

First Measures

A guide to alcohol misuse prevention work with children



Mentor UK would like to thank
the following:

All those who entered the
Mentor UK Alcohol Misuse
Prevention Awards, 2006

The ten shortlisted finalists
(Appendix 1)

The nine applicants who
received certificates of merit
(Appendix 2)

The judging panel of experts

The children's judging panels

Supported by:



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Background

Mentor UK is a registered UK charity that works in conjunction with its partners in the international Mentor family, with whom it shares the same mission:

“The Mentor foundation focuses on the prevention of drug misuse in its efforts to promote the health and well-being of children and young people and to reduce damage to their lives. Mentor aims to support the effective use of human, financial and intellectual resources to achieve its goals.”

This publication is intended to help anyone working with primary school age children who needs to know the best ways to educate and inform them on issues around alcohol misuse.

The guidance offered here will help develop projects and activities by:

- ❖ Summarising what is effective practice in alcohol misuse prevention
- ❖ Summarising key ‘things to think about’ when developing a project
- ❖ Providing case study examples and comments from children themselves

This information has been developed from a key area of Mentor UK’s work – the Mentor UK Alcohol Misuse Prevention Awards scheme which was launched in 2006 and which culminates in an awards ceremony held every two years. Funded by Diageo Great Britain, this awards scheme calls upon the public, professionals and young people to nominate projects and activities that they feel influence children’s attitudes, their skills and their behaviour so that when they are older they can avoid the damage that the misuse of alcohol can cause.

The final shortlisted projects in 2006 were chosen by a judging panel of experts, including teachers, health professionals and drug prevention

specialists. They shortlisted the projects that addressed risk factors such as boredom and lack of aspiration, and that took into account factors that protect young people from alcohol misuse, such as encouraging achievement and motivation. From their deliberations the judging panel helped draw up the criteria for effective practice and key points to remember that are outlined in this handbook.

The ten finalists were then judged by panels from across Great Britain of the very people these projects are trying to protect – children of primary school age.

The children's judging panels chose the winners from each of the following three categories – Schools, Communities and Young People's Involvement. Some of the comments made by the children's judging panels are included in the next section of this handbook.

Children's Views

These comments were made by the Children's Judging Panels from the Mentor UK Alcohol Misuse Prevention Awards, 2006, as a result of viewing the DVDs made by each of the shortlisted finalists.

On learning about alcohol

They said of building a good knowledge of legal and illegal drugs, their effects and their risks:

“it's good to learn that drinking young is more dangerous and that drinking makes you less healthy when you're older.”

They felt that 'responsible drinking' rather than 'not drinking' is important:

“most adults can have a couple of drinks without getting into trouble.”

They felt strongly about those projects they thought used scare tactics:

“sessions picked out all the bad points about alcohol – things that wouldn't always happen. It was unrealistic – too controlled.”

On mentoring schemes

They felt in relation to developing a supportive relationship with at least one adult that mentoring schemes are important:

“yes this would work – when there is a bad situation at home it's good to have time away from parents.”

“a mentor could help you with managing being angry and not being naughty when you're angry. It would be good to have someone to talk to that isn't mum or dad.”

They said of those schemes that offer onsite mentoring facilities:

“it's good to have a safe space – we get very bored in the holidays and the park isn't a safe place.”

On appealing to different age groups

They felt that website visuals should be fun, interactive and age appropriate:

“children under ten might like them but the cartoons were a bit babyish and don't seem to do very much.”

They felt that children should be an integral part in developing websites and that:

“there is a problem with websites that try to appeal to all ages of children.”

On appealing to different groups of children

They felt that 'simple and easy to follow' activities appeal to children from different backgrounds.

They thought that sporting projects might appeal to those already interested in sport, but perhaps more to boys than girls:

“girls are embarrassed about playing football in front of boys.”

They were concerned that not everyone has access to a computer at home, and thought children who aren't in school might not find out about web based initiatives.

On resisting social pressures

They felt that peer pressure is much more of an issue for teenagers than younger children:

““ older kids are more likely to be persuaded to drink or smoke by their friends.””

They felt that involving older youths alongside younger children in a community project might result in more chance of success, although they recognised there might be limitations:

““ if involved they would be less likely to drink and cause litter. However the older kids would probably tear the posters down.””

They also felt it is important to:

““ think about these things when you are young – when kids get older they start hanging around in groups away from adults.””

On feeling engaged

They felt that activities should be fun but with an educational element:

““ Yes the children enjoyed it. Maybe not as much as the one before but they got a better lesson – the teacher was more in control of the kids.””

They felt it is good when 'outside visitors', for example young people from secondary school, are brought in to talk to the children as:

“you can be more honest with them.”

They were critical about material that presents a straightforward list of questions where the answers are simply right or wrong with no explanation offered:

“there were too many questions and answers on the website.”

They felt that diversionary activities such as canoeing and horse riding are healthy things to do:

“It's an interest – doing something, not just sitting on the wall or getting into trouble – sometimes for things you haven't done.”

They approved of the educational nature of some diversionary activities:

“the children enjoyed the visits to the museum and places they could learn ... chances to learn change children's lives.”

On a more critical note, they felt that some activities, such as snooker, are a reminder of:

“difficult situations like trying to get mum or dad out the pub.”

They were also critical of situations where incentives, such as tokens or gold stars, were given out to the children as they felt this is about:

“answering questions in the right way – the children might be more interested in the prizes so weren't being themselves.”

Why Alcohol Education?

Increasingly it is recognised that prevention is better than cure and nowhere is it more obvious than with alcohol misuse.

In 2006 evidence shows that up to 8% of 10–11 year olds had drunk alcohol in the previous week and that in the transition from primary to secondary education this rises to 24% of 12–13 year olds surveyed.¹ Although the proportion of pupils who have never drunk alcohol has risen since 2001, among those 11–15 year olds who do drink, the average weekly consumption has doubled from 5.3 units in 1990 to 10.5 units in 2005.² Rising levels of alcohol-related mortality and illness in adults also raises the question of whether problematic drinking by young people is a precursor for misuse in adulthood.³

The need for early intervention is already recognised at government level, with guidance issued from the Department for Education and Skills that education should start in primary schools, before drinking patterns become established.⁴

1 'Young People into 2006', Schools Health Education Unit, 2006

2 'Drug use, smoking and drinking among young people in England in 2005' The Information Centre, 2006

3 'Acquire', Alcohol Concern's Quarterly Information and Research Bulletin, Autumn 2006

4 'Drugs: Guidance for Schools', Department for Education and Skills, 2004

What Works in Alcohol Education: a checklist of effective practice

It is important that any project is based on evidence of what is effective and what works.

Although it is important to acknowledge that there probably does not exist a prevention project which meets all the criteria of effective practice fully, to optimise its chances of success a project or initiative should:

- 1 Have a needs assessment
- 2 Have clear aims and objectives
- 3 Have ongoing evaluations and regular reviews
- 4 Address known risk and protective factors
- 5 Be developmentally appropriate to the age of those targeted
- 6 Have the ability to be adapted for use by others
- 7 Develop children's personal and social skills
- 8 Develop children's social resistance skills which help children make better informed decisions
- 9 Involve engagement strategies which should include some form of interactivity
- 10 Challenge children's misconceptions about the norms of their peers' behaviour where challenging these would reduce the harm from alcohol
- 11 Advise children on where they can obtain further information and advice
- 12 Link-up with other projects/organisations
- 13 Inform and include parents/carers
- 14 Include training and support for workers.



Credit: <http://www.chanceuk.com>

**Finalist in the
Communities
Category: Chance UK.
Photograph shows
Gwyneth and Ashley.**

The information contained in the following sections (numbered 1–14) will help new and existing alcohol misuse prevention projects develop guidelines and an action plan, offer them advice on where to seek further help and provide examples of handy hints and successful initiatives which are already in existence.

These sections include the following:

- ❖ A more detailed description of each of the 14 points that constitute effective practice as summarised in the previous section
- ❖ Key points to remember
- ❖ Case study examples from the shortlisted entries to the Mentor UK Alcohol Misuse Prevention Awards, 2006

1 Needs Assessment

- ❖ The programme content and delivery should be informed by a needs assessment: this should include establishing children's current knowledge and understanding about alcohol and alcohol use/misuse, for example challenging stereotypes about people who drink to excess. A needs assessment should also take into account skills, attitudes and resources.
- ❖ The result of this needs assessment should inform the nature of the prevention programme's content.

(source: *Principles of Effective Practice*, Mentor Foundation's Scientific Advisory Network, 2005)

Key points to remember

1

■ **Recognise the change from primary to secondary school**

In the transition from primary to secondary school children's views on alcohol often change from generally negative to positive. The best initiatives give children the facts, alert them to the potential health and social consequences of irresponsible use and equip them with skills which combat peer pressure before these concepts change.

■ **Gain input from the children**

It is important to gain input from the children themselves and establish existing knowledge and beliefs and what they would like to learn. Children say they want:

- their views listened to
- discussion and debate
- alcohol misuse prevention activities to be lively, interesting and interactive – involving drama, 'real-life' stories and external contributors

■ **Approach other agencies for advice**

When developing a needs assessment a variety of organisations can be approached for information and advice; these include educational bodies, health services, youth agencies, Connexions, police, Sure Start, children's information services and Drug (& Alcohol) Action Teams (D(A)ATs) from the local area.

■ **Bear in mind different home situations**

A needs assessment should take into account not just the children's requirements but also the carers and any other family members – for instance in cases where an adult is drinking problematically then the whole family is likely to be affected.

CASE STUDY Chance UK

- ❖ Chance UK is a mentoring organisation for children aged 5–11 who have behavioural difficulties.
- ❖ This initiative incorporates prevention and key to this is educating and informing children before they start secondary school.
- ❖ Specific primary school age children are identified as vulnerable for a variety of reasons:
 - ▶ school exclusions
 - ▶ difficulty interacting
 - ▶ backgrounds where there are problems including alcohol misuse
- ❖ The needs assessment identified concerns about:
 - ▶ children referred from schools and social services already displaying risk factors
 - ▶ young people's engagement in alcohol and drug use
 - ▶ parents alcohol and drug use
 - ▶ lack of a supportive relationship with an adult
 - ▶ lack of consistent alcohol and drug education

2 Aims and Objectives

- ❖ There should be a plan for the specific project/activity or strategy to be delivered.
- ❖ There should also be a budget, or an indication of costs or resources.
- ❖ Aims are about overall outcomes and objectives are about what children should be able to do, say, know, understand, etc.
- ❖ The goals and aims should be clearly described and there should be evidence of activity being linked to aims and objectives.

(source: *Principles of Effective Practice*, Mentor Foundation's Scientific Advisory Network, 2005)

Key points to remember

2

- Aims and objectives might include the following:
 - Develop knowledge and skills and clarify misconceptions about alcohol misuse
 - Support children in making informed choices about their health and well being
 - Explore how one person's behaviour can affect others in the family and also within the community
 - Acknowledge the notion of risk taking and equip children with the vital skills and strategies to reduce risk
 - Involve children themselves in developing projects and strategies
 - Develop diversionary activities that are fun and sustainable
 - Involve parents/carers and the wider community
 - Support teachers in delivering alcohol education through the discussion of drugs prevention in other areas of the curriculum
 - Provide targeted information about alcohol and essential life skills to special needs children, to help them make more informed choices about alcohol use

CASE STUDY

Hook County Primary School Alcohol Project

- ❖ In a small rural area, pupils' sports day at the local Primary School was nearly cancelled due to smashed alcohol bottles on the playing field.
- ❖ Year 6 pupils then did some local research and identified other areas in the community where alcohol had become problematic.
- ❖ On the children's initiative, the project grew from concern about litter to issues about alcohol and its impact on the wider community.
- ❖ Their aims and objectives included involving the whole community, finding ways of combating peer pressure and educating and informing the village through a poster and leaflet campaign.
- ❖ The children recognised the need for research and evidence based work before any outcome could be achieved and knew that the project had to be maintainable and sustainable for other school years to develop. In order to do this they involved SUDDS (the Specialist Under-18 Drinking and Drugs Service) who work locally with young people on substance misuse education and prevention, to advise them on effective practice.

3 Evaluation and Review

- ❖ The project should be evaluated on an ongoing basis and reviewed regularly.
- ❖ Evaluations should test whether the stated objectives have been achieved, to what extent, and if not, the reasons for this.
- ❖ A needs assessment is vital in establishing existing knowledge and beliefs as it provides a baseline against which the programme can be evaluated.

(source: *Blueprint*, Home Office research project, final report 2008)

Key points to remember

3

There are different types of evaluation:

■ User feedback

This is the most basic form of evaluation soliciting straightforward 'yes' / 'no' / 'I liked this' responses from the children involved. There are a variety of ways of doing this such as providing the children with feedback forms that ask them to complete a series of checkboxes, or interviewing the children on a one-to-one basis, or as a group, and questioning them on what they have learnt.

■ Process evaluations

This is where the focus is on describing the nature and extent of the programme's activities, for example how many children and parents were reached, types of activities, etc. Process evaluations involve measuring outputs; outputs are the activities that a project has carried out in order to meet its objectives, for example how many sessions were held.

■ **Outcome evaluations**

This is the most thorough kind of evaluation and describes the effects or impact of a project in relation to its objectives, for example to reduce the number of young people misusing alcohol. An outcome evaluation enables evaluators to see whether the stated aims and objectives have been achieved. So whereas an output, for example, would describe how many sessions were held, an outcome would tell you what changed as a result of the sessions in relation to the overall aims and objectives

- Training in basic evaluation should be undertaken by all those planning and delivering projects.
- The organisation should have a plan for disseminating the evaluation results to internal staff, stakeholders and other groups which may be interested.
- Some school projects involve pupil evaluations at the primary stage and then follow-up with the same pupils in secondary school.

4 Risk and Protective Factors

Project planning should take into account risk factors which may make a child more vulnerable to alcohol misuse and protective factors which may help safeguard a child.

(source: *The Right Responses: managing and making policy for drug related incidents in schools*, DrugScope, 1999)

(Appendix 3 – 'Risk and Protective Factors')

Key points to remember

4

■ Address risk factors

The most effective projects are those that aim to reduce risk factors such as:

- chaotic home environment
- inappropriate classroom behaviour
- poor knowledge of and mistaken perceptions of drug use amongst peers

■ Incorporate protective factors

The most effective projects aim to increase protective factors such as:

- a caring supportive relationship with at least one adult
- encouraging good social skills
- building a good knowledge of legal and illegal drugs, their effects and their risks

■ Remember every child's experience is different

It is important that particular care is taken in the way issues are portrayed and the language used, so that it does not stigmatise the children of families where there is a problem with alcohol, or indeed add to the anxiety they may feel about their home situation.

CASE STUDY

The Greater Easterhouse Alcohol Awareness Project (GEAAP)

- ❖ One of GEAAP's primary school activities reinforces the idea of responsible drinking through pupils making their own alcohol free cocktails.
- ❖ The children are given the option of being any age between 11–21 and discuss what they are drinking, for example vodka and coke, soft drink, etc.
- ❖ They also discuss where they are drinking, who they are drinking with, and how many glasses they have drunk over the evening.
- ❖ The children then discuss with their peers whether this is responsible drinking or not, and what actually constitutes responsible drinking.
- ❖ This underlines that there are no safe limits of alcohol use for under 18s and that being over 18 doesn't mean that you can drink as much as you like without risks.
- ❖ At each point the facilitator is careful to steer the discussion away from issues that might risk inappropriate or unplanned disclosure in the classroom.

5 Developmentally Appropriate

The project should be appropriate to the age of the children targeted, for example comprehension level, teaching style or approach and programme goals.

(source: *Blueprint*, Home Office research project, final report 2008)
(Appendix 4 – ‘National Curriculum Key Stages’)

Key points to remember

5

■ Make it age/stage and culturally relevant

Materials should be colourful, innovative and fun and also involve plenty of opportunity to work with partners as well as small group and general group discussions.

■ Look at alcohol misuse prevention as part of the bigger picture

Booklets that children fill in and keep as a permanent record might include open ended sections where they are asked to describe their personalities, what they think about alcohol, why some people drink and others don't, what and who influences them, what it means to be assertive and some ways of saying ‘no’.



Winner of the Schools Category: The Greater Easterhouse Alcohol Awareness Project.

6 Adaptation

The project should take into account the following, and should be adaptable for use with particular groups:

- ❖ trends in local drug use
- ❖ religious needs
- ❖ cultural needs (language, cultural view of drugs, etc)
- ❖ physical diversity
- ❖ children with special educational needs
- ❖ children who require special medication
- ❖ children who have missed substantial amounts of school
- ❖ gender
- ❖ different socio-economic groups

(source: *Drugs: Guidance for Schools*, DfES, 2004)

Key points to remember

6

■ Look at local trends

Projects should take into account trends in local drug use through working with local Drug (& Alcohol) Action Teams, consultation with local partners, the Local Education Authority, the Primary Care Trust and prevention agencies. Some projects also take into account local crime statistics, local alcohol related statistics and permanent exclusions from school.

Adaptation

■ **Work with parents and the community**

Working closely with parents/carers and the wider community, including religious and community leaders, can help ensure that prevention initiatives are sensitive to the culture and diversity of pupils.

■ **Look at the different needs of different children**

Projects can take into account different needs of groups by

- using peer educators
- using learning mentors who are matched up with children's different requirements
- using buddy schemes
- enabling children themselves to create the agenda

■ **Consider the particular needs of children with learning difficulties**

Strategies to increase access to drug education for children with learning difficulties include:

- giving them opportunities to revisit knowledge in different contexts
- greater emphasis on discussion and role-play
- less reliance on written materials
- using specialist equipment and material such as sensory, large print and symbol textbooks

7 Personal and Social Skills

The project should develop children's personal and social skills. This helps young people to build their personal identities, confidence and self-esteem. It enables them to understand and accommodate difference and change, to manage emotions and to communicate constructively in a variety of settings. Developing an understanding of themselves and empathy with others will help them to form and maintain good relationships, and better enjoy their lives. Personal and social skills include:

- ❖ problem solving
- ❖ coping strategies
- ❖ self awareness
- ❖ self esteem
- ❖ discussion
- ❖ reflection

(source: *Drugs: Guidance for Schools*, DfES, 2004)

Key points to remember

7

■ Help develop a child's hobbies and interests

The various media of theatre, drama, music and sport are important as diversionary activities and often act as a springboard for further discussion and reflection.

■ Use real life situations

Incorporating alcohol misuse prevention into real-life stories may be more effective within the context of situations more likely to be faced by the children themselves, for example peer pressure, bullying at school, the breakdown of a relationship within the family.

Personal and Social Skills

■ **Build self-esteem**

Children can feel positive about themselves through:

- giving and receiving positive feedback
- recording evidence of their progress and achievements
- developing outside interests such as sport or a hobby

■ **Develop team work**

Talking through problems and researching information together as part of a group can help to develop confidence and reassure children they are not alone.

CASE STUDY Be Streetwize

- ❖ Be Streetwize is an interactive participation programme for primary school age children where they actively explore, try out and deal with the real consequences of risk.
- ❖ One activity that instigates role play and group discussion begins by discussing with the children areas in the local community where they don't feel safe – a park setting where young people may be drinking alcohol for instance.
- ❖ The children then discuss
 - ▶ why this might be happening
 - ▶ how that makes them feel
 - ▶ why they might feel pressurised
 - ▶ how other people's behaviour not only affects them, but affects those in the wider community

8 Social Resistance Skills

The project should include social resistance skills which help children deal with outside pressures and negative influences and which assists them in making informed decisions, for example recognising critical moments, knowing how to say 'no' and knowing how and when to ask for adult help.

(source: *Blueprint*, Home Office research project, final report 2008)

Key points to remember

8

■ **Look at ways of dealing with peer pressure**

In the transition from primary to secondary education peer pressure is one factor in the increased experimentation with alcohol.

■ **Develop assertiveness skills**

Children should be supported to develop assertiveness skills, showing them ways of dealing with peer pressure and getting them to think about what responsible behaviour and responsible drinking really involves.

Social Resistance Skills

CASE STUDY

The Greater Easterhouse Alcohol Awareness Project (GEAAP)

- ❖ One of GEAAP's sessions deals with peer pressure through classroom based work.
- ❖ The children are taught assertiveness techniques and ways of saying no and getting themselves out of pressurised situations.
- ❖ The class is divided into six groups and each of these groups nominates a member to be the 'non-drinker'.
- ❖ Each group has to prepare their arguments in advance, suggesting how they might pressurise the non-drinker into having a drink with them.
- ❖ Each group takes a turn in presenting their scenario to the rest of the class.
- ❖ The various arguments and reactions are used to open up discussion within the smaller groups followed by a larger classroom discussion.
- ❖ It is important that these sessions are handled with care and sensitivity so that role-play doesn't reinforce negative behaviour. Some of the distancing techniques for avoiding this include the children taking on a 'third person' persona or the adult facilitator taking on the role of 'drinker' of the group.

9 Engagement Strategies

The project should encourage participation by children.

Engagement strategies might include the following:

- ❖ Group and peer led activities
- ❖ Interactive programmes – which foster the development of a child's interpersonal skills
- ❖ Homework assignments involving active participation by both the child and parents
- ❖ Drama and true-to-life stories
- ❖ External contributors.
- ❖ Consultation with children – have they helped in the design and implementation of the project

(source: *Involving Children and Young People in Drug Education*, DEF, 2006)

Key points to remember

9

■ Keep it interactive

Teaching styles should be interactive exploring the consequences of risk taking and dealing with unwanted pressure. Ideas might include:

- role play where activities increase resilience skills, give strategies and enable the young person to see and experience all aspects of risk from different perspectives
- warm-up activities – including 'ice-breakers'
- quizzes
- case studies – for example using real life issues from magazine problem pages

Engagement Strategies

- creative writing
- media analysis
- theatre
- children creating and performing their own music
- team games
- police and fire service with the sessions brought together by youth workers who relate each session to consequence and decision making skills
- closing rounds inviting children to review and reflect

CASE STUDY

The Flower 125 health Programme

- ❖ This is a multi-agency programme which delivers health workshops to vulnerable young people.
- ❖ Techniques used to explore the issues around alcohol and other drugs through drama, include:
 - ▶ forum theatre (where young people stop the drama and discuss what might happen next)
 - ▶ hot seating (where actors are asked questions in role by the audience)
 - ▶ sculpting (where young people act out an emotion felt in a particular situation)
 - ▶ creating characters

10 Children's Misconceptions

Does the project explore and if necessary challenge misconceptions that children hold about the norms of their peers' behaviour and their friends' reactions to alcohol and drug use? Children and young people often have an exaggerated sense of how many of their age group drink or take drugs.

(source: *Drugs: Guidance for Schools*, DfES, 2004)

Key points to remember

10

■ **Discover the misconceptions children have**

A needs assessment is vital in establishing existing knowledge and beliefs.

■ **Clarify the misconceptions children have**

Projects should clarify misconceptions about

- short and long term effects and risks involved
- rules and laws relating to drugs including alcohol
- the impact of alcohol misuse on individuals, families and communities
- the prevalence and acceptability of alcohol misuse among peers

■ **Use role-play as a tool**

Misconceptions about alcohol and drugs as well as an exaggerated fear of crime can be explored through role-play.

11 Further Information & Advice

The project should advise children on where and how they can obtain information and advice, for example through talking with appropriate adults and helplines.

(source: *Drugs: Guidance for Schools*, DfES, 2004)

Key points to remember

11

■ **Establish where sources of information can be found**

Adults can provide children with further sources of information through working with voluntary agencies, the police and research on the internet. Local services are often listed in the school drug policy and some LEAs provide lists of support for schools. Informing and educating parents/carers and those involved in buddying and mentoring schemes can also provide a source of information for children.

■ **Use websites (see 'Useful Links', page 37)**

Websites tend to provide lists of helpline services and support agencies which cover:

- national organisations
- local organisations
- links to information for teachers including PSHE/citizenship
- government websites
- youth agencies

Many of these websites have sections specifically designed for children and young people seeking further information on alcohol and drugs.

■ **Display where further information can be obtained**

Organisations should display information prominently in public spaces, including toilets and foyers, so that those reluctant to approach workers can easily access it.

12 Link up with other Projects/Organisations

An organisation should be able to illustrate how their project is integrated with complementary programmes and activities. That might include working with other community based agencies/services or other educational and health initiatives that may provide valuable coordinated input or additional prevention activities.

(source: *Drug use prevention among young people: a review of reviews*, Health Development Agency, 2004).

Key points to remember

12

Involve other organisations

■ **A multi agency approach might include involvement from:**

- health
- education
- community police
- fire service
- voluntary sector
- theatre in education
- sports clubs

■ **Take a holistic approach**

Alcohol misuse prevention should take place within a context of health promoting activities covering areas including sexual health, healthy eating and emotional health and well-being.

Link up with other Projects/Organisations



(Credit: Time for Me)

**Winner of the Communities Category: Time for Me.
Photograph shows Hana and Charlotte.**

CASE STUDY Time for Me

- ❖ This project provides support for children/young people who are affected by a family member's substance misuse.
- ❖ It provides a safe environment where members can discuss concerns and worries and can receive guidance on keeping themselves safe, care for their personal hygiene, nutrition and well-being, peer pressure and education.
- ❖ Staff and outside speakers/volunteers offer an opportunity for members to enjoy being young and to learn new skills that will equip them for their own use i.e. cooking, needlework, physical exercise, first aid and safety in the home.
 - ▶ “members can discuss their concerns about coming home and finding a parent collapsed through excessive drinking – even an eight year old can put someone in the recovery position. Looking at this through games and activities and through shared experiences, members become more informed and better equipped to cope with situations at home relating to the harm of alcohol”.
- ❖ Other direct work sessions offered by health professionals from other agencies also include coping mechanisms, personal safety, dealing with feelings, family life and anger management.

13 Parents/Carers

Organisations should be able to illustrate where their project involves parents/carers to support misuse prevention activities.

(source: *The Right Choice – Guidance on selecting drug education materials for schools*, DrugScope, 1998)

Key points to remember

13

■ **Involve parents/carers**

Good parenting is a key protective factor for young people. Parents/carers, as well as children and young people, should ideally be involved in devising elements of a prevention project.

■ **Help support parents/carers**

Projects can work closely with parents/carers, offering them support and helping them with questions or concerns they may have about alcohol and drug misuse. Providing links to parenting support or health and drug agencies can furnish parents/carers with, for instance, healthy living information or how to talk to their children about drugs.

■ **Keep parents/carers informed**

Parents/carers seem more likely to be engaged if they are invited to a particular lesson to see a presentation of their children's learning or a drama production put on by the children, where information and learning can be discussed at the end of the performance.

■ **Bear in mind different family situations**

Some parents/carers may have alcohol or drug problems. By assisting them to access alcohol or drug services this can help and support the children and prevent them from seeing alcohol or drug misuse as the norm.

14 Training and Support

An efficient and effective programme needs to be staffed by people who are properly educated and trained. In-service trainings to regularly update the skills of staff are also important.

(source: *Principles of Effective Practice*, Mentor Foundation's Scientific Advisory Network, 2005)



Blue Peter presenters Zöe Salmon and Konnie Huq with Adam and Rebecca representing Hook County Primary School, winners of the Young People's Involvement category.

Key points to remember

14

■ **Training opportunities in Schools**

Training for teachers/workers is vital to ensure that they have the skills, awareness and knowledge to lead future lessons.

LEAs and their local Healthy Schools Programmes are the first point of contact for schools in identifying continuing professional development (CPD) opportunities. Some projects offer schools INSET training for their staff and multi agency drug awareness for parents/carers.

■ **Provide long term support for children/young people and peer mentors**

The best alcohol misuse prevention projects are more than one-off interventions. Programmes and initiatives can be ongoing and developed to meet the particular needs of the children as they get older. Some projects follow up with the same pupils in secondary school – this not only helps with the evaluation process, but provides reinforcement for these young people. In some cases these young people are supported to become mentors to the younger children.

■ **Integration**

Alcohol misuse prevention initiatives should integrate with/ complement other health education provision.

Useful Links

Addaction

A drug and alcohol treatment charity. Includes drug information, parent section, publications and links. The website has a list of local family support services.

www.addaction.org.uk

Adfam

A national organisation working with and for families affected by drugs and alcohol. They provide direct support to families through publications, training, outreach work and sign posting to local support services.

www.adfam.org.uk

Al-Anon Family Groups UK and Eire

Support for families and friends of problem drinkers.

www.al-anonuk.org.uk

Alateen

For young people who are affected by a problem drinker.

Tel: 020 7403 0888

www.al-anon.alateen.org

Alcohol Concern

Acts as the national umbrella body for 500 local agencies tackling alcohol-related harm and offering help to the families and friends of those with alcohol-related problems. It plays a key role in promoting and advising on the development of national alcohol policy and promoting public awareness of alcohol issues. www.alcoholconcern.org.uk

Alcohol Focus Scotland

Their work involves providing information and training on alcohol issues, raising awareness of alcohol-related problems, and working to influence national alcohol policy.

www.alcohol-focus-scotland

Barnardos

This charity offers a wide range of support services for vulnerable children, young people and their families.

www.barnardos.org.uk

Blueprint

Blueprint is a research programme that aims to find out what works in teaching young people about alcohol and drug use. Results of the research will be used to inform the development of drug education in England and build the worldwide evidence base.

www.drugs.gov.uk/young-people/blueprint

Carers

Policy advice and information about carers' issues.

www.carersonline.org.uk

Childline

Helpline for children and young people in danger or distress. Telephone counselling for any child with any problem. 24 hour support, advice and referrals.

www.childline.org.uk

Daily Dose

Provides a web-based daily information service with the support and tools that people require to raise awareness

and understanding of substance misuse, the problems it creates and the ways to deal with these problems.

www.dailydose.net

Drinkaware

National drugs awareness site for young people and parents/carers. Drinkaware can put you in touch with you local alcohol advice centres for help and advice.

www.drinkaware.co.uk

Drinkline

Provides advice and information for anyone concerned about alcohol misuse. Advice on sensible drinking and information on services to help people cut down on their drinking. Leaflets and literature available. Tel: 0800 917 8282 Mon–Thu 09.00–23.00; Fri–Sun 24 hours a day

Drug Education Forum

The Drug Education Forum brings together national organisations from health, education, police and voluntary sectors that deliver or support the delivery of drug education. www.drugeducation.org.uk

DrugScope

DrugScope is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug-related risk. The website includes detailed drug information and access to the information and Library Service.

www.drugscope.org.uk

Frank

Government funded information and advice about drugs including alcohol. National freephone number, 24 hours a day in confidence.

Tel: 0800 77 66 00

Email: frank@talktofrank.com
com www.talktofrank.com

Health Development Agency

Health information websites for young people.

www.mindbodysoul.gov.uk
www.lifebytes.gov.uk

Know the Score

Free confidential advice and information on drugs in Scotland.

www.knowthescore.info

Mentor

Mentor is a leading drug prevention agency which works to improve the quality and availability of

drug prevention work, and in doing so, help keep children and young people healthy. Mentor works to influence policy, spread good practice, conduct research and fund prevention initiatives and through all of these increase the awareness and profile of drug misuse prevention.

www.mentorfoundation.org/uk

National Association for Children of Alcoholics

NACOA provides information, advice and support to children of alcoholics through its free, confidential helpline. www.nacoa.org.uk

National Children's Bureau (NCB)

NCB is a charitable organisation that acts as an umbrella body for organisations working with children and young people in England & Northern Ireland. Through working in partnership, sharing knowledge, resources and services they aim to create a powerful, authoritative and influential voice to improve the lives of children and young people. www.ncb.org.uk

National Youth Agency

Aims to support those working with young people in a variety of settings which includes influencing and shaping youth policy, improving youth services and promoting young people's participation.

www.nya.org.uk

NCH

Helps children at risk or in care, vulnerable young people and families under pressure. Local projects throughout the country.

www.nch.org.uk

Parents Against Drug Abuse (PADA)

An organisation set up to support parents of drug users. A large percentage of helpline workers have experienced drug use within their own families.

www.pada.org.uk

Parentline Plus

A freephone helpline offering support and information to anyone parenting a child. It also runs parenting courses.

www.parentlineplus.org.uk

PSHE Association

The association provides a central support network

for teachers of PSHE, giving them a focal point to receive advice, gather and share examples of good practice and promote existing guidance.

www.teachernet.gov.uk/pshe

Qualifications and Curriculum Authority

QCA is committed to building a world-class education and training framework. They regulate, develop and modernise the curriculum, assessments, examinations and qualifications. Includes guidance for teachers on effective alcohol and drug education.

www.qca.org.uk

Tacade

This site provides information about a range of publications, training and consultancy products and services that aim to enable children and young people to achieve positive changes in their knowledge, attitudes, abilities, choices and behaviour.

www.tacade.com

Talk to Frank

National drugs awareness site for young

people and parents/carers.

www.talktoFRANK.com

Teachernet

Includes resources for teachers on alcohol and drug education.

www.teachernet.gov.uk

Think About Drink (NHS site)

Informative site about alcohol aimed at young people.

www.wrecked.co.uk

UK Youth

An organisation which develops and promotes innovative non-formal education programmes for and with young people – working with them to develop their potential.

www.ukyouth.org

Wired for Health

Wired for Health is a series of websites developed by the Department of Health and the Department for Education and Skills. Health information is provided for a range of audiences that relates to the National Curriculum and the National Healthy Schools Programme.

www.wiredforhealth.gov.uk

Appendix 1 Mentor UK Alcohol Misuse Prevention Awards, 2006 Shortlisted Finalists

Schools category

Winner: *The Greater Easterhouse Alcohol Awareness Project, Glasgow*

This project delivers a fun and interactive awareness programme for 10 to 12 year olds, giving them the facts about alcohol and equipping them with skills to combat peer pressure. The project has reached over 1,000 young people and is Scotland's most extensive alcohol awareness programme for primary schools. www.greatereasterhouse.co.uk/community/geaap.html

The Primary Drugs Project, Dorset

This project is a multi-agency project that provides alcohol and drug education in the Dorset area, encouraging young people to lead safe and healthy lives. It involves health, education, police and voluntary sector workers from across the local area, and works with a theatre group to deliver information to young people in an original and accessible way. The project works closely with parents and provides training for members of the community to help prevent substance misuse. **For further information:** [Drug Education Advisor, South and East Dorset PCT, 01202 851255](mailto:DrugEducationAdvisor@SouthandEastDorsetPCT)

Be Streetwize, Newcastle

'Be Streetwize' targets young people in their final year of primary school in Newcastle and prepares them for transition to secondary school; a time when they are often experimenting with risk taking – a key factor in alcohol misuse. The project works with the

police, the fire service and youth workers to encourage young people to stay safe and healthy, and covers issues such as alcohol, drugs, anti-social behaviour and crime. **For further information:** rachel@streetwisenorth.co.uk

The Flower 125 Health Programme, Sheffield

Using theatre and drama to help vulnerable young people, this innovative programme delivers workshops on alcohol, drugs, tobacco, sexual health and healthy eating. Its aim is to reach vulnerable young people to help them make informed choices about their health and well-being.

The programme has been introduced into primary schools in Sheffield and reaches around 18,000 children every year. www.flower125.nhs.uk/background.htm

Communities category

Winner: *Time For Me, Halesowen, West Midlands*

'Time for Me' provides children and young people in the West Midlands who are affected by adult alcohol misuse with a safe environment. The project has a children and young people's group that meets regularly and enables participants to develop coping strategies. It also works to raise awareness of issues surrounding substance misuse including the effects it has on them within their families.

For further information: ava.williams@barnardos.org.uk

Getting on with the Blues, Southend on Sea

'Getting on with the Blues' uses football to engage and empower young people to make a positive difference to their own lives and their communities.

The project raises awareness and understanding of how alcohol misuse affects individuals and the community. The project works with nine to ten year-old children, and culminates in a visit to Southend United FC. Over 2,000 local children have benefited from the project since its launch in 2005.

For further information: football.com@btconnect.com

Chance UK, Hackney and Islington, London

Chance UK seeks to provide an early and transforming intervention in the lives of vulnerable children, so that together with their families they may begin to build a brighter future. They provide specific and targeted solution focused mentoring for children aged 5–11 years, based on individual need. Their programmes are delivered by carefully screened and trained volunteers, who are closely supervised and supported.

www.chanceuk.com/

Cosmic, Haringey, London

Cosmic, the children and families service for Haringey Advisory Group on Alcohol, runs a phonenumber and after-school clubs for children and their families in Haringey who are affected by alcohol misuse. The aim is to reach vulnerable young people before the problems escalate to require the involvement of children's services and the police. The age reach is young people up to sixteen years old, both in and out of school, delivering alcohol and

drug education, and providing them with a safe and fun environment.

For further information: childrenandfamilies@haga.co.uk

Young People's Involvement

Winner: Hook County Primary School, Pembrokeshire, Wales

Pupils in Pembrokeshire realised they had to act when their sports day was nearly cancelled due to broken bottles on the playing fields. They set up a project to raise awareness that broken glass can harm wildlife, make the community look untidy and be unsafe for them to play in. With support from teachers they developed these activities into a project covering all areas of how alcohol can impact on people's lives.

This grew from a project about litter in the village, to a project where Year 6 did some local research and identified other areas in the community where alcohol had become problematic: thus it grew naturally in its scope to include issues around alcohol misuse and how that can impact on everyone.

For further information: head.hook@pembrokeshire.gov.uk

LookOut Alcohol Preston, Lancashire

This is a website designed by young people for young people. It promotes the health and well-being of primary school pupils by providing information about alcohol in a fun and informative way. It is an interactive site that incorporates alcohol education, downloadable lesson plans for teachers, an information section for parents and carers and information about local services. Over 26,000 young people are involved with the scheme.

www.lookoutalcohol.co.uk/welcome.html

Appendix 2 Mentor UK Alcohol Misuse Prevention Awards, 2006 Certificates of Merit

The EASY 6 Programme, Teeside

The EASY 6 (Empowerment, Attitudes and Skills for Year 6) programme is an alcohol and drug education curriculum covering aspects of alcohol and drugs education using a highly interactive values based life-skills approach.

For further information: Teeside Drugs Education Team on 01642 527914

Harmful Drugs Awareness video, Arbroath

A primary 7 class was given the task to produce a video which would be of benefit to other children. The class decided to use their knowledge, gleaned from seven years of drug and alcohol education, to produce a video with a strong anti-drugs message.

For further information: Timmergreens Primary School on 01241 874593

Minimangaming.co.uk, London

This interactive project was created by a young person and includes information on alcohol and games which are educational and fun at the same time.

www.minimangaming.co.uk/alcohol

Peer Education Project, Dundee

This project works with two secondary schools and their feeder primaries, delivering drugs and alcohol sessions to

primary 7 classes. Peer Educators are volunteers who are recruited in drugs, alcohol and transition issues. The Peer Educators then deliver drugs, alcohol and transition sessions to primary 7 pupils in their areas.

For further information: fiona.bryson@tpct.scot.nhs.uk

Strengthening Families Programme, Cardiff

A project based upon The Strengthening Families Programme which is a highly structured and well-evidenced substance misuse prevention programme originally developed at Iowa State University. The programme is delivered over a seven-week curriculum, usually out of normal working hours.

For further information: www.childreninwales.org.uk/inyourarea/parentingprojects/5358.html

Substance Misuse Mentoring Programme, York

A programme which offers children the opportunity of working one-to-one with a mentor in their community. The mentors meet up once a week for two hours with their mentee and take part in a range of activities that aim to raise self esteem, offer information and support and where appropriate link in with key workers at Compass and York Alcohol Advice Service for more specialist support.

For further information: www.yaas.info/

Tameside Primary Arts Project, Tameside

A project which uses an arts and cross-curricular approach to delivering alcohol education. Participating schools access training or support to deliver dance, ceramics and music. A PSHE alcohol, literacy and numeracy support package is also provided. A theatre-in-education group also provides input, a performance, hot-seating and interactive workshops.

For further information: Healthy Schools Team, Dukinfield Town Hall, Tameside

Yipworld.com, East Ayrshire

An award winning and innovative project which provides a wide range of informal and formal activities that promotes the personal and social development of children and young people including alcohol and drug misuse, alternatives to crime, outdoor opportunities and information and advice.

www.yipworld.org

Tullos Primary School Home-School link, Aberdeen

This project aims to engage parents in their children's learning at an early age. An imaginative programme of events, courses and activities engages the parents interest and addresses issues they wish to learn more about, for example helping their child with reading or behaviour management and introducing other issues which the school wishes to address such as healthier lifestyles. The healthier lifestyle programme talks about diet, alcohol and drug awareness and fitness.

www.tullosprimary.aberdeen.sch.uk

Appendix 3 Risk and Protective Factors

Effective practice for alcohol misuse prevention should take into account known risk and protective factors, and planning should take into account children who might be vulnerable to alcohol misuse.

Risk factors might include:

- ❖ chaotic home environment
- ❖ parents who misuse drugs/alcohol or suffer from mental illness
- ❖ behaviour disorders
- ❖ lack of parental nurturing
- ❖ inappropriate and/or aggressive classroom behaviour
- ❖ school failure including truancy and exclusion
- ❖ poor coping skills
- ❖ low commitment to school
- ❖ friendship with deviant peers
- ❖ low socio-economic status
- ❖ early age of first drug/alcohol use
- ❖ being labelled as a drug/alcohol misuser
- ❖ poor knowledge of norms of drug use amongst peers

Protective factors might include:

- ❖ strong family bonds
- ❖ experiences of strong parental monitoring with clear family rules
- ❖ family involvement in the lives of the children
- ❖ successful school experience
- ❖ strong bonds with local community activities
- ❖ a caring supportive relationship with at least one adult

Schools can help young people develop specific protective factors by:

- ❖ helping them develop supportive and safe relationships
- ❖ encouraging regular school attendance
- ❖ providing pupils with strategies to cope well with academic and social demands at school
- ❖ enabling strong and supportive social networks
- ❖ encouraging good social skills
- ❖ developing self-knowledge and self-esteem
- ❖ building good knowledge of legal and illegal drugs, their effects and their risks
- ❖ building good knowledge of general health and how to ensure their good mental health
- ❖ providing access to help information
- ❖ delaying involvement with all drugs including legal drugs

(source: *The Right Responses: managing and making policy for drug related incidents in schools*, DrugScope, 1999)

Appendix 4 National Curriculum Key Stages

This section is intended to assist in defining what is developmentally appropriate for different age groups of children.

Key Stage 1 (5–7 year olds)

Children can identify and name some feelings (for example through interpreting facial expressions) and express some of their positive qualities. They can demonstrate that they can manage some feelings in a positive and effective way. They begin to share their views and opinions (for example talking about fairness). They can set themselves simple goals (for example sharing toys).

Children can make simple choices about some aspects of their health and well-being (for example by choosing between different foods and between physical activities, knowing that they need sun protection) and know what keeps them healthy (for example exercise and rest). They can explain ways of keeping clean (for example by washing their hands and keeping their hair tidy) and they can name the main parts of the body. Children can talk about the harmful aspects of some household products and medicines, and describe ways of keeping safe in familiar situations (for example knowing how and where to cross the road safely). They can explain that people grow from young to old.

Children can recognise that bullying is wrong and can list some ways to get help in dealing with it. They can recognise the effect of their behaviour on other people, and cooperate with others (for example by playing and working with friends or classmates). They can identify and respect differences and similarities between people, and can explain different ways that family and friends should care for one another (for example telling a friend that they like them, showing concern for a family member who is unwell).

(source: *PSHE Key Stages 1 and 2 – end of key stage statements* Qualifications and Curriculum Authority, 2005)

“Although few children will drink alcohol, they are aware of it and the way it affects others who drink. Some will be living in a home with a problem-drinking parent or carer.”

(source: *Wired for Health* – notes from National Curriculum Guidance, 1999)

Key Stage 2 (7–11 year olds)

Children can demonstrate that they recognise their own worth and that of others (for example by making positive comments about themselves and classmates). They can express their views confidently and listen to and show respect for the views of others. They can identify positive ways to face new challenges (for example the

transition to secondary school). They can discuss some of the bodily and emotional changes at puberty, and can demonstrate some ways of dealing with these in a positive way. They can talk about a range of jobs, and explain how they will develop skills to work in the future. They can demonstrate how to look after and save money.

Children can make choices about how to develop healthy lifestyles (for example by knowing the importance of a healthy diet and regular exercise). They can identify some factors that affect emotional health and well-being (for example exercise or dealing with emotions). They can make judgements and decisions and can list some ways of resisting negative peer pressure around issues affecting their health and well-being. They can list the commonly available substances and drugs that are legal and illegal, and can describe some of the effects and risks of these. They can identify and explain how to manage the risks in different familiar situations (for example discussing issues connected to personal safety).

Children can explain how their actions have consequences for themselves and others. They can describe the nature and consequences of bullying, and can express ways of responding to it. They can identify different types of relationships (for example marriage or friendships), and can show ways to maintain good relationships (for example listening, supporting, caring). They can respond to, or challenge, negative behaviours such as stereotyping and aggression. They

can describe some of the different beliefs and values in society and can demonstrate respect and tolerance towards people different from themselves.

(source: *PSHE Key Stages 1 and 2 – end of key stage statements* Qualifications and Curriculum Authority, 2005)

“By the end of Key Stage 2 about a fifth of boys and a seventh of girls drink every week. Children usually start to drink in the home but by the time they leave primary school a growing number will drink unsupervised. Drinking will increase very rapidly between 11 & 15. It is essential that alcohol education should start in primary school, before experimentation begins.”

(source: *Wired for Health – notes from National Curriculum Guidance*, 1999)

Bibliography

- Alcohol Concern (2001). *Alcohol: support and guidance for schools*
- Alcohol Concern (2005). *Factsheet: Young People's drinking*
- Alcohol Concern (Autumn 2006). *Acquire: Quarterly Information & Research Bulletin*
- DEF (2006). *Involving Children and Young People in Drug Education*
- DfEE Circular 4/95. *Drug Prevention and Schools*
- DfEE (1998). *Protecting Young People – Good Practice in drug education in schools and the youth service*
- DfEE (1999). *National Healthy School Standard: Guidance*
- DfEE (2000). *National Healthy School Standard: Pupil Involvement*
- DfES (2004). *Drugs: Guidance for schools*
- DfES (2004). *PSHE in Practice – Resource pack for Teachers in Primary Schools*
- DfES (2005). *Every Child Matters: Change for Children – Young People and Drugs*
- DH (2001). *Healthy Schools: Primary Schools/Primary Care Health Links Projects*
- DH (2005). *National Healthy School Status – A Guide for Schools*
- Drug & Alcohol Education and Prevention Team (2001). *Alcohol: Support and Guidance for Schools*
- Drug & Alcohol Education and Prevention Team (2005). *Developing Culturally Sensitive Alcohol Education Resources – A Briefing Paper for Drug Education Practitioners*
- DrugScope (1998). *The Right Choice: Guidance on selecting drug education materials for schools*
- DrugScope (1999). *The Right Responses: managing and making policy for drug related incidents in schools.*
- DrugScope (1999). *The Right Approach: Quality standards in drug education*
- Drug Strategies (1999). *Making the Grade: A Guide to School Drug Prevention Programs*
- HDA (2004). *Drug use prevention among young people: a review of reviews*
- HDA (2005). *Prevention and reduction of alcohol misuse: Evidence briefing summary*
- Home Office (1998). *Drugs Prevention Initiative – guidance on good practice*

Home Office (briefing paper 2001). *An evaluation for projects supporting the development of school drug policies*

Home Office (briefing paper 2001). *Evaluation of drugs prevention delivered through a 'Family of Schools' structure*

Home Office (2003). *Hidden Harm*

Home Office (2005). *Blueprint in Practice*

Home Office (final report 2008). *Blueprint*

The Information Centre (2006). *Drug use, smoking and drinking among young people in England in 2005*

Mentor Foundation's Scientific Advisory Network (2005). *Principles of Effective Practice*

National Children's Bureau (2004). *Sex, alcohol and other drugs*

The National Collaborating Centre for Drug Prevention (2006). *Annual review of Drug Prevention*

Prime Minister's Strategy Unit (2004). *Alcohol Harm Reduction Strategy for England*

Qualifications and Curriculum Authority (2005). *PSHE Key Stages 1 and 2 – end of key stage statements*

Schools Health Education Unit (2006). *Young People into 2006*

The Scottish Office (1999). *Tackling Drugs in Scotland*

Tobler (2000). 'Lessons Learned' *The Journal of Primary Prevention*, vol 20, No 4

Tobler and Stratton (1997). *Effectiveness of school-based drug prevention programs: A meta-analysis of the research*

Turning Point (2006). *Bottling it up. The effects of alcohol misuse on children, parents and families*

Wired for Health (1999). *Notes from National Curriculum Guidance*



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