in the YAAP) to change the offence of persistently selling alcohol to a person under 18 from 'three strikes' to 'two strikes' for shops selling alcohol to underage purchasers.

RECOMMENDATION 10

The current arrangements to control the supply of drugs covered by the Misuse of Drugs Act (1971) should be reviewed to determine whether any further cost-effective and politically acceptable measures can be taken to reduce the availability of drugs to young people.

Action: Home Office.

4.59 *Pathways to Problems* stated that there was little good recent evidence on the impact of drug control measures on the availability of drugs, levels of drug use or even street prices. However, the UK Government's 2008 drug strategy (HM Government, 2008a) states that there is 'some evidence' that enforcement activity can affect drug prices and that taking action to increase the price of drugs is worthwhile.

4.60 Measures in the drug strategy action plan to control the supply of drugs include increased asset seizures from drug dealers, improved enforcement approaches to tackle local drug markets and expanded international cooperation to combat the production and transit of drugs.

4.61 Tackling the trafficking and supply, particularly of Class A drugs, is one of the priorities of the Serious Organised Crime Agency (SOCA). In its 2008/09 Annual Report SOCA claims that supply-side activity had made 'a discernable difference' to cocaine accessibility, purity and price.¹⁶

4.62 The charity DrugScope, in its 2008 annual drug trend survey (DrugScope, 2008), reported shortages of heroin in some parts of the UK. However, it was unclear whether this was the result of enforcement activity having an impact on availability.

16 Available at: www.soca.gov.uk/assessPublications/downloads/SOCA_AR_2009.pdf

4.63 In January 2007, the Government accepted the ACMD's recommendation that methylamphetamine (crystal meth) should be reclassified as a Class A drug. This followed concerns about a possible increase in its production and use. The move has enabled the police to give greater priority to intelligence gathering and enforcement activity.

4.64 Since publication of *Pathways to Problems* in 2006, there has been evidence of a significant increase in cannabis cultivation in the UK (ACMD, 2008a). While the police have had considerable success in identifying and closing cannabis farms, the scale of cannabis farm production in the UK is unclear.

4.65 Though the ACMD recognises the activity that is being undertaken by law enforcement agencies to restrict the availability of drugs generally, we are not aware of any specific measures being taken to reduce the availability to young people. We welcome the police activity to attempt to reduce the number of cannabis farms and the Government's acceptance of the recommendation to classify methylamphetamine as a Class A drug.

RECOMMENDATION 11

A fully integrated approach should be taken to the development of policies designed to prevent the hazardous use of tobacco, alcohol and other drugs.

Action: All relevant government departments.

4.66 We welcome the fact that, in Northern Ireland, the Department of Health, Social Services and Public Safety (DHSSPS) has developed an integrated strategy to prevent and address the harm related to alcohol and drug misuse through its *New Strategic Direction for Alcohol and Drugs (2006–2011)*. While the prevention of tobacco harm and misuse has been taken forward by a separate strategy (the *Five Year Tobacco Action Plan (2003)*), we note that responsibility for its delivery sits within the same unit in the department.

4.67 We welcome the Welsh Assembly Government's decision to develop a combined strategy for tackling the harms associated with alcohol, drugs and other substances – *Working Together to Reduce Harm*.

4.68 While in Scotland there are separate strategic documents to address and prevent tobacco, alcohol and drug misuse, we welcome the coordination in their delivery. The directorates of the Scottish Government responsible for driving forward these policies are working closely together to ensure that there is a synergy between the different strands.

4.69 The ACMD welcomes the creation of the Department for Children, Schools and Families (DCSF). The refocused department is better aligned than was its predecessor (the Department for Education and Skills (DfES)) in taking forward the agenda for the hazardous use of substances by young people, and is the lead department for England.

4.70 The DCSF is the lead department in the implementation of PSA 14 and PSA 25 (HM Government, 2008b and 2007b), both of which have high-profile and explicit requirements for local organisations to address children's and young people's use of tobacco, alcohol and drugs. The use of National Indicator 115 (Substance misuse by young people) at local authority level is designed to promote an integrated approach towards achievement against the PSAs across local agencies and organisations.

4.71 The ACMD commends the Government for the policy development and structural changes at central government and local authority level that have been made to promote better cross-agency integration. We believe that these changes will assist in the prevention of drug use and will enable easier and earlier intervention in problem drug use among young people.

RECOMMENDATION 12 (See page 24)

RECOMMENDATION 13

Given the poorer driving skills and higher accident rates among inexperienced young drivers, the Government should give consideration to reducing the maximum legal blood alcohol rate for drivers under 25 years of age to 50mg per 100ml. If successful, this could be extended to drivers of all ages.

Action: Department for Transport.

4.72 The ACMD acknowledges the THINK! drink-driving advertising campaign, launched in 2007, which targets young men up to the age of 30.

4.73 The evidence shows that 20% of drink-drive fatal accidents involve a driver aged 20–24 (16% aged 25–29) (DfT, 2008b). The data (for 2006) shows that, of the 920 car drivers who were killed/seriously injured and who were over the alcohol limit, 360 were aged 16–24. For motorcyclists, the corresponding figures are 340 casualties, 140 of them aged 16–24.

4.74 The Department for Transport (DfT) has published a consultation on road safety compliance, which includes proposals to reduce drink-driving (DfT, 2008a). The consultation commits to keeping the present blood alcohol concentration (BAC) limit under review, but describes any change in the prescribed BAC to below the current 80mg per 100ml as ‘a significant change of strategy’. The problem identified is that there is insufficient evidence to predict changes in drinking behaviour if the limit were reduced. The consultation document specifically notes that a lower limit for ‘novice’ drivers ‘would convey the wrong message at the wrong time’, as it would allow a higher BAC limit for drivers once they ceased to be ‘novices’.

4.75 The current BAC limit is 80mg per 100ml. The evidence shows that most drivers who are prosecuted are well over this limit. Set against this statistic is the decreasing number of people killed or seriously injured. In a response to the DfT consultation, the ACMD considered that there are four options to further reduce the number killed or seriously injured:

- greater public awareness campaigns;
- increased enforcement response;
- lower BAC – possibly split age group; or
- a combination of the above.

4.76 The ACMD believes that the current statistics for accidents among the younger age groups provide a good reason for considering legislation changes that could better safeguard those accumulating age-related experience. The ACMD does not believe that such a change would send a message to young drivers that it is

acceptable for them to drink more once they reach a certain age, but it would be a measure that would target those most at risk.

4.77 In responding to the consultation, the ACMD reiterated to government that it should consider reducing the legal BAC to 50mg per 100ml or less for drivers under the age of 25. Lowering the BAC would bring the UK more into line with other European countries (see Foreign and Commonwealth Office website ‘Travel advice by country’).

4.78 In 2007, the Transport Select Committee recommended that there was a case for introducing a 20mg per 100ml BAC limit – ‘which in practice is effectively zero’ – for ‘novice drivers’ (i.e. those with less than three years’ driving experience). While drivers under the age of 20 are, by definition, novice drivers, the recommendation was not specific to this age group (House of Commons Transport Committee, 2007).

4.79 The Chief Medical Officer for England, in his 2007 annual report, recommended that the legal blood alcohol rate for drivers aged between 17 and 20 years should be reduced to zero (Donaldson, 2008).

4.80 The ACMD does not believe there are any practical problems with enforcement, such as calibration of alcohol detection devices and verification of age. The ACMD does not believe that concerns regarding roadside verification of age are an obstacle to enforcement of such a policy, particularly as there is an expectation that proof of age is a requirement before purchase of alcohol. In addition, the ACMD understands that alcohol detection devices could be calibrated to different thresholds, and that there is provision within the Road Traffic Act for verification of age to take place at the roadside.

4.81 Studies in both New Zealand (Kypri *et al.*, 2006) and the USA (Voas *et al.*, 2003) provide evidence in support of more stringent alcohol-purchasing legislation for younger drivers and the impact of such a move on reducing traffic crash injuries. The US study concluded that ‘the policy of limiting youth access to alcohol, through minimum legal drinking age laws and reinforcing this action by making it illegal for underage drivers to have any alcohol in their system, appears to have been

effective in reducing the proportion of fatal crashes involving drinking drivers' (Voas *et al.*, 2003). While the ACMD is not advocating an increase in the minimum age at which alcohol may be purchased, these studies clearly demonstrate the effectiveness of restricting alcohol availability to young people.

4.82 The ACMD considers action against this recommendation to be inadequate. There is evidence to support a reduction in the BAC for novice drivers. Both the Transport Select Committee and the Chief Medical Officer for England support this position. However, the Government has, to date, chosen to retain the current BAC levels for all drivers, and has not accepted the potential benefits to young people (as novice drivers) of a reduction in the BAC levels.

RECOMMENDATION 14

The Government should continue to invest heavily in minimising the number of children and young people in relative poverty and protecting and supporting the most disadvantaged and vulnerable children and young people throughout the UK. Among many benefits, enabling children to have more secure and happier lives may reduce their risk of becoming involved in hazardous and subsequently problematic use of tobacco, alcohol and other drugs. As far as practicable, the impact of these measures should be evaluated.

Action: HM Treasury, Department of Health, DfES (now the DCSF).

4.83 Since publication of *Pathways to Problems* in 2006, there have been welcome and significant legislative measures and policies to improve the welfare and well-being of children, young people and families – from the national roll-out of Sure Start Children's Centres in England, Integrated Children's Centres in Wales, to the new 10-year youth strategy *Aiming High for Young People* (HM Treasury/DCSF, 2007).

4.84 The DCSF was one of two new departments created in June 2007 to replace the Department for Education and Skills. The DCSF published a 10-year *Children's Plan* with the stated ambition of making England 'the best place in the world for children and young people to grow up' (DCSF, 2007).

4.85 We welcome the fact that a key focus of the 2008 drug strategy (HM Government, 2008a) is 'Preventing harm to children, young people and families affected by drug misuse'. The strategy commits to a greater focus on effective prevention and earlier intervention, with the DCSF having lead departmental responsibility. Measures in the drug strategy action plan¹⁷ include the establishment of a cross-government working group to 'drive forward work on families and substance misuse', more intensive support for drug-misusing parents, and better access to treatment and a more integrated approach to local prevention activity through the roll-out of Targeted Youth Support.

4.86 The Welsh Assembly Government has used new powers to introduce the proposed Children and Families (Wales) Measure. This legislation will be a key enabler for the Welsh Assembly Government's vision for children and young people, delivering solutions to child poverty and social exclusion among some of the most disadvantaged children and families in Wales. The proposed Measure sets a clear direction for the Welsh Assembly Government's priority in supporting those in society who are particularly vulnerable and most disadvantaged. It specifically addresses the needs of those children in Wales who are living in poverty and in families with multiple problems.

4.87 In *Pathways to Problems*, we highlighted and emphasised the links between poverty/disadvantage and those children and young people most at risk of hazardous drug and alcohol use. We therefore welcome the Government's consultation (2009) on the Child Poverty Bill, which will enshrine in legislation the commitment to eradicate child poverty by 2020. While progress in reducing relative child poverty has been made, the Treasury Select Committee, in its report on the 2009 Budget, concluded that the Government will fail to meet its target of halving child poverty by 2010/11 'by a significant margin' and called on the Government to use the Pre-Budget Report 2009 to set out the measures it will take to meet the target.

17 Available at: <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-action-plan-2008-2011?view=Binary>

4.88 The ACMD recognises the progress that has been made against this recommendation in the policy direction that has been taken, and also acknowledges that it will take considerable time for such changes to have the desired effect. However, we note with concern the Government's anticipated failure to meet its target of halving child poverty by 2010/11, as we are aware of the impact such a failure will have on the most vulnerable children in our society and on the associated risk of substance misuse.

RECOMMENDATION 12

A greater emphasis should be placed on policies aimed at preventing hazardous tobacco, alcohol and other drug use by young people in their late teens and early twenties.

Action: All relevant government departments.

RECOMMENDATION 22

All universities, colleges of further education and other major training institutions should take more responsibility for encouraging and enabling their students or trainees to minimise the hazardous use of tobacco, alcohol and other drugs.

Action: DfES (now the DCSF), devolved administrations.

4.89 The DCSF's independent review of drugs education included a call for the guidance on education settings to be broadened to include colleges and youth provision (Advisory Group on Drug and Alcohol Education, 2008). We understand that this is currently being actioned in the preparation of new draft guidance.

4.90 The ACMD welcomes the setting up of the new programme for the further education (FE) sector, promoting healthy further education and healthy youth work and enabling the advantages of a health-promoting organisation to be available to young people over the age of 16. The Healthy Schools Programme requires every part of healthy-school sites to be smoke free: this goes beyond current legislation, which covers only enclosed or partly enclosed buildings.

4.91 The ACMD welcomes the approach that Northern Ireland is taking in the use of its Public Health Agency and the local drug and alcohol coordination teams to influence the health of students in further education.

4.92 In Wales, a specialist sub-group is being established to produce a module on 'substance misuse education for further education and higher education' within the Substance Misuse Treatment Framework. It is anticipated that this will be published in February 2010.

4.93 The Scottish Government, in line with evidence that young people start to smoke (or progress from occasional to regular smoking) once they leave school, is looking to work with higher and further educational institutions. They are exploring ways of supporting students and trainees and discouraging them from smoking, as part of a wider programme that looks at substance use and other risk-taking behaviour.

4.94 The ACMD commends the progress that has been made in banning smoking in public places (including colleges and universities), and hopes that this will be a disincentive to students to start smoking.

4.95 The ACMD welcomes the Government's acceptance of recommendation 12 in its 2008 Cannabis Review *Cannabis: Classification and Public Health* (ACMD, 2008) to amend section 4A of the Misuse of Drugs Act 1971 'to incorporate additional aggravating factors including supply of a controlled drug in the vicinity of any further and higher educational establishments'.

4.96 While many FE establishments do make some attempt to limit excessive drinking, leaflets and promotions that encourage drinking are still included in student 'Freshers' Week' packs. The ACMD recommends more proactive government intervention in this area. Consideration should also be given to encouraging universities to withdraw financial support from sports and other clubs and societies that promote irresponsible and excessive drinking (e.g. 'initiation ceremonies' and drinking games).

4.97 The ACMD commends the progress that has been made against this recommendation – it has been significant in the area of tobacco control, less so in alcohol control. It is important that the Department for Business, Innovation and Skills (BIS) take the lead in

ensuring that further and higher education establishments take action to control the culture of excessive drinking that is prevalent in educational establishments for young people.

RECOMMENDATION 16

The National Treatment Agency should continue to promote and monitor the development of accessible services for young people with serious tobacco, alcohol or other drug-related problems across the country, and take active steps to ensure that these services are coordinated with other initiatives that engage with vulnerable young people.

Action: DH.

4.98 The National Treatment Agency for Substance Misuse (NTA) has pledged to continue to promote and monitor the development of accessible services for young people with serious drug and alcohol-related problems. However, the NTA does not cover tobacco problems. This work is covered by a Memorandum of Understanding between the NTA and the DCSF. This revised Memorandum of Understanding outlines future treatment planning and needs assessments, drug strategy commitments and actions for PSA 14 (HM Government, 2008b).

4.99 We acknowledge that the NTA has been productive on issues of drug misuse by young people. However, we are uncertain what impact this has had on alcohol and tobacco use among young people, especially as these substances are the most commonly used in this age group, very often in addition to illicit substances.

4.100 We do not feel that there is a clear picture of the need for specialist services for young people. This should be based on needs assessment, because young people often have many associated problems besides substance misuse – for example, dysfunctional family relationships, physical illness, mental health problems, homelessness, criminality, poor educational attainment. Therefore, any treatment for addiction has to be part of the broader psychosocial context of the child, family and community, including school.

4.101 Service provision for adolescent substance misusers is geographically patchy, and the components of service models that have been described in some detail is very variable (NTA, 2007). The consensus of opinion is that young people involved in substance misuse should be treated in an integrated fashion, with multiple agencies and professionals working together to provide a holistic, seamless and, most important of all, comprehensive response. Therefore, we recommend a more consistent and comprehensive approach across the regions, from early intervention to intensive specialist treatment.

4.102 When evaluating programmes, we consider it inappropriate to apply adult-specific measures to young people. Age-appropriate measures of improvement or ‘success’ for young people should always be employed to take account of their different needs.

4.103 The evidence base for treatment interventions among young people is extremely limited in the United Kingdom. Therefore, treatment services, based on a consensus of good practice and a set of minimum standards, need to be established throughout the country. These can act as a base to demonstrate the effectiveness of a range of treatments, as currently there is not enough evaluation (see Recommendation 17).

RECOMMENDATION 17

Following the example of the NTA, Scotland, Wales and Northern Ireland should also develop a coherent and specifically funded plan for providing and evaluating services for young people with serious tobacco, alcohol or other drug-related problems.

Action: Devolved administrations.

4.104 The ‘Good practice guidance for the treatment of substance misuse by youth offending teams in Wales’ – a module of the Substance Misuse Treatment Framework – provides a summary, based on the evidence, professional opinion and existing policy statements, of what is best practice in relation to the treatment of substance misuse among children and young people who offend during their involvement with the youth justice system. It is targeted primarily at the

local partnerships that must cooperate in order to provide and commission appropriate services for these individuals, namely:

- youth offending team (YOT) partnerships;
- children and young people's partnerships;
- community safety partnerships; and
- substance misuse action teams.

4.105 The guidance will have particular relevance for substance misuse professionals within YOTs, those that provide substance misuse services outside the YOT, child and adolescent mental health service providers and other organisations that provide specialist services to young people. This module was published for consultation in March 2009, and it is proposed that the final document will be published by March 2010.

4.106 The Scottish Government is considering setting separate targets for young people aged 13–15 and for those aged 16–24. A research and evaluation framework will be set up to evaluate this and other elements of the action plan.

4.107 We would welcome further evidence from the Government and from the devolved administrations as to how they evaluate services for young people.

RECOMMENDATION 18

In addition to the other measures in A Framework for Volatile Substance Abuse (published in 2005), butane lighter fuels should be made impracticable for abuse and all gas fuel containers should carry a prominent safety warning.

Action: Department of Trade and Industry.

4.108 This recommendation concerned the Department of Health and the Department for Business, Enterprise and Regulatory Reform (BERR)¹⁸ as the responsible government departments. Of concern is that BERR declined to offer responses to the ACMD, as it does not regard this issue as part of its remit – its focus having moved from consumer safety to consumer products. The DCSF has also indicated that it does not intend to do any work in this area.

4.109 St George's, University of London publishes an annual report on mortalities from solvent and volatile substance abuse. The figures for 2006 (the last recorded year) identified 49 deaths associated with volatile substance abuse (VSA) – four more than in 2005. The total number of VSA deaths in the UK since 1971 now stands at 2,247.

4.110 Among under-18s there were five VSA deaths in 2006, compared with eight in 2005 and 13 in 2004. VSA deaths overall continue to be more common among males than females: in 2006, there were three times as many deaths among males as among females (among the under-18s there were no female deaths) (St George's, University of London, 2008).

4.111 The ACMD understands that in the financial year 2008/09, the Welsh Assembly Government established a Substance Misuse Treatment Framework (SMTF) specialist sub-group to prepare and present a scoping paper on good practice guidance, intended to reduce the accessibility of volatile substances. VSA remains a concern in Wales, since it still causes more deaths among young people aged 10–16 than do Class A and other illegal drugs (Department of Health *et al.*, 2005). The Welsh substance misuse strategy provides for awareness of the hazards of volatile substances to be raised at both primary and secondary school level within the All Wales School Liaison Core Programme (AWSLCP). The ACMD has been informed that, in an effort to reduce further the availability and accessibility of volatile substances in Wales, local good practice will be identified in terms of engaging communities in the job of tackling VSA and in the enforcement action being taken among those retailers that are linked to VSA incidents.

4.112 The ACMD has particular concern about the use of 'poppers' (the street name given to various alkyl nitrites taken for recreational purposes through direct inhalation) and nitrous oxide. The ACMD is particularly concerned about the prevalence of the use of 'poppers' among young people. Data from the British Crime Survey show that in 2005/06 3.9% of 16–24-year-olds reported the use of amyl nitrite. The National Centre for Social Research reported in 2007 that 'poppers' were the third most commonly used type of drug among 11–15-year-olds in England. Data from The Scottish Schools Adolescent Lifestyle and Substance Use Survey

¹⁸ Formerly the Department of Trade and Industry. From June 2009, BERR has been the Department for Business Innovation and Skills.

(2006) reported that 8% of 15-year-olds reported having ever taken ‘poppers’. Of concern is that ‘poppers’ are not controlled under the Misuse of Drugs Act 1971, nor are they controlled under other legislation. The ACMD has written to the Department for Business, Innovation and Skills highlighting its concerns and asking if there are plans to extend the relevant legislation (Cosmetic Products (Safety) Regulations 2008) for their control. Also of concern is the prevalence of use of nitrous oxide (laughing gas), which the ACMD understand is increasing. A report of substance abuse deaths in 2006 showed that five deaths were attributable to the use of nitrous oxide (Field-Smith *et al.*, 2008).

4.113 Though the Department of Health did set up a VSA Stakeholder Group, it soon lapsed, and has had no outcomes or impact, despite the fact that there were useful meetings with a range of stakeholders from industry, as well as from substance misuse agencies.

4.114 Neither the *Framework for VSA* (Department of Health *et al.*, 2005) nor *Pathways to Problems* appears to have had much success in persuading the Government to take action to tackle the area of substance misuse linked to butane gas and other volatile substances.

4.115 The ACMD believes that the availability of volatile substances to young people, the unnecessarily large size of some butane gas containers and the inappropriate packaging – together with a lack of meaningful warnings on the dangers – all indicate that this area of harm to young people is being inadequately addressed by government departments. The ACMD recommends more specific action in this area within the context of the 10-year drug strategy, with action focused on the issues noted above.

4.116 Schools are increasingly being viewed as a pivotal centre for the delivery of support to children, young people and their families, and this is to be welcomed. At the same time, we acknowledge the need to ensure that those most excluded from our society are not also excluded from the same level of support and education about the hazards of drug, tobacco and alcohol use – especially when used in combination.

RECOMMENDATION 19

In the light of the evidence that classroom-based drugs education has very limited effectiveness in reducing rates of drug use, there should be a careful reassessment of the role of schools in drug misuse prevention. The emphasis should be on providing all pupils with accurate, credible and consistent information about the hazards of tobacco, alcohol and other drugs – including volatile substances.

Action: DfES (now the DCSF), devolved administrations.

RECOMMENDATION 20

All schools should seek to maintain a supportive environment for all their pupils, while recognising and responding to the needs of those whose behavioural problems or family background may put them at particular risk of hazardous drug use.

Action: DfES (now the DCSF), devolved administrations.

4.117 The ACMD welcomes the introduction of the Targeted Mental Health in Schools programme (DCSF, 2008a). The programme focuses on children aged 5–13 with behavioural, emotional and social problems. It takes a preventative approach to identifying children with difficulties as soon as possible, and provides an opportunity to reduce their risk of hazardous drug use.

4.118 In the original *Pathways to Problems* report, we endorsed the aims of the Healthy Schools Programme¹⁹ (a joint DH/DCSF initiative) and we welcome the continuing developments under this programme: the new Personal, Social and Health Education (PSHE) guidance, published in 2008, includes advice on how schools can improve the drugs education and referral procedures that are in place.

4.119 We also welcome the development of the Healthy Further Education programme, with its explicit focus on the FE contribution to addressing areas outlined in the Chief Medical Officer's reports: alcohol and drugs, tobacco and exposure to injury and accidents.^{20, 21}

4.120 The ACMD recommends that the Healthy Schools/Healthy FE and Healthy Youth Work approach should be broadened out to include services for children and young people in the youth justice system, where high proportions of children report regular substance misuse.

4.121 The ACMD welcomes the proposal to make PSHE education statutory, as part of the National Curriculum, in both primary and secondary schools.

4.122 The ACMD remains concerned about the quality of drugs education received by excluded children, and believes those children should be made a priority. Of particular concern is the varying level of drugs education in pupil referral units.

4.123 The ACMD endorses the recommendations of the review of drug and alcohol education (Advisory Group on Drug and Alcohol Education, 2008), which examined the available evidence on the effectiveness of information and education from all the sources available to young people, including parents, schools, colleges, the non-formal sector, the wider media and government. All the recommendations were accepted by the Government (DCSF, 2008b). The recommendations are to undertake actions to achieve the following:

- Increase parents' and carers' knowledge and skills about drug and alcohol education and prevention, enabling them to better inform and protect their children.
- Improve the quality of drug and alcohol education by making PSHE a statutory subject – to enable schools and colleges to promote well-being effectively – and improve the quality of training for PSHE teachers.
- Improve identification and support for young people vulnerable to drug misuse in schools, colleges and non-formal settings.

4.124 Progress is being made in Northern Ireland, where the DHSSPS is working with the Department of Education on the development of a holistic healthy schools policy that will seek to promote and encourage good physical and mental health for pupils and staff.

4.125 In Wales, a national Substance Misuse Education Steering Group has been established, consisting of Welsh Assembly Government officials from relevant policy areas and external stakeholders. The aim of the group is to monitor the delivery of the components relating to substance misuse education in the new substance misuse 10-year strategy for Wales – *Working Together to Reduce Harm* (Welsh Assembly Government, 2008). The steering group will also provide advice and recommendations to the Substance Misuse Implementation Board on matters pertaining to the provision and delivery of consistent substance misuse education for children and young people up to the age of 25 years.

4.126 Also in Wales, at the local and regional levels, partners must ensure that local substance misuse action plans and the related elements of the Children and Young People's Plan take full account of the needs of school and youth service-based provision and link effectively with the core programme and the Welsh Network of Healthy School Schemes.

4.127 The results of the ASSIST programme – the peer-based tobacco prevention programme mentioned in our original report – have now been published in the *Lancet*,²² and the programme is now being rolled out across Wales via the National Public Health Service, with Welsh Assembly Government funding.

4.128 The roll-out of a Welsh national strategy for school-based counselling services should provide a greater level of personal support for children and young people who wish to discuss their problems with an independent adviser. It is expected that many of those who access the services will have substance misuse problems, and the counselling strategy establishes the need for counsellors to have had training in these aspects

20 www.excellencegateway.org.uk/hfep

21 See the Chief Medical Officer's report at: www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/ChiefMedicalOfficer/CMOPublications/index.htm

22 www.thelancet.com/journals/lancet/article/PIIS0140673608606923/abstract

4.129 The All Wales School Liaison Core Programme (AWSLCP) is a programme that aims to reduce crime and disorder through addressing drugs and substance misuse education, safety and social behaviour and has been very well evaluated by professionals, communities and young people. It is now being externally evaluated, and the report is due in December 2010.

4.130 In Scotland, there has been a reassessment of the role of schools in preventing drug misuse. A steering group that focuses on substance misuse education in schools was set up in November 2007 to look at approaches to supporting local authorities in the delivery of effective substance misuse education in schools. It aims to boost knowledge, skills and confidence about drugs and drug cultures for all those who deliver health education in schools, and to ensure access to suitable and age-appropriate resources.

4.131 In Northern Ireland, the DHSSPS and the Department of Education have met to consider how substance misuse education should be delivered, and what role schools and teachers should have in that process. Principles of good practice in alcohol and drugs education are currently being developed for widespread dissemination.

4.132 It is evident from the activity outlined above, as well as from our consultation with young people, that schools are seen as having a key role. Specifically, schools have a role both in the identification of vulnerable children, and as providers of services, education, information and support. The ACMD commends the significant progress that has been made in this regard across England and the devolved administrations.

4.133 In the area of drugs education, the ACMD has concerns that, despite the commendable level of activity, there is a lack of independent evaluation to assess what works.

RECOMMENDATION 21

Drug testing and sniffer dogs should not be used in schools. We consider that the complex ethical, technical and organisational issues, the potential impact on the school–pupil relationship and the costs would not be offset by the potential gains.

Action: DfES (now the DCSF), devolved administrations.

4.134 In 2006, the DCSF said that it would consider setting up a pilot to evaluate the effectiveness of voluntary drug-testing in secondary schools. These pilots were not rolled out owing to a lack of uptake.

4.135 We understand that the DCSF has no intention of pursuing a national pilot. However, it has delegated authority to head teachers to decide on their own testing programmes and on the use of sniffer dogs in schools. The DCSF has advised that, before a school decides to introduce drug-testing, it considers very carefully all the factors outlined in the guidance *Drugs: Guidance for schools* (DfES, 2004), including whether such action will result in appropriate support for those pupils most in need.

4.136 There is currently no policy in Wales regarding sniffer dogs and drug-testing in schools.

4.137 As we have previously stated, the ACMD welcomes the discouragement of the use of sniffer dogs and drug-testing in schools – an approach which we believe to be inherently flawed.

RECOMMENDATION 24

Any future major drug prevention initiatives should be designed with evaluation in mind from the outset. They should be evaluated using scientifically rigorous methods, employing randomised controlled trials where possible. This should ensure that any conclusions on the effectiveness of the initiatives can be accepted with confidence, both in the UK and elsewhere.

Action: Home Office, DH, DfES (now the DCSF), devolved administrations.

4.138 Under this recommendation, the National Collaborating Centre for Drug Prevention at Liverpool John Moores University is undertaking work on behalf of the Department of Health and the DCSF.

4.139 The DCSF is developing an evaluation tool, through the High Focus Area initiative, to use when setting up and evaluating drug prevention projects. The intention is that all future prevention initiatives should be designed to employ scientific methods, wherever possible, and that evaluation should be built in from the outset.

4.140 Scotland and Northern Ireland use evaluation activities to develop current policy – for example, gathering feedback from teachers and pupils on implementation of the Choices for Life initiative in 2008 and using the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (Scottish Executive, 2007) to evaluate the impact of some aspects of policy. Northern Ireland has developed an Impact Measurement Tool, which enables the impact of funded projects and initiatives to be measured. This is currently being revised.

4.141 The ACMD reiterates the need for all future major drug prevention initiatives to be designed with evaluation in mind from the outset.

RECOMMENDATION 15

The ongoing debate about how best to bring up children should be informed by the evidence that good parenting and stable family life can reduce the risks of hazardous tobacco, alcohol and other drug use by young people.

Action: The media and government.²³

4.142 Both before and since our original report, there has been a great deal of public debate recognising the important role that the family has to play in substance misuse prevention. We are pleased that this theme is strongly represented in the new national drug strategy *Drugs: Protecting families and communities* (HM Government, 2008a) and the strategies of the devolved administrations.

4.143 The 2008 drug strategy commits to a ‘new package for families’, with measures to support and strengthen families, including ‘intensive and integrated support for families at risk, to improve parenting skills, reduce risk factors for children, support families to stay together and break the cycle of problems being transferred between generations’ (p24). We welcome the commitment to provide more support to kin carers, such as grandparents.

4.144 We note key actions in support of PSA 14 (Increase the number of children and young people on the path to success) (HM Government, 2008b) by the Department of Health. The actions include providing prompt access to treatment for all drug-misusing parents with a treatment need and delivering a package of interventions for families at risk (i.e. improving parenting skills and providing support for kin carers and for parents with substance misuse problems, so that children do not fall into caring roles).

4.145 We particularly welcome the Think Family approach that was developed by the Cabinet Office’s Social Exclusion Task Force, and the resources announced in the Children’s Plan to implement the £16 million Family Pathfinder programme (Cabinet Office, 2008). Think Family aims to ensure that the services for adults and children join up to respond to the needs of whole families, and extends the logic of cooperation behind Every Child Matters to adult services, so that all services share responsibility for family outcomes, encouraging and empowering frontline staff to innovate and cooperate in response to whole-family situations.

4.146 In Northern Ireland, in the new young people’s drinking action plan, specific consideration has been given to how best to support parents and families in addressing young people’s drinking, and thus in reducing risks.

4.147 The ACMD welcomes the advice issued to parents by England’s Chief Medical Officer in January 2009: ‘Children aged under 15 should never be given alcohol, even in small quantities’ and ‘childhood should be an “alcohol-free time”’.²⁴

²³ ‘Government’ has now been explicitly included in this recommendation (although it was not in the first *Pathways to Problems* report).

²⁴ See the draft guidance on the consumption of alcohol by children and young people from the Chief Medical Officers of England, Wales and Northern Ireland available at: www.dcsf.gov.uk/consultations/downloadableDocs/CMO%20Guidance.pdf

4.148 In Wales, there has been a national roll-out of the Strengthening Families Programme. This is designed for a general population of parents, and children aged 10–14. The programme is based on a resiliency model and empirical findings on youth and family risk and protective factors. The programme is consistent with advice that family interventions should not deal with drugs in isolation.

4.149 The ACMD understands that the Welsh Assembly Government has used its new devolved legislative powers to strengthen support for vulnerable children and for families with complex needs. The introduction of statutory Integrated Family Support Teams (IFSTs) in each area will bring together social workers, family workers, substance misuse professionals, nurses and health visitors. They will work directly with families to protect and support vulnerable children. There will be greater emphasis on early identification of families with problems and of those parents who are unable to carry out their parenting roles, so that alternative care arrangements can be made. These new teams will also provide supervised training and development for NHS and local authority staff to improve engagement with families and delivery of needs-based interventions. Initially IFSTs will be implemented in three pioneer areas (from 2010). They will be accessible to families with a history of substance misuse and where a child is in need or at risk.

4.150 In Scotland, in May 2008, parents, carers and other family members across the country were sent a booklet entitled *Drugs: What Every Parent Should Know*. The booklet contained factual information about drugs and the consequences of their use, as well as some suggestions on how to talk to young people about sensitive issues. Furthermore, *Scotland's Future is Smoke-free: A smoking prevention action plan* (Scottish Government, 2008b) proposed a multi-faceted campaign targeted at parents to raise awareness of the impact of tobacco on their children's health. This is to be mounted under the auspices of the Health Improvement Social Marketing Strategy. The evidence shows that teenagers are more likely to smoke if their parents or siblings do, and if they have low levels of parental supervision.

4.151 The ACMD welcomes and commends the significant progress that is being made against this recommendation. It is evident from this progress that the impact of parenting on reducing the risk that children and young people will engage in high-risk behaviour is being taken seriously. The policy changes that have occurred reflect the importance of the family and provide an opportunity for adult-focused services. Adult services can then take some responsibility for looking at issues that may have an impact on the ability of parents/carers to parent effectively.

RECOMMENDATION 23

The media, particularly television and radio, should be used more extensively and imaginatively than at present to inform young people of the real hazards of using tobacco, alcohol and other drugs.

Action: DH, Home Office, DCMS, devolved administrations.

4.152 The DCSF and the Home Office have continued to develop the FRANK campaign and have developed Know Your Limits²⁵ – an alcohol social marketing campaign for young people. The Department of Health is using such campaigns to pass on messages about alcohol and drug hazards. Audience-insight research is being used to inform the future development of these programmes.

4.153 Northern Ireland has advised the ACMD that it will continue to work with the Public Health Agency and other organisations to provide education and information to young people through a range of different media.

4.154 In Scotland, tobacco and alcohol issues will be addressed as part of the 'Youth Brand' dimension of the Scottish Government's Health Improvement Social Marketing Strategy. It is intended that this will complement ongoing work on drug misuse.

4.155 This recommendation advocates use of the media in spreading the health-promotion message to young people about the real hazards of using tobacco, alcohol and other drugs. There are various media that young people regularly use that can be employed much

²⁵ <http://units.nhs.uk/>

more effectively to reinforce the message about the hazards of these substances. The ACMD commends the recent campaigns by the Drinkaware Trust, many of which have a specific focus on children and young people.

4.156 The ACMD feels that significantly more could be done to address this valuable recommendation, which has so much potential to reach young people.

The role and contribution of other stakeholders

ACMD PATHWAYS TO PROBLEMS CONFERENCE

5.1 On Monday, 2 June 2008, the ACMD held a conference on issues raised in *Pathways to Problems*. The day provided an opportunity for government departments, other national and local organisations and practitioners to discuss how the recommendations contained in *Pathways to Problems* had been taken forward, and to assess their impact. It also afforded delegates an opportunity to share good practice and develop networking opportunities.

5.2 Delegates included representatives from local and regional drug action teams, county councils, the Children's Society, DrugScope, the Scottish Crime and Drug Enforcement Agency and Transform.

5.3 Pathways to Problems Working Group members facilitated workshops on the following key themes that covered the recommendations in *Pathways to Problems*:

- supporting at-risk children and young people (early interventions);
- giving young people accurate and credible information on harm (helping young people to make the right choices);
- reducing availability and attractiveness; and
- young people with drug problems – how are we helping them?

5.4 Presentations were delivered by:

- Drug Education Forum
- Professor Ian Gilmore – President of the Royal College of Physicians
- Department for Children, Schools and Families
- Home Office – Blueprint programme
- National Treatment Agency for Substance Misuse (NTA).

5.5 The feedback from the conference and input from those who attended the workshops has helped inform this report.

FEEDBACK FROM YOUNG PEOPLE

5.6 Mentor UK facilitated two meetings with groups of young people to obtain feedback regarding the recommendations and issues that had emerged from the first report. Meetings were held with young people in South West Wales and Staffordshire. Their ages ranged from 14 to 17.

5.7 The young people were asked to talk about their experiences of tobacco, alcohol and other drugs. Experiences and knowledge were mixed. Anecdotal information gathered further supported many of the findings in the first *Pathways to Problems* report. There was also anecdotal evidence about health and behavioural harms from solvent misuse.

5.8 The groups were asked about influences and decision making surrounding tobacco, alcohol and other substances. They were clear that they wanted information on the facts so that they could make their own decisions. They did not want to be told or 'lectured' on what to do. It is important to note that the young people did not believe that they required support to abstain, as this 'switched them off'.

5.9 Young people in the groups thought it would help if their parents were knowledgeable about drugs and alcohol, so that they could really discuss these together.

5.10 The tripartite classification system for illicit drugs was not noted as a driver of young people's behaviour.

5.11 It was apparent from the feedback that there are many and varied influences on young people's decision making around tobacco, alcohol and drugs.

conclusions and suggested actions to build on progress

OVERALL

6.1 This report focuses on the progress that has been made since the original *Pathways to Problems* report was published in 2006. It is evident that there has been significant progress across policy development, and that this recognises the public health concerns surrounding young people's substance misuse. We commend the progress that the Government has made in reflecting the recommendations of *Pathways to Problems* in the policy that has subsequently been developed.

6.2 Those areas of notable improvement include recognition of the role of parents and of schools, and the increased importance being put on early identification and intervention of children at risk of hazardous behaviour.

6.3 We are also encouraged by the progress that has been made in the implementation of legislation covering tobacco control and by the impact this will have on children who start to smoke and are exposed to smoke.

6.4 There has also been a strong commitment to the use of research to develop the evidence base for the delivery of the drugs strategies.

6.5 There has been an obvious attempt to promote more integrated approaches at all levels – nationally, across government and with the voluntary sector, as well as at regional and local levels. This integrated approach will ensure that resources are used to better effect and will address the problem of policy conflict.

TOBACCO AND ALCOHOL

6.6 Significant efforts have been made – via a number of public information campaigns – to raise public awareness of the risks of alcohol and tobacco.

6.7 However, the ACMD does still have concerns about the progress that has been made against some of the recommendations, particularly those that relate to young people's exposure to, and use of, alcohol.

6.8 There has been a noticeable increase in the reporting of alcohol-related illness, injury and crime. It is especially the increase in alcohol-related concerns that is reflected in the further recommendations we make below, which are in addition to the previous ones cited in *Pathways to Problems*.

6.9 The ACMD was disappointed that there was no consultation and no opportunity to contribute to the Government's overall alcohol strategy *Safe. Sensible. Social.* (HM Government, 2007a). However, the recent consultations regarding drinking and driving (DfT, 2008a), elements of the alcohol strategy regarding licensing, and those regarding young people and alcohol guidance are all welcome.

6.10 The ACMD believes that there should be an opportunity for legislation to change – as it has in other European countries – around the acceptable quantity of alcohol that a young person can drink when driving. The ACMD again recommends that the Government should consider reducing the legal blood alcohol concentration (BAC) for drivers under the age of 25. The original report suggested a limit of 50mg per 100ml, but in light of the statistics for accidents among the younger age groups and the views of the Government in June 2007, the ACMD strongly recommends that the Government should consider reducing the legal BAC to 50mg per 100ml or less for drivers under the age of 25. Lowering the BAC would bring the UK more into line with other European countries.

6.11 The ACMD recommends the use of standard measures when alcohol is served, so that all servings represent the same alcoholic intake. The measures of alcohol should be simplified and clarified, in order to make it easier to inform the public about safer consumption of alcohol; individuals can then decide for themselves if they want to double or triple that serving. This is particularly relevant to drinks (such as wine) that are being served in increasingly large measures. Nowadays, even a 'small' glass of wine constitutes a large quantity of alcohol, and this encourages ever greater quantities of alcohol to be consumed. While this may not be an area of priority when addressing the consumption of alcohol by children and young people, it is relevant to public awareness and does have an influence on the drinking culture that is evident in the UK.

6.12 While we welcome increases in the alcohol excise duty, we are concerned at the way the larger commercial outlets are able to offset any price rise using discounted offers.

6.13 The ACMD reiterates its concern over the rise in average alcohol content raised in its consultation response to *Safe. Sensible. Social.*²⁶ Given that reducing alcohol content would be a simple approach to reducing intoxication, we recommend that beer and lagers should be taxed according to alcoholic strength.

6.14 The ACMD recommends that the Department of Health explore policy options for implementing an alcohol duty levy to fund the promotion of health awareness, taking particular note of the international progress that has been made in this area.

6.15 The ACMD recommends more proactive government intervention to discourage the promotional activities that encourage a culture of excessive drinking in higher and FE establishments. Consideration should be given to banning 'initiation ceremonies' and drinking games.

6.16 The ACMD recommends that the Government implement policies that promote 'less risky drinking', with restricted opportunities for advertising alcohol, and that it should also implement Alcohol Concern's recommendations relating to advertisements that promote alcohol.

6.17 While the Government seeks the views of relevant stakeholders on matters relating to alcohol and tobacco, there is no equivalent independent expert body to undertake a role similar to that of the ACMD in advising the Government. Despite the response received from the Home Office in answer to its question (see paragraph 4.2), the ACMD is not routinely consulted on matters relating to alcohol and tobacco, nor does it have the necessary resources or expertise to undertake the same role it does for illicit drugs.

6.18 The ACMD will draft a paper outlining the possible options for formal independent advisory structures covering alcohol and tobacco.

6.19 We acknowledge that the National Treatment Agency (NTA) has been extremely active in the area of drug misuse by young people; yet we are uncertain what impact this has had on alcohol and tobacco. We do not feel that there is a clear picture of the need for services for young people. While the NTA does some work that specifically targets young people, we would like to see a

more consistent and comprehensive approach across the regions in relation to early intervention and treatment. This should be based on needs assessments. We recommend that it is not appropriate to use the same 'success' measures for young people as for adults. Any outcome measures should take account of the different needs of young people.

VOLATILE SUBSTANCE ABUSE

6.20 The ACMD recommends more specific action in this area, within the context of the 10-year drug strategy. There should be particular focus on the sizing, packaging and marketing of volatile substances and on their availability to young people.

SUBSTANCE MISUSE AND PREVENTION

6.21 The ACMD recommends that the Healthy Schools/Healthy FE and Healthy Youth Work approach should be broadened out to include services for children and young people in the youth justice system, where high proportions of children report regular substance misuse.

6.22 We recommend that the DCSF accept the offer made by the charity Re-Solv and the British Aerosol Manufacturers' Association to help in the development of a survey of schoolchildren's drug usage, including volatile substance abuse (VSA).

6.23 The ACMD recommends that the NTA's performance should be measured through the evaluation of outcomes rather than through the monitoring of outputs.

6.24 The ACMD recommends that NTA performance measures should be specifically designed for young people, instead of adapting or using measures designed for adults, since all outcome measures should take account of the different needs of young people.

6.25 The ACMD reiterates the following recommendation, against which very little seems to have been done: the media, particularly television and radio, should be used more extensively and imaginatively than at present to inform young people of the real hazards of using tobacco, alcohol and other drugs.

²⁶ Response available at: <http://drugs.homeoffice.gov.uk/publication-search/acmd/ACMDDH?view=Binary>

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Annex 1: Pathways to Problems – full recommendations

Recommendation 1

As their actions are similar and their harmfulness to individuals and society is no less than that of other psychoactive drugs, tobacco and alcohol should be explicitly included within the terms of reference of the Advisory Council on the Misuse of Drugs.

Action: Home Office.

Recommendation 2

The Government should ensure that young people are repeatedly made aware of the real hazards of using tobacco, alcohol and other drugs. This should be done in ways that are accurate, credible and consistent, using a variety of routes including the media, the school system and further and higher education. In particular, we endorse the decision taken by the Government in January 2006 to conduct an education campaign to communicate the risks of cannabis use for mental and physical health.

Action: Department for Education and Skills (DfES), Department of Health (DH), Home Office, devolved administrations.

Recommendation 3

Periodic, large-scale surveys of representative samples of 11–15-year-olds should continue, with coverage across the whole of the UK, using the same definitions and questions regarding tobacco, alcohol and other drug use, including volatile substances. To quantify the number of young people of this age who frequently use drugs other than tobacco or alcohol, such surveys should include questions about their weekly and more frequent use.

Action: DH, DfES (now the DCSF), Home Office, devolved administrations.

Recommendation 4

In order to obtain information about the extent to which 16–30-year-olds are combining the use of tobacco and alcohol with illegal drugs, the Health Survey of England and its equivalents in Scotland, Wales and Northern Ireland should include a small number of identical questions about the use of drugs other than tobacco and alcohol, including volatile substances.

Action: DH, devolved administrations.

Recommendation 5

A longitudinal follow-up lifestyle study of a representative sample of 16–30-year-olds should be commissioned to enable drug use to be seen in the wider context of their lives.

Action: DH.

Recommendation 6

It should become an offence to sell tobacco products to anyone under the age of 18 (raised from the present age of 16), and this new limit should be strictly enforced. The impact of this change should be carefully evaluated. (See also Recommendation 9.)

Action: DH, devolved administrations.

Recommendation 7

Given the strong evidence that increasing the price of alcohol reduces consumption overall and may have a disproportionately large effect on consumption by young people, the Government should seriously consider progressively raising the excise duty on alcohol.

Action: HM Treasury.

Recommendation 8

Given the continuing rise in the prevalence of alcohol-related health problems and the high levels of drinking among young people, we recommend that a much stricter code for alcohol advertising (including via the internet) and sponsorship should be established. This would include prohibiting alcohol advertising on TV or in cinemas showing films to under-18s and prohibiting sponsorship by alcohol companies of sports or music events attended or watched by under-18s.

Action: Department for Culture, Media and Sport (DCMS).

Recommendation 9

Given the unequivocal evidence that many under-18s buy alcohol and many under-16s buy tobacco, the age-of-purchase laws for tobacco and alcohol should, in future, be much more strictly applied. Vendors should be encouraged to require proof of age and compliance should be reinforced through the use of underage test-purchasing and the prosecution of offenders.

Action: DH, Department of Trade and Industry, devolved administrations.

Recommendation 10

The current arrangements to control the supply of drugs covered by the Misuse of Drugs Act (1971) should be reviewed to determine whether any further cost-effective and politically acceptable measures can be taken to reduce the availability of drugs to young people.

Action: Home Office.

Recommendation 11

A fully integrated approach should be taken to the development of policies designed to prevent the hazardous use of tobacco, alcohol and other drugs.

Action: All relevant government departments.

Recommendation 12

A greater emphasis should be placed on policies aimed at preventing hazardous tobacco, alcohol and other drug use by young people in their late teens and early twenties.

Action: All relevant government departments.

Recommendation 13

Given the poorer driving skills and higher accident rates among inexperienced young drivers, the Government should give consideration to reducing the maximum legal blood alcohol rate for drivers under 25 years of age to 50mg per 100ml. If successful, this could be extended to drivers of all ages.

Action: Department for Transport.

Recommendation 14

The Government should continue to invest heavily in minimising the number of children and young people in relative poverty and protecting and supporting the most disadvantaged and vulnerable children and young people throughout the UK. Among many benefits, enabling children to have more secure and happier lives may reduce their risk of becoming involved in hazardous and subsequently problematic use of tobacco, alcohol and other drugs. As far as practicable, the impact of these measures should be evaluated.

Action: HM Treasury, DH, DfES (now the DCSF), devolved administrations.

Recommendation 15

The ongoing debate about how best to bring up children should be informed by the evidence that good parenting and stable family life can reduce the risks of hazardous tobacco, alcohol and other drug use by young people.

Action: The media and government.

Recommendation 16

The National Treatment Agency should continue to promote and monitor the development of accessible services for young people with serious tobacco, alcohol or other drug-related problems across the country, and take active steps to ensure that these services are coordinated with other initiatives that engage with vulnerable young people.

Action: DH.

Recommendation 17

Following the example of the NTA, Scotland, Wales and Northern Ireland should also develop a coherent and specifically funded plan for providing and evaluating services for young people with serious tobacco, alcohol or other drug-related problems.

Action: Devolved administrations.

Recommendation 18

In addition to the other measures in *A Framework for Volatile Substance Abuse* (published in 2005), butane lighter fuels should be made impracticable for abuse and all gas fuel containers should carry a prominent safety warning.

Action: Department of Trade and Industry.

Recommendation 19

In the light of the evidence that classroom-based drugs education has very limited effectiveness in reducing rates of drug use, there should be a careful reassessment of the role of schools in drug misuse prevention. The emphasis should be on providing all pupils with accurate, credible and consistent information about the hazards of tobacco, alcohol and other drugs – including volatile substances.

Action: DfES (now the DCSF), devolved administrations.

Recommendation 20

All schools should seek to maintain a supportive environment for all their pupils, while recognising and responding to the needs of those whose behavioural problems or family background may put them at particular risk of hazardous drug use.

Action: DfES (now the DCSF), devolved administrations.

Recommendation 21

Drug testing and sniffer dogs should not be used in schools. We consider that the complex ethical, technical and organisational issues, the potential impact on the school–pupil relationship and the costs would not be offset by the potential gains.

Action: DfES (now the DCSF), devolved administrations.

Recommendation 22

All universities, colleges of further education and other major training institutions should take more responsibility for encouraging and enabling their students or trainees to minimise the hazardous use of tobacco, alcohol and other drugs.

Action: DfES (now the DCSF), devolved administrations.

Recommendation 23

The media, particularly television and radio, should be used more extensively and imaginatively than at present to inform young people of the real hazards of using tobacco, alcohol and other drugs.

Action: DH, Home Office, DCMS, devolved administrations.

Recommendation 24

Any future major drug prevention initiatives should be designed with evaluation in mind from the outset. They should be evaluated using scientifically rigorous methods, employing randomised controlled trials where possible. This should ensure that any conclusions on the effectiveness of the initiatives can be accepted with confidence, both in the UK and elsewhere.

Action: Home Office, DH, DfES (now the DCSF), devolved administrations.

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