



# An evaluation of the Young Person's Alcohol Intervention Programme (YPAIP):

## **Final Report**

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Kevin Sanderson-Shortt, Michela Morleo, Penny A. Cook

# Executive summary

## Background

The UK has some of the highest levels of alcohol misuse in Europe. Because the Wirral ranks extremely highly in some indicators such as alcohol-specific hospital admission in England, young people are at increased risk of a range of alcohol-related harms (for example, related injuries, school problems). Young people's services in the Wirral aim to reduce such harms through strategies including the Young People's Alcohol Intervention Programme (YPAIP). Here, Police stop and/or arrest young people for alcohol-related offences and refer them to Response, who then seek to deliver appropriate interventions. NHS Wirral, Wirral DAAT and Wirral Police have commissioned the Centre for Public Health Research Directorate, Liverpool John Moores University to evaluate the YPAIP.

## Method

Wirral Police and Response provided separate datasets on all referrals arising from stops and arrests since the start of the YPAIP (October 2008) up to and including mid-February 2010 (the point of data collection). Cases occurring before February 2010 were matched between datasets.<sup>1</sup> This provided 766 stops (86.1% of Police stop records) and 505 arrests (85.2% of Police arrest records) for analysis. A short postal questionnaire was disseminated to a sample (n=691) of those referred to Response in order to explore their drinking behaviours and YPAIP experiences. Seventy-five (11%) responded. To add a qualitative insight, six people were interviewed. These were selected by Response staff from their client base.

## Findings

Service data analysis revealed the following key points:

- \* From 2008/09 to 2009/10, the overall number of cases (of which 60.0% were stops) fell.<sup>2</sup> However, whilst the number of referrals from stops fell, the number from arrests rose. Most cases involved males (stops: 64.8%; arrests: 74.5%).
- \* Arrestees were significantly older than those stopped (mean: 16.0 and 15.2 years respectively;  $p<0.001$ ). Male arrestees were significantly older than female (mean: 16.1 and 15.8 years respectively;  $p=0.002$ ). The greatest proportion of stops (27.9%) was in Wallasey, whilst for arrests it was Birkenhead (35.6%). Although 58.7% of stops occurred in the individual's hometown, the majority (67.1%) of arrests occurred outside an individual's hometown.
- \* Stops peaked on Fridays (72.8%) and arrests on Saturdays (31.3%).
- \* Between 2008/09 and 2009/10, the median interval between stop and referral fell significantly from 14 days to 4 ( $p<0.001$ ). The median arrest-to-referral interval, also fell from 4 to 3 days.<sup>2</sup>
- \* More arrestees (48.7%) than those stopped (42.8%) received an intervention. For many, no reason was recorded when no intervention was delivered (stops: 48.1%; arrests: 85.3%). Where delivery occurred, significantly more sessions were provided for arrestees than stops (mean: 1.7 and 1.2 respectively,  $p<0.001$ ).

Questionnaire and interview data revealed the following:

- \* The number of male and female participants was almost equal (50.7% males), indicating that females were more likely to respond to the questionnaire. Age differed significantly (males: 15.7 years; females: 15.2 years;  $p=0.043$ ).

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<sup>1</sup> Thus ensuring that only complete months were compared with each other. Further explanation is provided in the Methodology section of the main report.

<sup>2</sup> For stops, we compared the period between October 2008 and January 2010 with that of October 2009 to January 2010. For arrests, we compared records between August 2008 and January 2009 against those between August 2009 and January 2010.

- \* On a typical drinking day, male mean consumption exceeded female (male: 18.0 units; female 12.7 units). Two fifths (40.7%) reported that their consumption reduced after Police action. Arrestees were more likely to be concerned about their drinking than those simply stopped (55.0% and 19.0% respectively).
- \* Over a third (37.0%) claimed to have had no contact with Response, whilst 64.0% had refused support (56.3% of whom felt no need to talk to anyone about alcohol). Although 66.7% had received no support from other sources, 85% reported having parents with whom they discussed alcohol.
- \* Positive opinion of the Response service highlighted: the provision of useful information in a safe and informal place; approachable and respectful staff; and realistic expectations. Negative opinions revealed how some young people felt the service was irrelevant and the information boring and repetitive.
- \* Several suggestions were made for improving interventions including inclusion of the family in interventions and increasing public awareness of how services work. There were also suggestions for the prevention of underage drinking such as increasing the cost of alcohol and providing more activities.

## **Conclusions and recommendations**

Between 2008/09 and 2009/10 the relative proportions of YPAIP stops and arrests changed, culminating in an overall decrease in the number of cases. Whilst changes in the protocol for recording stops and problems with Police equipment used for such data recording accounted for some of this reduction, the extent of other factors (e.g. the impact of the intervention itself over time, or a change in consumption location for young people) was not clear. Nevertheless, whilst some aspects of the YPAIP have improved significantly (for example, intervals between stops and referral), other aspects (such as service data accuracy) have not. The quality of service data must be addressed if future evaluations are to be accurate and programme developments improve their effectiveness. Research with the young people involved offered a valuable insight, highlighting how a considerable proportion had reduced their drinking and/or increased communication with their parents since the YPAIP. It also provided range of potential service developments. Consequently, recommendations for the YPAIP include:

- \* Develop a joint-access database incorporating, where appropriate, drop down menus for coding data to provide consistency. If this is not possible there should be an agreed quality checking protocol and postcodes should be entered in both datasets to simplify data matching.
- \* Develop appropriate strategies to: engage older clients (particularly males); increase intervention delivery for the youngest and oldest clients; and engage families in the intervention process.
- \* Develop promotional material that illustrates more clearly the content, mechanisms and nature of the work of Response and similar agencies.
- \* Increase the profile and range of alcohol-education activities in places such as schools. This should include providing alcohol-education to children younger than those currently targeted.
- \* Explore how the scheme can work with other agencies to: increase the number of alternative activities; reduce access to alcohol; and lobby for the inclusion of explicit warnings on alcohol products along with minimum pricing.
- \* Conduct further research into the following areas: the relationship between age and distance travelled to location of stop/arrest; the recent fall in the number of YPAIP cases; the effect of negative alcohol-related experiences on the decision to engage with schemes such as the YPAIP; and the increase in consumption reported by some of the referees following YPAIP.

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## Introduction

The UK has one of the highest levels of alcohol misuse in Europe (Hibbell et al 2009). Whilst the proportion of English children who drink has fallen in recent years, the amounts consumed have risen (Fuller 2009). This is important because alcohol use before the age of 12 years is associated with abuse in adolescence, which in turn is a predictor of adult binge drinking (Gruber 1996; McCarty et al 2004). In addition, alcohol abuse amongst young people is clearly linked with various harms including school absenteeism, anti-social behaviour, injury and violence, suicide and depression (Deacon et al 2008; Galaif et al 2007; Mannenbach et al 2007; McVeigh et al 2005; Newburn and Shiner 2001; World Health Organisation [WHO], 2006). Those young people who drink in public places can be particularly at risk, for example, of alcohol-related violence (Bellis et al. 2007; Levi 1997) and, in fact, the numbers drinking in public places in the North West of England increased between 2005 and 2007 (Hughes et al. 2008). There is also evidence to suggest that physiological effects of alcohol abuse (such as alcohol-related diseases of the liver and pancreas) are increasing in young people (McArdle 2008; O'Farrell et al 2007). These conditions are of particular importance because they take time to develop, suggesting that long-term injurious levels of drinking are increasing amongst younger people. Together, these findings highlight the importance of addressing alcohol use amongst young people for a range of immediate, long-term, individual and societal benefits. This is reflected by the recent high profile publication of alcohol consumption guidance specifically focusing on children and young people (DH 2009).

For a number of measures, the Wirral experiences a particularly high level of alcohol-related harm compared with the rest of the country (North West Public Health Observatory [NWPHO] 2009). For example, rates of alcohol-specific under-18 hospital admissions on the Wirral are much higher than England overall (183.0 versus 124.2 per 100,000 respectively; NWPHO 2009). Since this is likely to represent the tip of the iceberg, young people on the Wirral may be at increased risk of a much wider range of alcohol-related harms. Thus, local services aim to tackle this wider range of harms (for example, number of offences committed by young drinkers, numbers of victims/perpetrators of alcohol-related violence). This is a key feature of the Wirral Alcohol Harm Reduction Strategy, which is designed to bring together a range of agencies, skills, resources and approaches (Wirral Drug and Alcohol Action Team [DAAT] 2007). Because of the Police's position on the street, they are ideally situated to engage with young public drinkers in order to tackle alcohol misuse (Farrar 2008). To this end they have developed, in conjunction with a specialist young people's support service called Response, NHS Wirral, Wirral Drug and Alcohol Action Team and the Children and Young People's Department, a Young People's Alcohol Intervention Programme (YPAIP, originally piloted in July 2008). Through YPAIP, Response provides a service to which young people are referred if they are stopped or arrested by Wirral Police for offences involving alcohol. Response staff then seek to contact individuals and their families, assess their needs and deliver appropriate interventions (Wilson 2009). The Centre for Public Health, Research Directorate (CPH), Liverpool John Moores University, has been commissioned to conduct an evaluation of the YPAIP through an analysis of service data and a survey of individuals referred to Response. This report presents the final findings of that evaluation process, building upon those of the interim report (Morleo and Cook 2009).

## Methodology

This study incorporated analysis of service data from Wirral Police and Response, as well as a postal questionnaire and interviews with young people involved in the YPAIP. Quantitative data analysis involved binomial, Kruskal-Wallis and independent t-tests to explore differences between groups and chi-square to identify relationships between variables. Details of the analyses performed are discussed in the following sections.

### Service data sets

Wirral Police and Response independently provided CPH researchers with separate datasets on referrals made/received through the YPAIP from the start of the programme (October 2008) to the latest available at the time of data collection (mid-February 2010), incorporating both the intelligence analysed in the interim report (Morleo and Cook 2009) and that collected subsequently. Services hold data separately for referrals arising from stops (for example, where a young person was found consuming alcohol and was stopped because of this) and arrests (for example, where a young person committed an offence such as breach of the peace and was subsequently arrested). Using date of birth, gender, hometown, police arrest/stop date and Response referral date, we matched individuals across the different agency datasets.

The latest complete month of data was for January 2010. To ensure accurate month-by-month comparisons only stop/arrest data from months represented in their entirety were included in the following analyses. Thus, any stops or arrests occurring after January 31<sup>st</sup> 2010 were not included. However, because a referral is always subsequent to a stop/arrest, all referrals (including those dated February 2010) were considered when matching cases across datasets. This maximised the potential for matching cases, and gave a truer picture of measures such as time between stop/arrest being made and a referral being received.

#### Stops

Data provided covered the period August 2008 to January 2010. Response provided data on 836 referrals resulting from stops. Police provided data on 913 stops of which 890 occurred on or before 31<sup>st</sup> January 2010. Of these, 766 (86.1%) could be matched to the Response data. This represents a drop from 92.0% in the interim report (Morleo and Cook 2009)<sup>3</sup>. Seventy Response records and 124 Police records could not be matched. Reasons for this included: likely errors in recorded date of birth (for example, individuals recorded as being under 1 year old; n=7); key variables such as gender being unrecorded or differing between datasets (n=61); referral date occurring prior to stop date (n=46); and three records where the stop date was before the start of the YPAIP. The remainder (n=80) only appeared in one of the datasets.

#### Arrests

Data provided covered the period October 2008 to January 2010. Response provided data on 605 referrals resulting from arrests. Police provided data on 610 arrests of which 593 occurred on or before January 31<sup>st</sup> 2010. Of these, 505 (85.2%) could be matched. This represents an increase from 71.0% in the interim report (Morleo and Cook 2009). Eighty-eight Police records and 101 Response records could not be matched. Reasons included: referral dates preceding arrest dates (n=24) or the start of Police YPAIP arrest records (n=9); likely errors in recorded date of birth (n=3); and one record where the arrest date was in the future. The remainder (n=148) only appeared in one of the datasets.

#### Repeat referrals

Response records identified where an individual had been referred to them more than once through the YPAIP. Such cases accounted for 6.0% (n=36) of their total 605

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<sup>3</sup> This partly reflects a slight variation in the matching criteria between studies. Where the interim report considered a match on all variables but gender to be a match, this study did not. Had this been the case here, the matching percentage would have been 87.3%.

arrest records and 8.0% (n=67) of their total 836 stop records. Of these, 94 could be matched with corresponding Police records. The remaining nine appeared on Response records only and were not carried through to analysis.

## Questionnaire

At the time of planning this study (July 2009) Response had 580 clients who had been referred to them through the YPAIP. Sample size calculations suggested that of these, 231 completed questionnaires would be needed in order to be confident of the validity of the responses (i.e., 5% margin of error, 95% confidence interval). As a typical response rate for postal surveys is 30% (Shaughnessy and Zachmeister 2006) we accepted a sample size of 174 (providing a margin of error of 6% with a 95% confidence interval). Commencing in August 2009 and on behalf of CPH researchers, Response sent a questionnaire to all of their clients (now totalling 691) who had been referred to them through YPAIP. Data collection through questionnaires ran from August 2009 until February 2010. Thus, even those who had been stopped and/or arrested by Police as late as August 2009 had had up to six months to experience the intervention. This interval was well in excess of the mean stop to referral time of 13.8 days previously reported by Morleo and Cook (2009). The questionnaire asked about four broad areas: experiences due to alcohol use, drinking habits prior and subsequent to the arrest/stop and referral, circumstances around the stop/arrest, experiences and opinions of the intervention/support offered (including suggestions for improvements; see Appendix 1). Each questionnaire was accompanied by a return SAE and an information sheet including details of a prize draw of £50 in vouchers, used as an incentive for participation. Questionnaires were coded by Response to maximise client confidentiality and to enable the winner to be identified by them (and not the researchers). Consent was indicated by the return of a completed questionnaire, and those wishing to not respond were asked to return a blank questionnaire. To boost the response rate, questionnaires were disseminated twice to those who did not respond to the first mail shot (n=660). Of the 691 clients, 102 (14.8%) responded to the project: 75 returned a completed questionnaire and 27 returned a blank questionnaire. Whilst this was lower than hoped, where possible we have sought to validate the results found by comparing the sample responses with the interviews (see below) and other surveys (see the Discussion).

## Interviews

Between January and February 2010 six YPAIP clients (two males and four females, aged 15-17 years) were interviewed in order to expand upon the questionnaire data. Potential participants were approached by Response who explained the purpose of the voluntary and confidential interviews. Researchers originally intended to have three of each gender but it proved difficult to recruit males. Participant selection was guided by Response staff knowledge of who would agree to participate. Whilst this was likely to create bias in the types of individuals responding to the interview (and therefore, their responses to the questions), it was felt that this would be the most effective recruitment method. Participants were provided with an information sheet prior to obtaining consent and consent was obtained prior to the interview. All interviews took place at Response's office. Participants were given £20 shopping vouchers as appreciation of their involvement. Interviews were semi-structured and topics were developed from the items on the questionnaire (see Appendix 2).

## Findings

The findings are presented in two sections: data from Police/Response service records, followed by data from the questionnaire and interviews illustrating young people's experiences of the programme. Interview data are not included in charts/tables but are referred to in the text where appropriate.

### Police and Response datasets

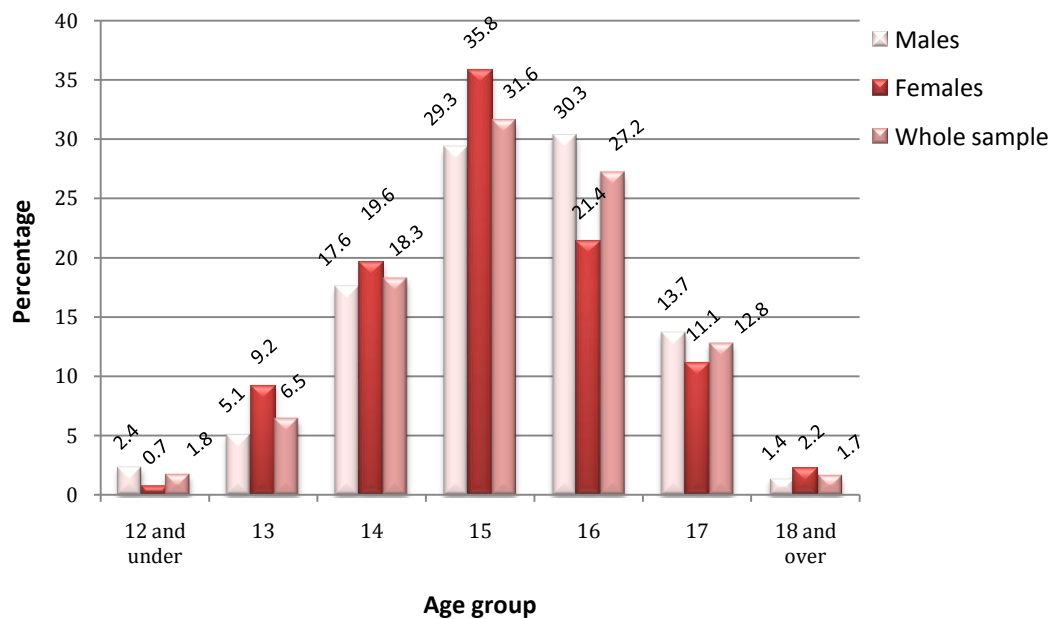
#### Referrals resulting from Police stops

Of the 766 stops that were matched across both datasets, a significant proportion involved young males (495; 64.6%;  $p < 0.001$ ). Almost all those stopped were White British (99.5%, with 0.5% unknown). A significant proportion of those stopped came from Wallasey (21.4%;  $p < 0.001$ ), with 19.5% from Birkenhead, 12.4% from Upton and 1.4% from outside the area. The mean age was 15.2 years ( $SD^4 = 1.9$  years). This did not differ significantly between genders (Table 1 and Figure 1).

Table 1: Mean age at time of stop, by gender

Measure	Group		
	Males	Females	All
Mean	15.2	15.2	15.2
SD	2.0	1.8	1.9
Range	9-19	12-18	9-19

Figure 1: Age at the time of the stop by gender and whole sample\*



\* Percentages may not sum to 100 due to rounding.

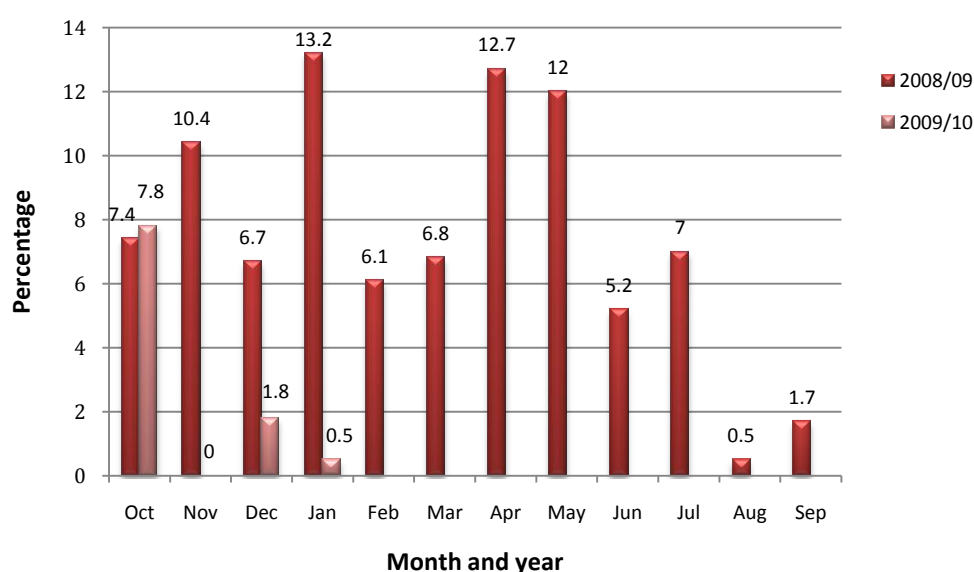
<sup>4</sup> The standard deviation (SD) measures the spread of the data about the mean value

## Details of the stops

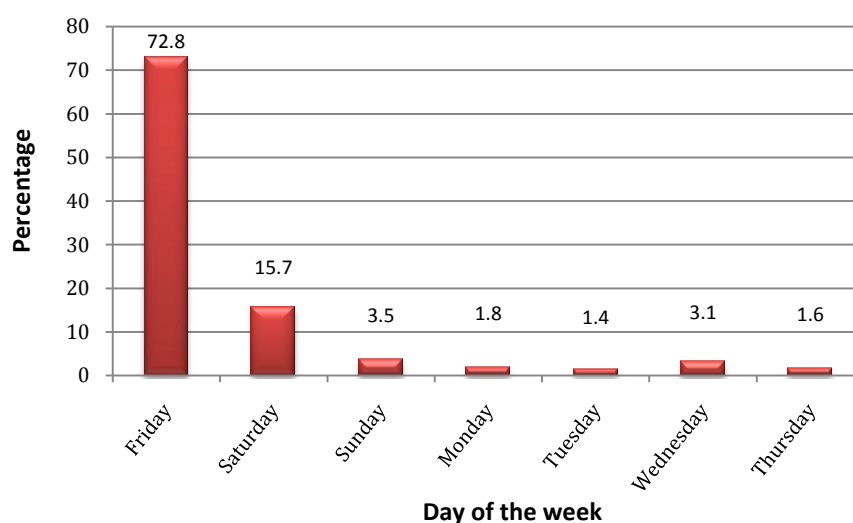
### Timing

The frequency of stops differed significantly by month ( $p < 0.001$ ; Figure 2), but there was no evident pattern. The highest number of stops occurred in January 2009 (101; 13.2%) and April 2009 (97; 12.7%) compared with none in November 2009. Because of the timing of the YPAIP's implementation (October 2008) and the data collection (February 2010), a year-on-year comparison could only be conducted for the period October to January 2008/09 and 2009/10. The number of stops between October and January 2009/10 (78) was significantly lower than the 289 in the corresponding 2008/09 period;  $p < 0.001$ ). Overall, the significant majority of stops occurred on a Friday (72.8%;  $p < 0.001$ ; figure 3). The number of stops differed significantly by time of day ( $p < 0.001$ ; Figure 4). The highest number (340; 44.4%) occurred between 20:00 and 21:59. This time period included 39.1% of all female stops and 47.3% of all male stops.

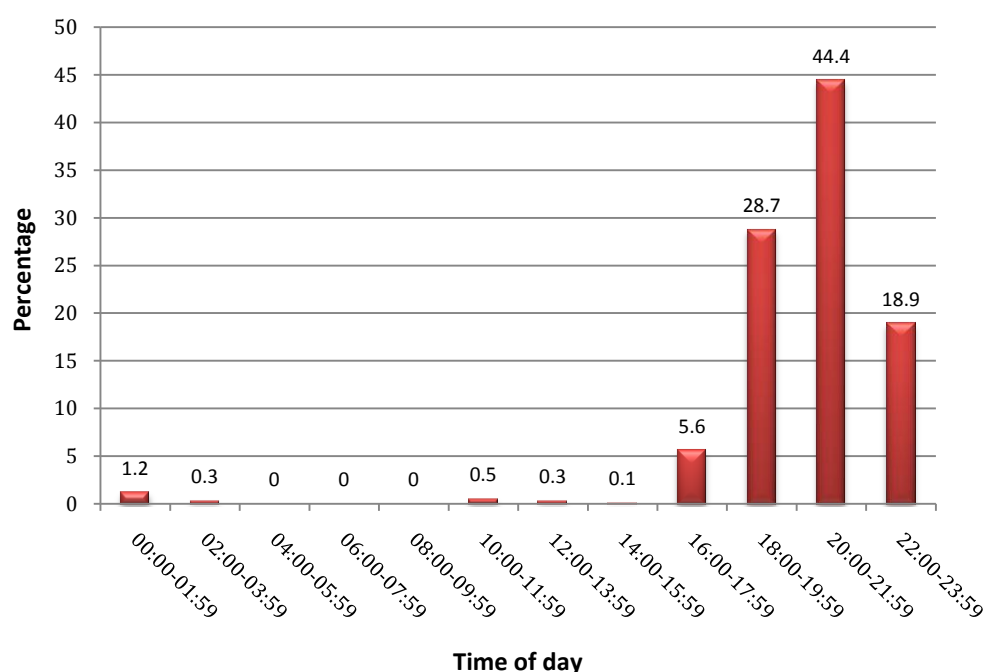
**Figure 2: Percentage of stops by month and year**



**Figure 3: Percentage of stops by day of the week**



**Figure 4: Percentage of stops by time of day**



#### Location

The greatest number of stops (214; 27.9%) occurred in Wallasey with 121 (15.8%) in Upton and 117 (15.3%) in Birkenhead. A significant proportion (58.7%;  $p < 0.001$ ) were stopped in their hometown. Police records included details of the precise location of the stop (for example, the street or park). A significant proportion of stops (64.9%;  $p < 0.001$ ; Table 2) occurred on the street (62.6% of all males and 69.0% of all females; both  $p < 0.001$ ). Parks and leisure spaces were the second most common location (25.5%). Whilst for 0.3% of the 766 cases, the individual was alone when stopped, a significant proportion (68.4%;  $p < 0.001$ ) were in a group. For the remainder it was unknown if they were alone or in a group. There was no association with gender or age.

**Table 2: Percentage of stops by location**

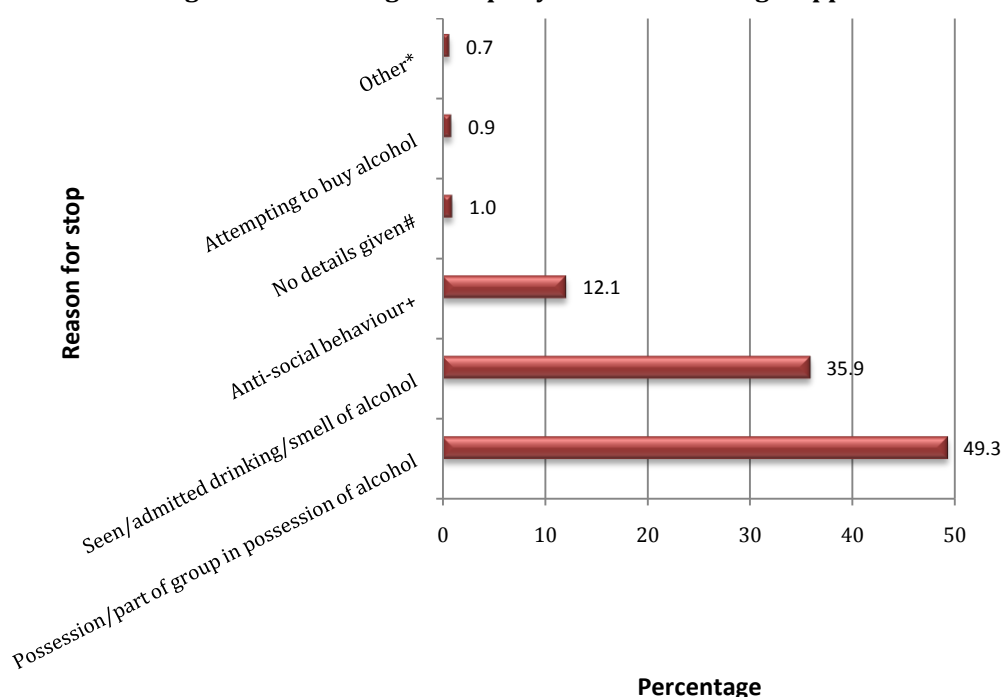
Stop location	%
<i>Street</i>	64.9
<i>Park/leisure facility/open space</i>	25.5
<i>In/outside licensed venue</i>	2.2
<i>Outside shops (general)</i>	5.7
<i>Other*</i>	1.3
<i>On public transport (including train stations)</i>	0.4

*\*Other includes churchyards and school properties.*

#### Reason for stop

A significant proportion of stops (49.3%;  $p < 0.001$ ) were for possession or being part of a group in possession of alcohol, followed by being seen drinking or admitting to drinking (35.9%) and anti-social behaviour (12.1%; Figure 5). There was no association with gender or age.

**Figure 5: Percentage of stops by reasons for being stopped**



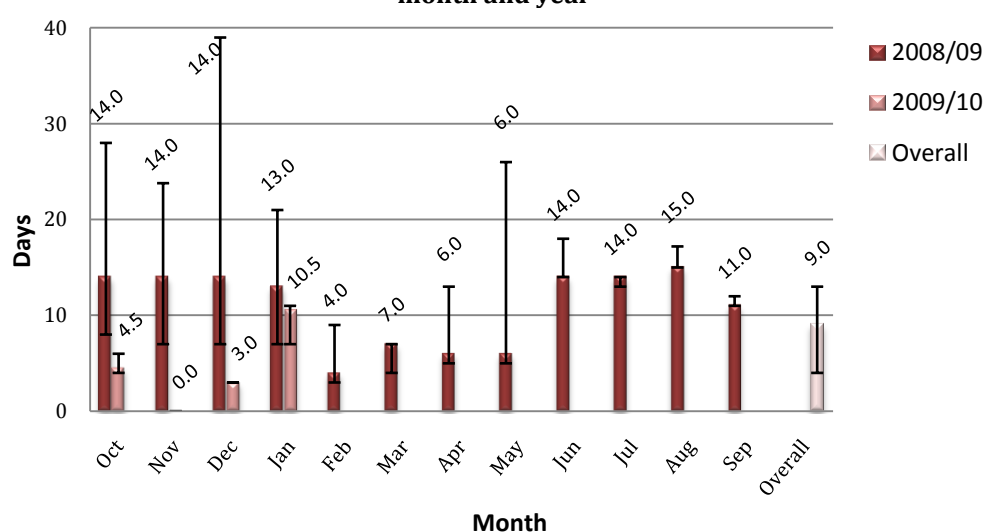
*\*Other includes kicking a dead hedgehog, riding a cycle without lights and fitting the description of an individual linked to another incident. + Anti-social behaviour includes throwing stones, using offensive/threatening language, setting fires and fighting. #These cases usually had no information at all but a small number contained the entry 'arrested for being XXX'.*

#### Interval between stops and referrals

The overall median interval between a stop and the corresponding referral was 9.0 days (inter-quartile range<sup>5</sup> [IQR]=8-28 days). Kruskal-Wallis analysis revealed this differed significantly by month ( $p < 0.001$ ): the median interval fluctuated over the period examined, peaking in August 2009 (15 days; IQR=15-17.2 days; Figure 6). The shortest interval occurred in December 2009 (3.0 days; IQR=3-3 days). Within each month there was an extremely wide variation between individual intervals (ranging from 2 to 234 days overall). Discussions with Police suggested that delays were possibly due to key staff being on leave or in training. There was no relationship between the number of stops in a given month and the referral interval for that month. Latest data available allowed a year-on-year comparison for October to January between 2008/09 and 2009/10. This revealed that there has been a significant reduction ( $p < 0.001$ ) in the overall median referral interval across the two years from 14 days (IQR=7-23 days) in October to January 2008/09 to 4 days (IQR=3-6 days) in October to January 2009/10.

<sup>5</sup> The inter-quartile range describes the values in the data between which lie the middle 50% of values.

**Figure 6: Median interval between stop and referral (with inter-quartile range) by month and year\***



\* No stops were recorded for November 2009.

#### Interventions received

A significant proportion of stops (438; 57.2%;  $p < 0.001$ ) did not receive an intervention. For almost half of these (48.1%;  $p < 0.001$ ), no reason was provided (Table 3). Where reasons were available, these included false contact details (6.8%), and the provision of an information pack instead (30.8%). For 268 referrals (35.0%), a simple intervention<sup>6</sup> was delivered and 42 (5.5%) received an extended intervention (Figure 7)<sup>7</sup>. Delivery of an intervention was significantly more likely to occur among those aged between 13 and 15 years than any other age group (54.9%;  $p < 0.001$ ). Almost 78.6% of those aged 12 years and under, and 98.8% of those aged 17 years and over did not receive an intervention. At the time of data collection, 96.1% ( $n=736$ ) of stop referral cases were closed,<sup>8</sup> 1.6% open, 1.8% pending and the status of 0.5% was unknown. Of the open cases, three had received no intervention, five a simple intervention and two an extended intervention. The mean number of sessions for those receiving an intervention was 1.2 (SD=0.7) ranging from one to six sessions. This did not vary with age or gender. Of the pending cases, three had received a single session.

**Table 3: Reasons for not receiving an intervention (of those not receiving an intervention,  $n=438$ )\***

Reason for not receiving an intervention	%
No details given	48.1
Given information pack (for example, by post, face-to-face or outreach)	30.8
No letter sent	11.4
Contact details were false	6.8
Already working with /referred to Tier 3 services	1.9
Alcohol not involved in reason for stop	0.9

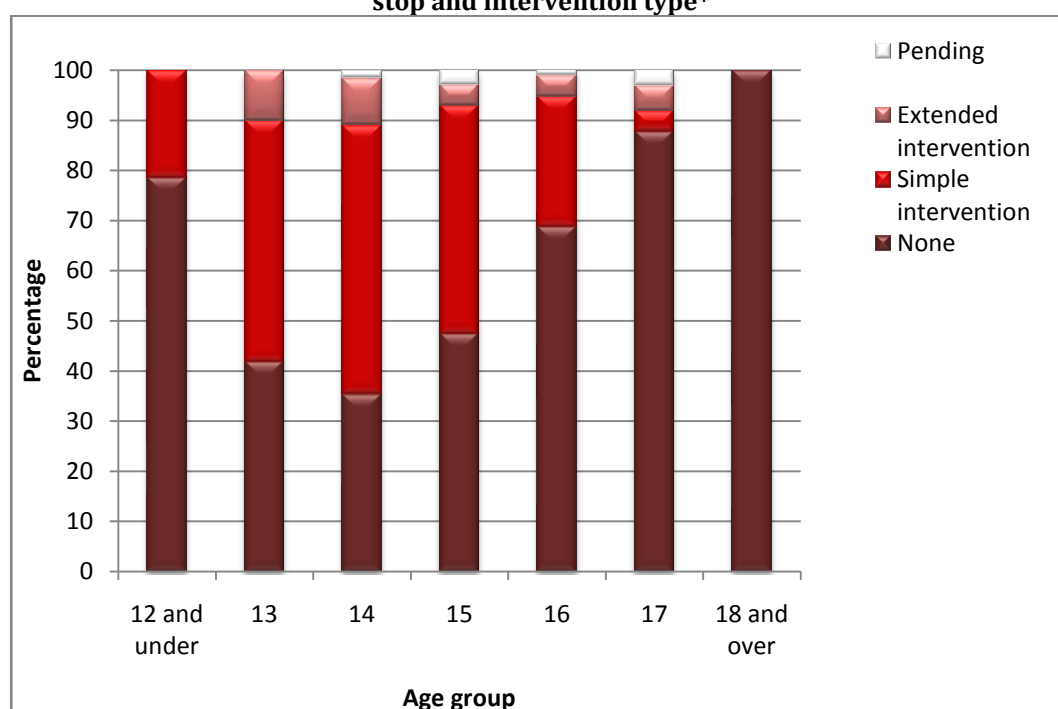
\* Percentages may not sum to 100 due to rounding.

<sup>6</sup> A simple intervention in YPAIP involves structured advice lasting a few minutes at the most. This can be either face-to-face or over the phone (Wilson 2009).

<sup>7</sup> An extended intervention in YPAIP involves structured therapies lasting 20-30 minutes and may involve more than one session (Wilson 2009).

<sup>8</sup> A file can be closed when an individual is either referred on to treatment services, refuses to engage with an intervention, cannot be contacted or receives a completed intervention.

**Figure 7: Percentage receiving an intervention following a stop by age at the time of the stop and intervention type\***



\*For data values see Appendix 3, table A1

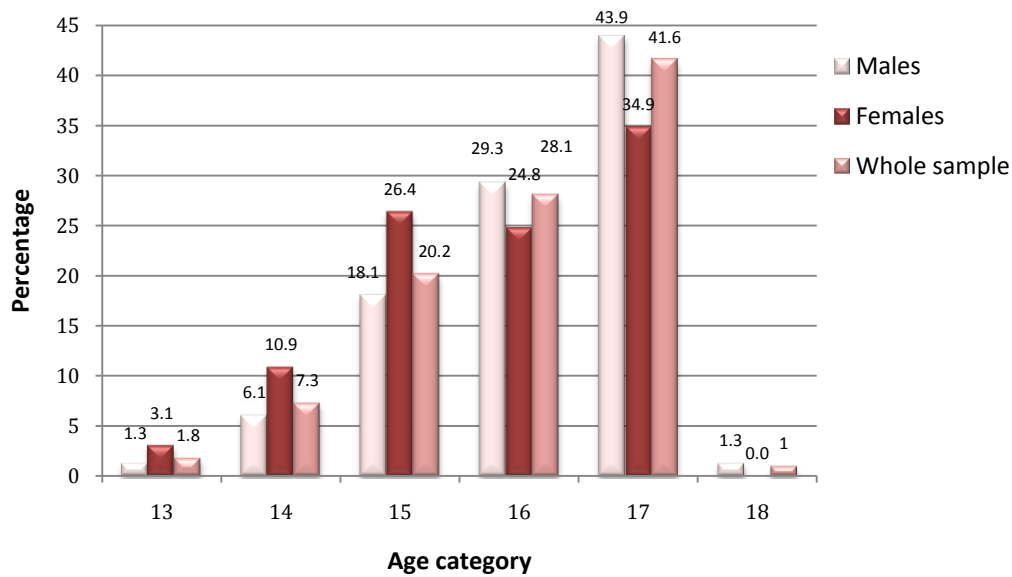
#### **Referrals resulting from Police arrests**

Of the 505 analysed arrests between August 2008 and February 2010, 376 involved males and 129 involved females (74.5% versus 25.5% respectively,  $p < 0.001$ ). A significant ( $p < 0.001$ ) proportion of those arrested came from Birkenhead (37.8%), with 23.9% from Wallasey, 6.8% from Woodchurch and 2.0% from outside the area. Mean age differed significantly between genders ( $p = 0.002$ ; Table 4 and Figure 8). Female arrestees were more likely to be younger than males.

**Table 4: Mean age and standard deviation at time of arrest by gender**

Measure	Group		
	Males	Females	All
Mean	16.1	15.8	16.0
SD	1.0	1.1	1.0
Range	13-18	13-17	13-18

**Figure 8: Age at the time of the arrest by gender\***



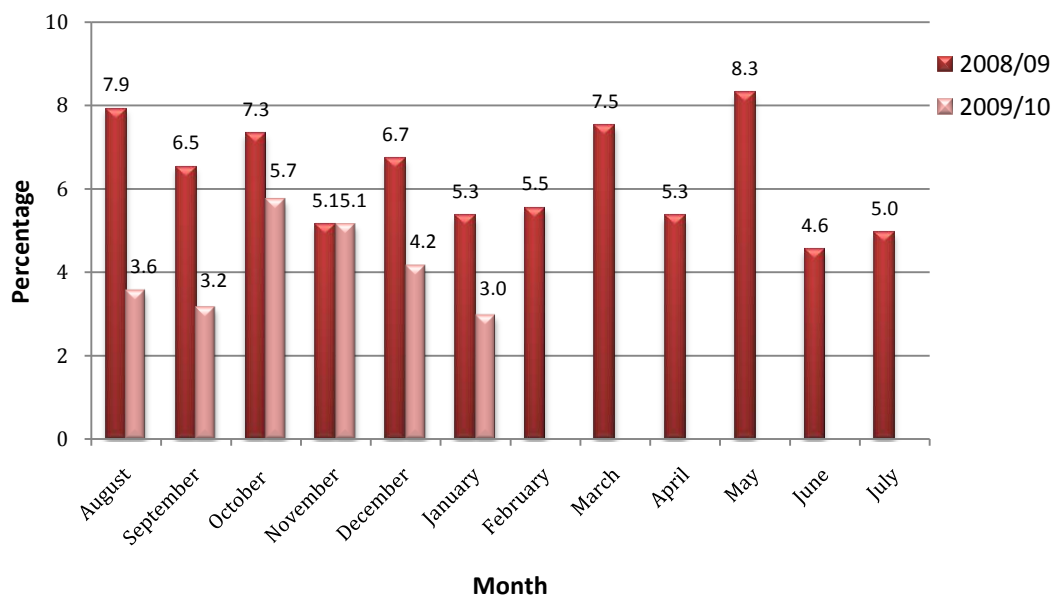
\* Percentages may not sum to 100 due to rounding.

### Details of the arrests

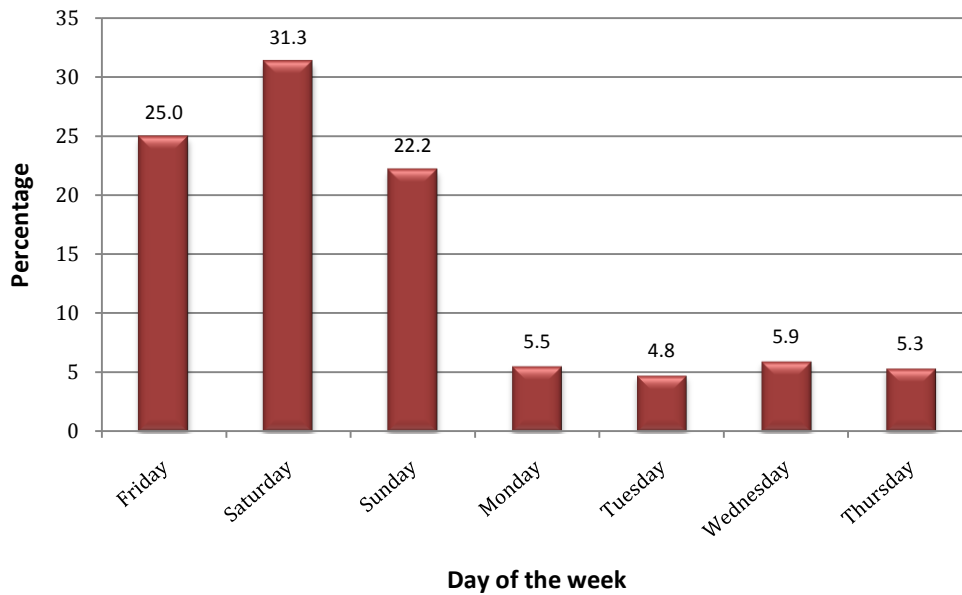
#### Timing

The frequency of arrests differed significantly by month ( $p=0.002$ ; Figure 9). The greatest proportion of arrests occurred during May 2009 (42; 8.3%), closely followed by August 2008 (40; 7.9%). The smallest proportion occurred in January 2010 (3.0%) and September 2009 (3.2%). As with stops, a year on year analysis could only be conducted for August to January for 2008/09 and 2009/10. Using this time period, there was a significant increase in the number of arrests over time between the two years from 125 to 197 ( $p<0.001$ ). Frequency of arrests also differed significantly by day of the week with Friday to Sunday (inclusive) accounting for 78.5% of all arrests (Figure 10;  $p<0.001$ ). Saturday was the most common day for arrest (31.3%).

**Figure 9: Percentage of arrests by month and year**



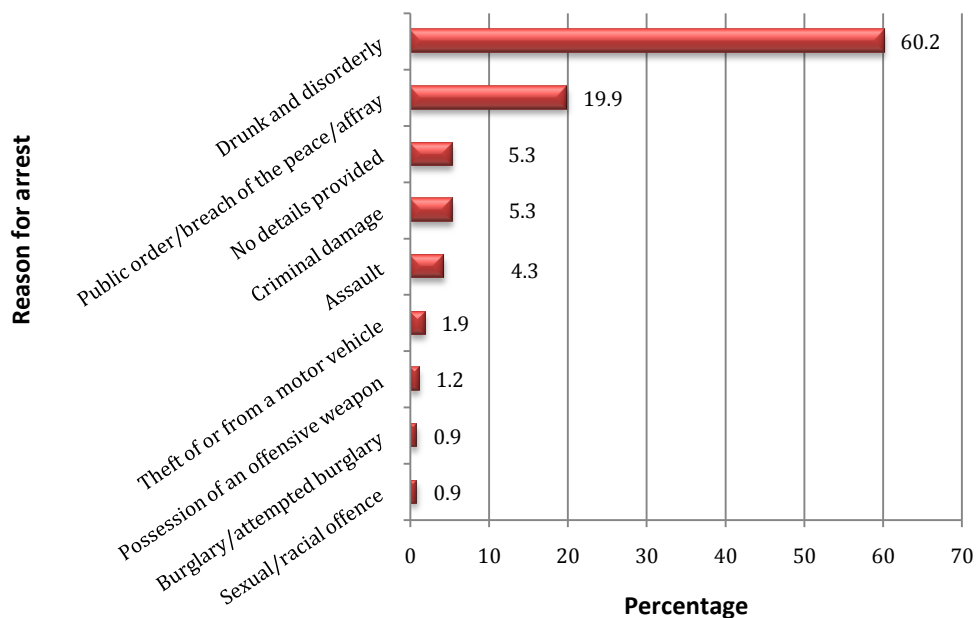
**Figure 10: Percentage of arrests by day of the week**



*Reasons for arrest*

Approximately three fifths (61.2%;  $p < 0.001$ ) of individuals were arrested for being drunk and disorderly, the most common reason for arrest, and 19.9% were arrested for public order offences (Figure 11). There was no association with age or gender.

**Figure 11: Percentage of stops by reasons for arrest**



*Location of arrest*

Details of arrest location were available for 491 (97.2%) of arrests. Birkenhead saw the significantly greater proportion of arrests (35.6%;  $p < 0.001$ ) with a further 28.1% occurring in Wallasey. A significant proportion (67.1%;  $p = 0.001$ ) of arrests occurred outside the offender's hometown.

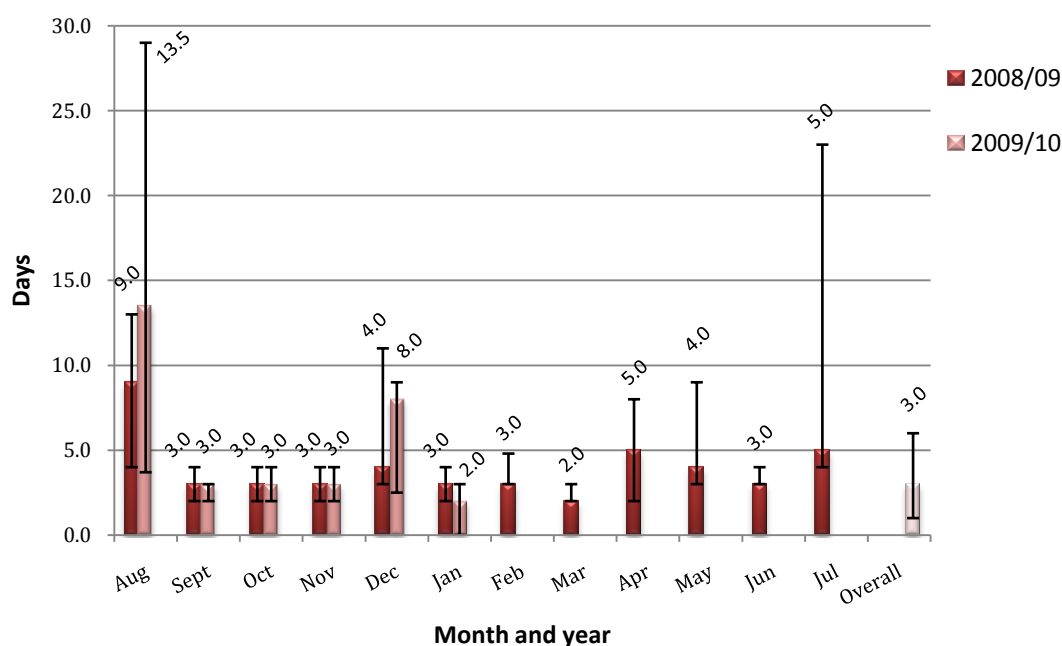
### Interval between arrests and referrals

The median interval between arrest and referral varied widely by case (from 0 to 214 days). The overall median interval was three days (IQR=2-5 days). This differed significantly by month (Kruskal-Wallis test,  $p < 0.001$ ; Figure 12). The longest median interval was in August 2009 (13.5 days; IQR=3.75-19 days) and the shortest in March 2009 (2 days; IQR=2-3 days). As with analysis of the timing of arrests, a year on year analysis of the arrest to referral interval could only be conducted on a six month segment (August to January) for the years 2008/09 and 2009/10. The median intervals between these two segments did not differ significantly (2008/09 median=4 days, IQR=3-5; 2009/10 median=3 days, IQR=2-4 days).

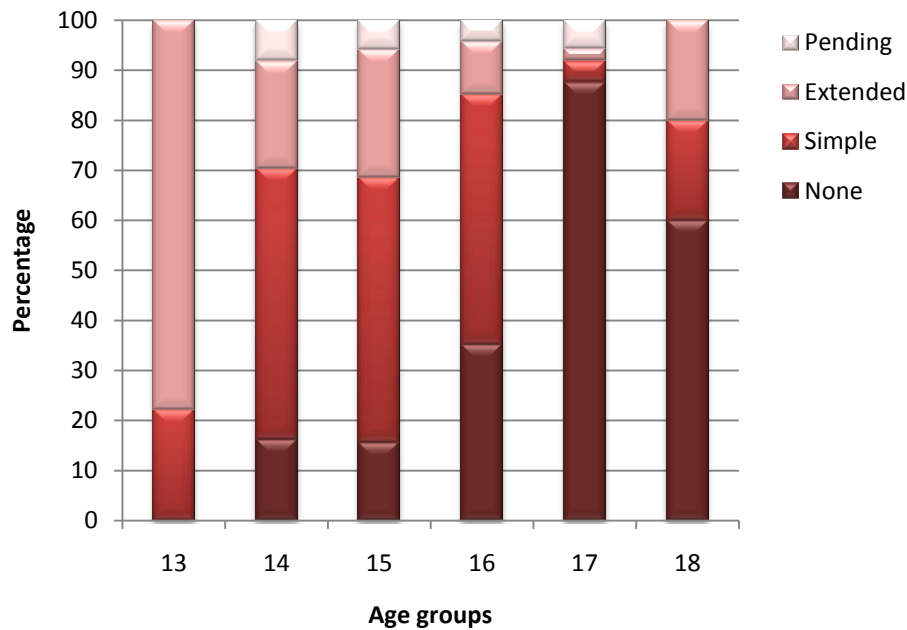
### Interventions received

A significant proportion of arrests (259; 51.3%;  $p = 0.001$ ) did not receive an intervention. No reason was given for 85.3% of these cases. An information pack was sent or provided through outreach to 9.3% and 2.7% had provided either fake or no contact details. Refusals, out of area home addresses being provided and individuals working with housing services were reasons given for 2.7% of cases. Almost one third (31.1%) of arrests received a simple intervention whilst extended interventions were provided for 12.3% (Figure 13). Younger age groups were significantly more likely to receive an extended intervention than older groups ( $p < 0.001$ ). Of those aged up to and including 16 years (the mean age), 90.3% received an extended intervention. However 87.0% of those over 16 years received no intervention. The type of intervention received was also significantly associated with gender. Females were more likely to receive an intervention than males (62.0% and 46.0% respectively;  $p < 0.001$ ). Amongst those who received an intervention, the mean number of sessions was 1.6 (SD=2.0), ranging from zero to 16 sessions. There were no significant differences by age or gender. Closed cases constituted 88.3% of cases analysed, with 6.3% remaining open and 5.3% pending. The open cases have received or will receive either a simple or extended intervention. The earliest remaining open arrest case was from September 2008.

**Figure 12: Median interval between arrest and referral (with inter-quartile range) by month and year**



**Figure 13: Percentage receiving an intervention following an arrest by age at time of arrest and intervention type\***



\*For data values please see appendix 3, table A3.

### Comparing stops and arrests

A comparison between stop and arrest referrals revealed that:

- \* Overall, stops outnumbered arrests (60% and 40% respectively) despite the longer time period covering arrests (arrests: August 2008 to January 2010; stops: October to January 2010).
- \* A year-on-year comparison (2008/09 versus 2009/10) revealed a significant change in the numbers of arrests and stops ( $p < .001$ ). Across this time period the former rose from 125 to 197, whilst the latter fell from 289 to 78. Thus there was an overall reduction in the number of cases.
- \* Arrests were significantly more likely to involve males than stops (74.5% and 64.8% respectively;  $p < 0.001$ ).
- \* The mean age of arrestees (16.0 years,  $SD = 1.0$ ) was significantly higher than that of those stopped (15.2,  $SD = 1.3$  years;  $p < 0.001$ ).
- \* Stops were significantly more likely to happen in an individual's hometown than arrests (58.7% and 32.9% respectively;  $p < 0.001$ ).
- \* The overall average number of days between a stop and a referral to Response (median=9,  $IQR = 5-14$  days) was significantly higher than that for arrests (median=3,  $IQR = 2-5$  days;  $p < 0.001$ ). However, a year on year comparison for each shows the former has significantly reduced (from 14 days in 2008/09 to 4 days in 2009/10;  $p < 0.001$ ). There was no such reduction for arrests (2009/10 median for arrests=3,  $IQR = 2-4$  days).
- \* The majority of stops happened on a Friday (72.8%;  $p < 0.001$ ) whilst for arrests incidents were more dispersed across the week, with the greatest proportion occurring on a Saturday (31.3%;  $p < 0.001$ ).

- \* The proportion of arrestees receiving no intervention (51.3%) was significantly lower than stopped individuals (57.2%;  $p=0.01$ ).
- \* Where sessions were delivered as part of an intervention, the mean number of sessions delivered to arrestees (1.7,  $SD=2$  sessions) was significantly higher than that delivered to individuals who were stopped (1.2,  $SD=0.7$  sessions,  $p<0.001$ ).

### Repeat referrals

When comparing individuals who had received multiple referrals with those who had been referred just once, there were no significant differences for gender, probability of receiving more than one session or mean number of sessions received. However, age proved significantly different, with repeat referrals being older (mean age=15.8,  $SD=1.2$  years) than single referrals (mean age=15.5,  $SD=1.2$  years;  $p=0.02$ ). Also, repeat referrals were significantly more likely to involve those who had been arrested (58.5%) rather than simply stopped (41.5%;  $p<0.001$ ). Because only 21 repeat referrals received more than one session and there were only 96 individual referred more than once across both arrest and stops, this analysis should be interpreted with caution.

## Questionnaire and interviews

In total, 75 young people completed the questionnaire and six interviews were conducted. Within our examination of the survey, sample size varied between individual analyses due to the effects of filter questions (e.g., those who report never drinking are excluded from the analysis of typical drinking quantities) and missing data (where a respondent did not answer a question). Such variations are noted on the relevant charts/tables. Where there is no visual representation of the data, sample size variation is explained in the text.

### Demographics

Males constituted 50.7% of the sample (48% female; 1.3% undeclared). Age ranged from 13 to 17 years. There were significantly more 15 year olds (37.8%;  $p=0.034$ ) than any other age. Males were significantly older than females (male/female means =15.7/15.2 years respectively;  $p=0.043$ ; Table 5 and Figure 14). Where information was provided, one fifth (21.9%) of respondents resided in the least deprived IMD<sup>9</sup> quintile (quintile 1) whilst the largest proportion (34.2%) resided in the most deprived quintile (quintile 5; Figure 15).<sup>10</sup>

**Table 5: Mean age and standard deviation by gender and whole sample (n=75)**

Measure	Group		
	Males	Females	All
Mean	15.7	15.2	15.5

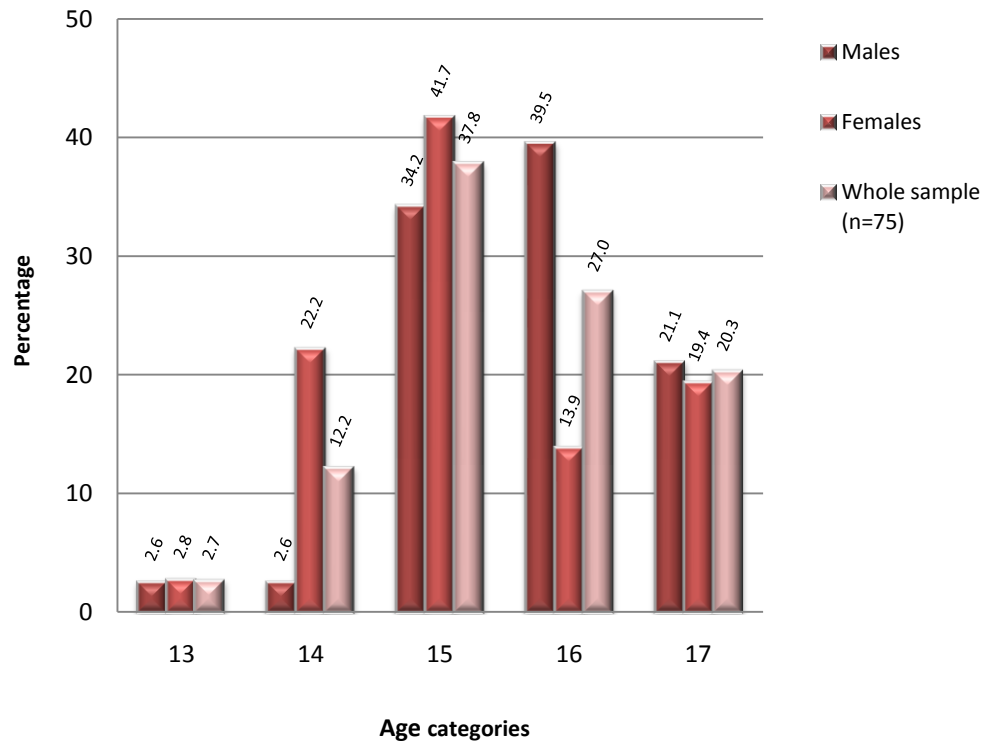
<sup>9</sup> Index of multiple deprivations; a nationally recognised system by which all areas of England are assigned a value (score) representing the level of poverty in any given area according to multiple measures (e.g., numbers of local population involuntarily excluded from the work force, barriers to local services such as housing). This score then places any given area in one of five groups (quintiles) ranging from least to most deprived.

<sup>10</sup> A mean deprivation score for each incode was calculated using the following formula; for each incode,  $\Sigma(\text{LSOA population} \times \text{IMD score}) / \Sigma(\text{LSOA population})$ . The resulting population weighted average deprivation score was then assigned to a deprivation quintile based upon the range of IMD scores associated with a particular quintile.

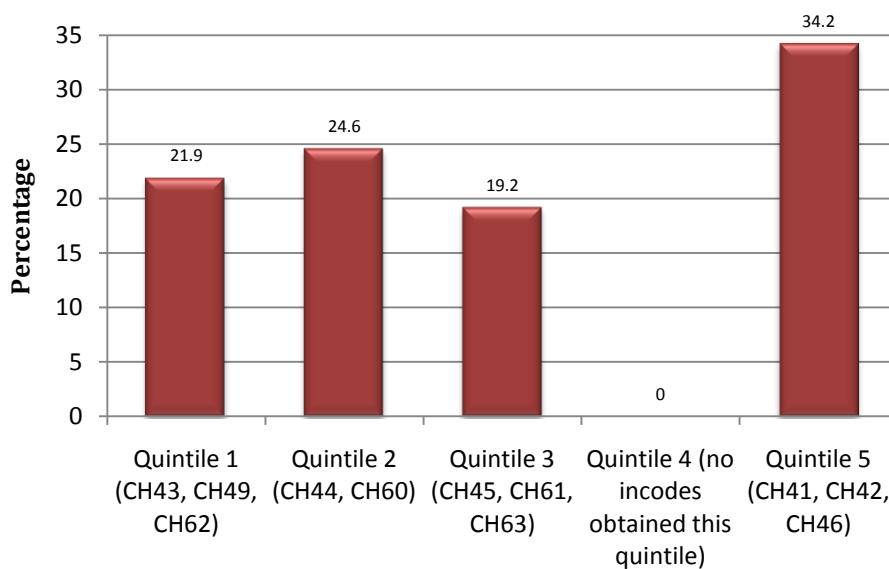
\*LSOA = lower super output area; IMD = index of multiple deprivations.

<i>SD</i>	0.9	1.1	1.0
<i>Range</i>	13-17	13-17	13-17

**Figure 14: Age by gender**



**Figure 15: Distribution of deprivation quintiles (n=73)**

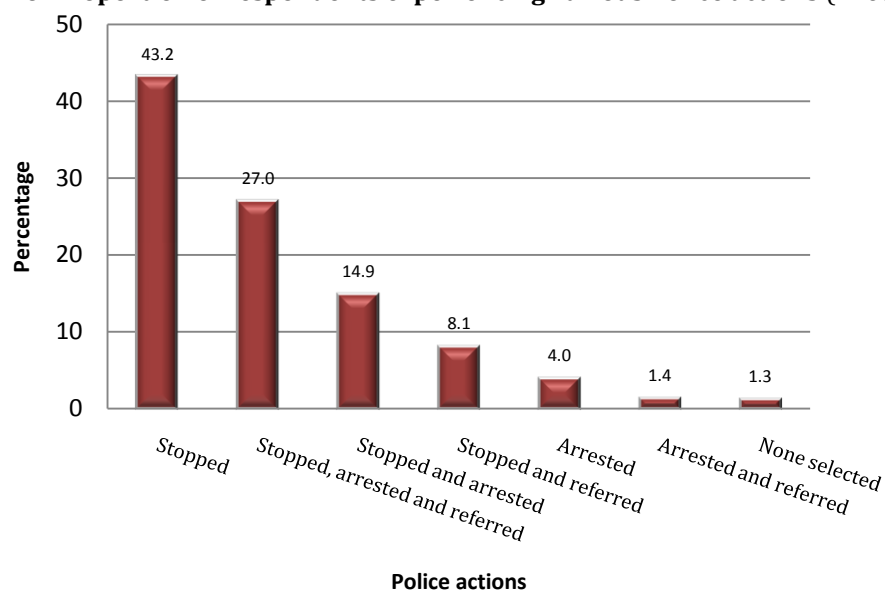


Deprivation quintile (based upon mean IMD score for stated incodes)

*Experience of Police action due to alcohol*  
Stops, arrests and referrals

A little over two fifths (43.2%) of respondents had experienced just being stopped by Police (not arrested) and 27.0% had been stopped, arrested and referred to a young person's agency because of alcohol (Figure 16). Two thirds (62.2%;  $p=0.008$ ) indicated that they had never been referred and 6.2% claimed to have never been stopped.<sup>11</sup> There was no association between gender and type of Police action. Of the six interviewees, half had been arrested. Twelve percent of survey respondents reported having been referred more than once and 22.6% reported having been arrested more than once (Table 6). Almost two thirds reported multiple stops (62.6%). The median number of stops for males and females was four (male IQR=1-10; female IQR=2-10).<sup>12</sup>

**Figure 16: Proportion of respondents experiencing various Police actions (n=69)**



**Table 6: Frequency of experiencing each type of Police action by gender**

Gender	Type of action	Median	IQR
Male	Stop	4	1-10
	Arrest	1	0-2
	Referred	1	0-1
Female	Stop	4	2-10
	Arrest	1	0-2
	Referred	1	0-2

<sup>11</sup> To be included in this study a person must have been stopped and referred to Response. This discrepancy between respondent perception and reality is discussed later in this report.

<sup>12</sup> Because three outliers (cases) reported having been stopped 50 times or more a median provides a more accurate representation than a mean.

## Drinking habits and attitudes

### Frequency and location of drinking

A significantly greater proportion of respondents drank weekly than any other reported frequency (37.0%;  $p < 0.001$ ). Daily drinking was reported by 1.3% whilst 8.0% reported never drinking. A significant majority of those drinking more than weekly were female (76.9%,  $p = 0.025$ ; Figure 17) and 60.0% were 15 or younger. All of those interviewed reported drinking just at weekends, with half limiting their drinking to either Friday or Saturday. The location of drinking was equally divided amongst interviewees between friends' houses (to avoid potential Police intervention/getting into trouble) and public parks/streets.

### Quantities consumed

The number of drinks consumed by those reporting drinking was re-calculated into units (Appendix 3). This provided an overall mean consumption of 15.5 units (SD=11.1) on a typical day. A significant majority (70.5%) could be classified as binge drinkers.<sup>13</sup>

<sup>14</sup> Within this sample, males consumed a mean of 18.0 units per typical drinking day (SD=11.5) whilst females consumed 12.7 units (SD=10.0). Although seemingly large, this difference did not achieve statistical significance. Neither was there any significant difference by age, although the mean consumption for 11-15 year olds on a typical drinking day was 16.6 units (SD=11.1). Interviewees typically depicted half a litre of vodka (or other spirits) as being a usual amount consumed on a normal drinking day. Several respondents and interviewees suggested that the relatively low cost of alcohol (particularly value cider) was a factor in their alcohol use, with several suggesting a price rise would reduce (if not prevent) their alcohol consumption. For example one female (aged 15) said: '*we just buy as much as we can and when that's gone that's it*'.

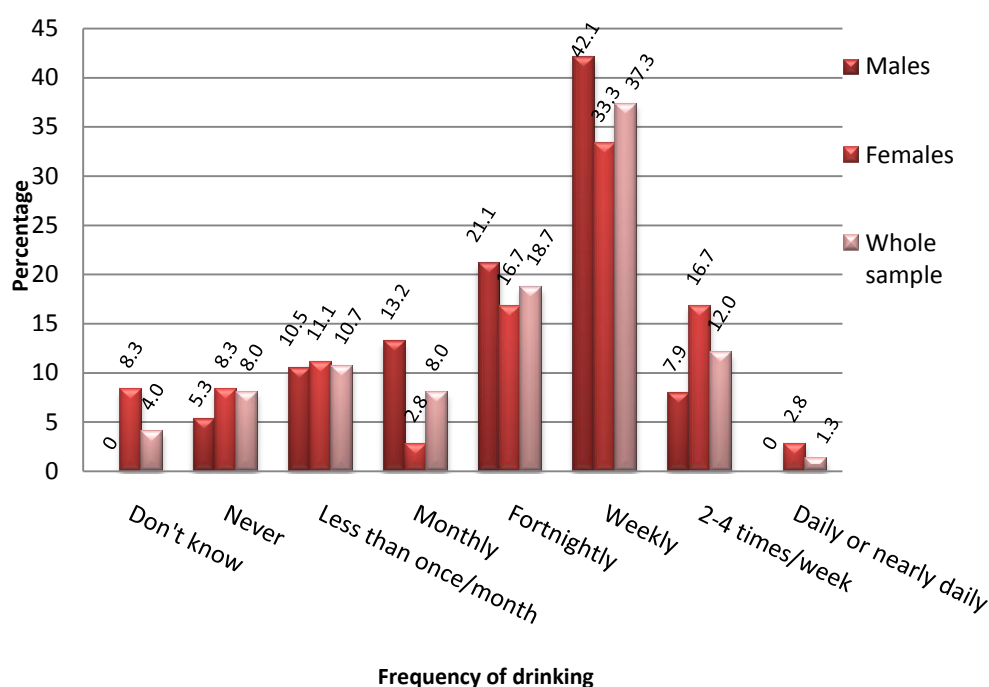
Half of respondents (50.8%) reported that being stopped/arrested/referred had no effect on their drinking but 40.7% reported a reduction in drinking. The remaining 8.5% reported an increase. There was no association between a reduction in drinking and age or with having been arrested. Four interviewees said the amount they drank after being stopped/arrested had reduced slightly. In one case, this was because they now drank more slowly. One interviewee felt there was no change and the other felt their drinking had increased.

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<sup>13</sup> Defined here as consuming  $\geq 6$  units of alcohol per drinking session (females) and  $\geq 8$  units (males).

<sup>14</sup> In addition to those excluded from analysis due to filter questions and missing data, a further two outliers were removed following advice from Response workers that their reported consumption levels (66.7 and 78 units) were unrealistic and probably the result of misunderstanding the relevant question.

**Figure 17: Frequency of drinking by gender (n=75)\***

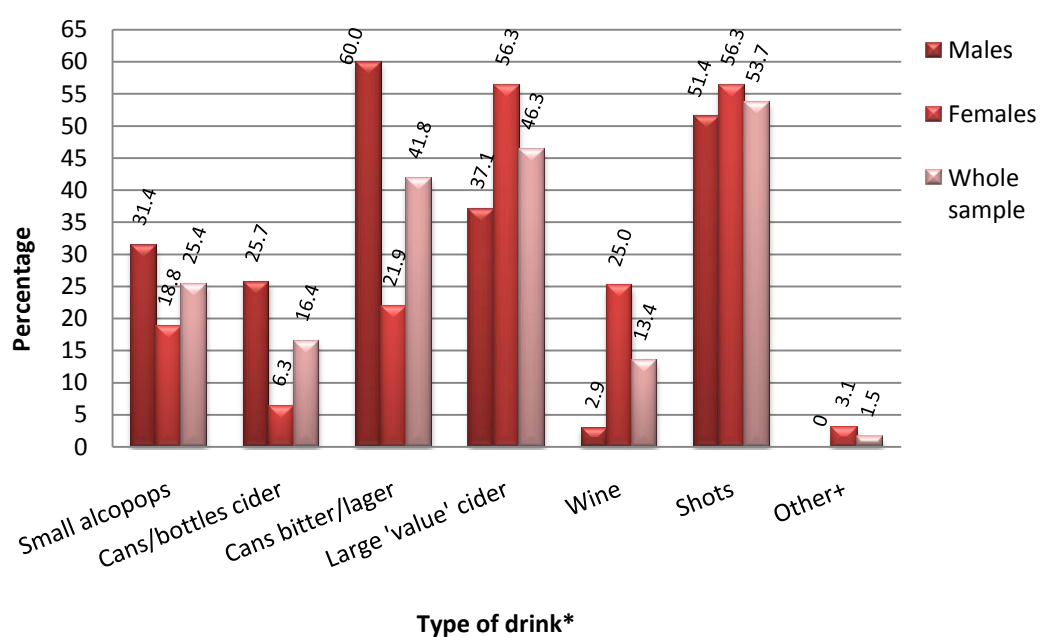


\* Percentages may not sum to 100 due to rounding.

#### Types of drink

The most popular drink was shots (reported by 53.7%) closely followed by large 'value' bottles of cider (46.3%; Figure 18). Over half of respondents (55.2%) indicated consuming two or more types of drink on a typical drinking day. The most commonly selected drink for males was canned bitter or lager (60.0%). For females, large 'value' bottles of cider and shots were each selected by 56.2% of respondents. Interviewees confirmed the popularity of shots.

**Figure 18: Drink choice by gender (n=67)\***

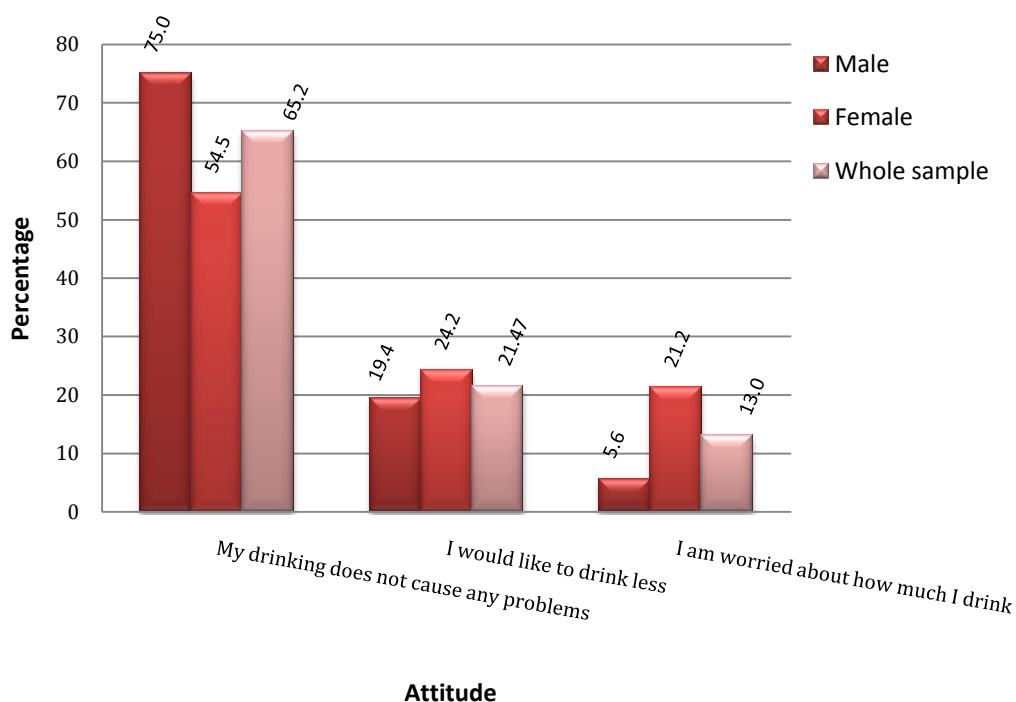


\*Respondents could select more than one drink. +Other refers to Lambrini

### Attitudes toward own drinking

A significant proportion of respondents (65.2%;  $p < 0.001$ ) felt their drinking caused no problems (Figure 19). None of this group reported experiencing any of the negative effects of alcohol as presented on the questionnaire (see next Section). There were no significant differences by gender or age. Fifty-five percent of those that had been arrested wanted to drink less or were worried about the amounts they drank (19% of those that had not been arrested reported this).

**Figure 19: Attitudes toward own drinking by gender (n=69)**

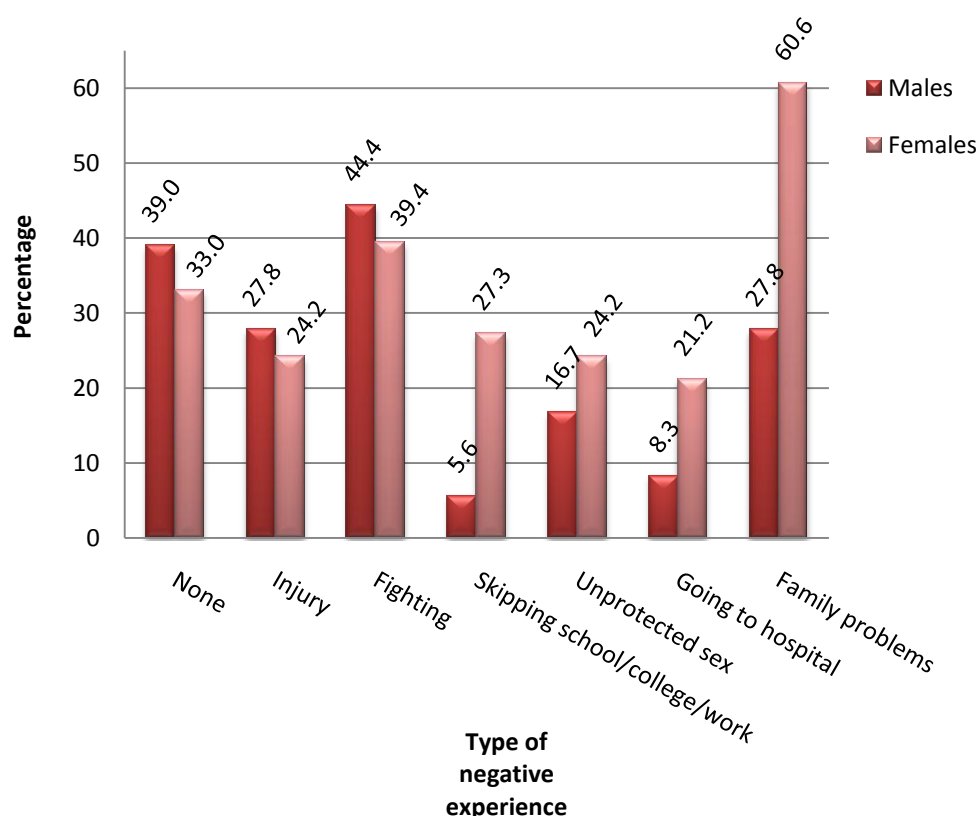


### Negative events due to alcohol

In the six months preceding the questionnaire, 29.3% of respondents reported not having experienced any of the negative events listed on the questionnaire due to alcohol and 8% did not respond to this question. However, 56.7% reported at least one of the negative effects listed. This did not differ significantly by gender or deprivation. Family problems were reported by 43.5%, fighting by 42.0% and unprotected sex by 20.3% (ages and genders combined). Females were significantly more likely to report family problems than males (60.6% compared with 27.8%;  $p = 0.006$ ; Figure 21). They were also more likely to report unprotected sex than males (24.2% compared with 16.7%; Figure 20). Of those experiencing two or more harms, a significant majority (80.8%;  $p = 0.002$ ) were binge drinkers.<sup>15</sup> Interviews reflected questionnaire findings, with all interviewees admitting to fighting and most having family problems due to alcohol. In addition, most interviewees had suffered some kind of injury (such as cuts and scrapes) due to drinking.

<sup>15</sup> Defined here as consuming  $\geq 6$  units of alcohol per drinking session (females) and  $\geq 8$  units (males).

**Figure 20: Percentage of males and females reporting various types of negative effects due to drinking (n=69)**



### **Circumstances around the stop/arrest**

A significant proportion of respondents (65%;  $p=0.003$ ) had been drinking when stopped by the Police. There was no association with gender. Almost all of those drinking at the time of Police action reporting being with friends (97.9%;  $p<0.001$ ). Of those that were drinking when they were stopped and/or arrested, a significant proportion (61.2 %;  $p<0.001$ ) considered they were drunk at the time. Forty-eight percent of respondents felt that the Police had not been justified in stopping them whilst 15.5% did not know. There was no association between opinion of Police action with age or gender. Two interviewees felt that whilst Police had been justified in arresting them (because they were being abusive and/or aggressive), subsequent actions (for example, being stripped and held overnight) were excessive. Two interviewees and a small number of questionnaires showed that some of the young people felt that the Police spoke to them in an unnecessarily harsh manner. However, half of interviewees felt that, on reflection, being stopped/arrested was an eye-opener. For example:

*'I think it was a wake-up call. I used to be quite naive and sort of presumed that walking home, well not walking, staggering (laughs) home was sort of like acceptable. It was a real shock really, 'cos I'd never been proper arrested before. It was a bit traumatic.'* (Female, 16 years)

*'It was right they (the Police) stopped me. When I think what could've happened. Could've been kidnapped or anything. So it was good in some ways and not in others. Court wasn't good.'* (Female, 15 years).

### **Sources of alcohol**

The most common source of alcohol for those drinking at the time of Police action was through asking someone to buy it for them (proxy purchase; 65.2%; Table 8). Here, females most commonly sourced alcohol by proxy purchase or stealing from parents.

For males, the most common source was self-purchase (54.5%). Interviewees mainly obtained alcohol from friends or from the houses in which they drank.

**Table 8: Source of alcohol at time of Police action (n=50)**

Source of alcohol*	% of respondents who were drinking at the time of Police action
<i>Asked someone to buy it for me</i>	65.2
<i>Bought it myself</i>	41.3
<i>Stole it from my parents</i>	6.5
<i>Parents gave it to me</i>	4.3
<i>Brother/sister/cousin gave it to me</i>	2.2
<i>Stole it from a shop</i>	2.2

\* Percentages do not sum to 100 as respondents could select more than one source of alcohol

### **Types of contact/support offered by Response**

Thirty-seven percent of respondents reported having no contact with Response whilst 1.4% did not know what contact they had had (Table 9). Males were significantly more likely than females to report having had no contact (47.4% compared with 19.4%;  $p=0.01$ ). For males the most common forms of contact reported were either via letters or leaflets. Females tended to report mainly letter only contact (41.7%).

**Table 9: Types of contact with Response (n=74)**

Type of contact with Response*	%
<i>None</i>	37.0%
<i>Letter</i>	31.5%
<i>Leaflets</i>	30.1%
<i>They visited me</i>	16.4%
<i>Quick telephone chat</i>	15.1%
<i>Visited them several times</i>	13.7%
<i>Visited them once</i>	6.8%
<i>Don't know</i>	1.4%

\*Respondents could report more than one type of contact with Response

### **Opinions of Response interventions**

Twenty-eight questionnaires (37.3%) did not offer any opinions on the service provided by Response and 10.8% reported that they had not taken the support so could not comment. Of those who did offer an opinion, 28.0% contained positive comments. These described the work by Response as good, useful and providing a greater understanding about alcohol and its effects. Survey comments included:

*'It was quite helpful and they let me know what or where to go to in the future if I needed help.'* (Female, 14 years).

*'It gave me a better understanding of drugs and alcohol.'* (Male, 15 years).

Interviews supported this:

*'They get you to draw out your evening.... What you do, getting ready right through to being drunk at the end of the night. Once you've drawn it you can look and see how bad it is. It's really helpful... They should have one (Response) everywhere.'* (Female, 15 years old).

*'The most important thing is they (Response) pointed out what the effects of drinking could be.... The cheap cider and vodka and what that stuff does to you. That was probably the turning point. It's the idea of getting wasted and what they do to your head. I dunno, I just thought it's gone too far.'*

Positive comments in the survey also stressed that Response staff were *'honest and easy to talk to... did not judge or patronise'* (Female, 15 years). Again this was supported by interviews:

*'It's really helpful 'cos it's informal (Tuesday night drop in sessions). It's not like an appointment. It's a really friendly little... erm, on first name terms. It's just brilliant to be honest. You get the sense that X (Response worker) is accessible.... streetwise. You can relate to him.... Instead of telling you what you should do, he listens to you and gives you little friendly tips'.* (Male, 17 years).

The service was seen as welcoming and safe, where young people could go with problems and be met with realistic staff expectations. One 16 year-old female said she engaged with Response because:

*'It's an informal place where you can have honest conversations with people about real issues... They're just like genuine and realistic here. They don't try and make you stop drinking. They just leave it up to you.'* (Female, 16 years).

In contrast, 23.9% of survey respondents offered negative opinions. None of the interviewees expressed any such opinion. Negative comments described the Response work as boring, repetitive or pointless (13.3%). For example:

*'boring - did not make a difference'.* (Male, 15 years).

*'didn't help - they say what your parents say'.* (Male, 16 years).

There were also individuals from the survey (5.0%) who recognised the quality of the intervention/advice but felt that it was not relevant to them because it was their choice to drink or because it was aimed at a different type of person:

*'Ok, but was aimed at alcoholics/binge drinkers not me.'* (Male, 16 years).

*'Suppose if I was thick would be useful, but as I am not rather a waste of time.'* (Male, 16 years).

*'Good, but it's my choice if I want to drink and the information was helpful as well.'* (Female, 16 years).

### **Reasons for not taking up offer of support**

Offers of support/interventions by Response were taken up by 27 (36.0%) survey individuals. Of those refusing support (n=48), a significant proportion (56.3%;  $p<0.001$ ) felt they did not need to talk to anyone about their drinking, whilst 29.2% did not know any support was being offered (Table 10). There were no associations with gender or age.

**Table 10: Reasons for not taking up support offered by Response (n=48)**

Reason for not taking up support	%
<i>I don't need to talk to anyone about my drinking</i>	56.3
<i>I didn't know any was being offered</i>	29.2
<i>Other reason*</i>	8.3
<i>I do not have time</i>	4.1
<i>The offices are awkward to get to</i>	2.1

*\*Other includes lack of confidence in the service, the fact it was not compulsory and the perception it was not suitable for the individual*

### Other sources of support/interventions

Two thirds of the sample (66.7%;  $p < 0.001$ ) reported that they had not received support from any other source), whilst a third had received support from elsewhere (Table 11). There was no association with age or gender. A significant proportion of the sample (85%;  $p < 0.001$ ) had parents who talked to them about alcohol. Of these, a significant proportion (51.6%;  $p = 0.008$ ) had spoken more to their parents about alcohol since being stopped/arrested/referred whilst 21.0% were unsure if there had been any change. A little over a quarter (27.4%) felt there had been no change. No association was found with either age or gender.

**Table 11: Sources of support other than Response (n=75)**

Source of support other than Response	% of sample
None	66.7
Other*	20.0
School nurse	6.7
School nurse and other*	2.7
Doctor	1.3
Doctor and other	1.3
Doctor, school nurse and other	1.3

*\*Respondents were not asked to identify other sources.*

### Improving the service

Respondents were asked to suggest areas for improvement. These centred on increasing the level of honest detail about the harms caused by alcohol. Several respondents suggested that pictures and films could be used depicting damage to organs, negative effects on lifestyle and social consequences. For example:

*'They could show like picture, y'know, of like your liver or something. They've never done that. I think that'd be ok. That'd probably work more 'cos we do that at school and it does affect people.'* (Female, 15 years).

*'... see people in real life and see what it ends up doing not just saying same over and going on.'* (Male, 15 years).

A small number of respondents felt that there should be a change in emphasis from harm reduction/information provision to dealing with the underlying issues causing drinking. For example, one female suggested there should be:

*'... more focus on why you drink and address those problems.'* (Female, 16 years).

Other suggestions included having small groups visit A&E to see real life people who have suffered from alcohol misuse. Suggestions provided for encouraging young people to ask for support around alcohol misuse were similar to these. However, respondents also mentioned that they felt that there were enough services in existence and that this was known by young people, as well as suggesting that more people would be encouraged to seek help if:

\* The nature of the work done by these services was highlighted (e.g., the fact that Response did not demand abstinence and worked

*with the individual rather than talking down to them).*

\* Confidentiality was stressed and that you would not 'get into trouble' by seeking help.

- \* The activities in the services truly engaged young people's interests.
- \* Families of young drinkers were also tackled.
- \* Information was more explicit and included warnings like those found on cigarettes and pictures of harms caused by excessive drinking.

Several respondents (17.0%) and interviewees suggested that the number of young people potentially needing help with alcohol would reduce if there were more activities for them. The following comments from the surveys illustrate this:

*'... more youth facilities in my local community. Children of my age in my home town drink out of boredom.'* (Female, 15 years).

*'...have more youth clubs open to stop boredom and trouble happening.'* (Age and gender not provided)

*'Have more activities to do for teenagers, football and stuff for girls like makeovers and getting your nails done. I know my friends would come.'* (Female 15 years).

Finally, a number of survey respondents (9.8%) felt that information available in schools should be increased and provided at an earlier age.

*'Make them aware of alcohol abuse from a very early age. I think my mother has always been honest and open about drink and drugs to myself and my sisters and the dangers involved. I think it worked for us as all my friends drink and I don't.'* (Female, 16 years).

*'Do more in schools. Like they don't do enough about alcohol and drugs and stuff. No-one knows anything. They should teach it more.'* (Female, 15 years).

*'It's too late once you've been arrested. You need more help earlier.'* (Female, 16 years).

## Discussion

This study examined various data sources relating to referrals of underage drinkers who were either stopped and/or arrested by Wirral Police under the YPAIP and referred to Response for alcohol-related support and advice.

### Limitations of the study

Using datasets provided by Police and Response, we matched individual records in order to track pathways between the agencies for both stops and arrests. In the final report, the proportion of matched stop records (86.1%) was lower than in the interim report (92.0%; Morleo and Cook 2009). It is not known how a fully matched dataset would have affected the findings of this study. Whilst differences in the protocol (see methodology section) may explain part of this drop, it cannot account for all of it. In fact, using the same methodology, the proportion of matched arrest records (85.2%) was higher than in the interim report (71%). A number of common problems in the datasets (essentially omissions and errors) affected these figures. Discussions with Police suggested that some of these problems were due to changes in staff and procedures. Further improvements need to be made in the recording and transfer of details to enable more accurate evaluation of the YPAIP and better inform future interventions and evaluations.

Knowing this sample would be difficult to engage with, we incorporated factors known to raise return rates (for example, colourful designs, monetary incentives and repeat mailings; Edwards et al 2002) in the questionnaire design and methodology. Yet our return rate was only 10.8%. Such a low rate is not uncommon amongst surveys dealing with sensitive issues amongst vulnerable groups as elsewhere comparable rates of 12% have been found (Anderson et al 2008). It should be noted that surveys with low return rates have sometimes produced more accurate data than studies with return rates of 60-70% (Visser et al 1996). Nevertheless, future studies could increase the sample size by including all new referrals throughout the data collection period rather than limiting it to just those present at the start of the mail out. However, the quantitative data were supplemented and enhanced by findings from interviews.

It was not possible to survey or interview the participants before the intervention to accurately gauge change in behaviour and/or consumption (because they were identified at the point of the intervention being delivered). Thus, the questionnaire and interview data relied heavily on the accuracy of participant memory and their willingness to open up. However, a mixed methodology was used to gain a comprehensive understanding of their experiences. Additionally, those that voluntarily participate often exhibit differences when compared with the wider population. This may be more so when that population is one with whom it is difficult to engage. Interviewees were selected by Response workers, potentially adding bias in favour of the programme. Data can also be affected by the dynamics between a young interviewee and older interviewer, location of the interviews (e.g., Response offices chosen for convenience of the young person) and misinterpretation of questionnaire items. For example, when asked how much a young person drank on a typical drinking day, some individuals reported consuming extremely excessive amounts (for example, >60 units). After consultation with Response, it was thought that these did not relate to individual consumption quantities but rather may have been because individuals included all alcohol shared with their peers in that session. Also, a large number of respondents (62.2%) reported never having been referred to a young person's service, yet to have received the questionnaire an individual had to have been referred to Response. Again, through subsequent discussions with Response staff, it was suggested that an individual may not realise their referral status especially if they have not accepted an offer of support. In addition, the letter sent out to individuals via the YPAIP does not make it clear who it is from. Alternatively, respondents may have been confused by the terms "young person's service" in the questionnaire. Whilst the questionnaire was designed using standard questions (from

previous surveys with young people) and in consultation with the services involved to enhance its clarity, such confusion should be addressed further in future questionnaire design and through reviewing the initial contact letter sent from YPAIP. This is particularly important considering the nature of the target group. Additionally, future studies should consider conducting interviews in alternative locations. Nevertheless, despite the issues highlighted, the reports (interim and final) provide a number of valuable findings.

## Demographics

Analysis was performed on matched data records for stops and arrests. Like the interim report (Morleo and Cook 2009), the majority of stops and arrests involved males (64.6% and 74.5% respectively). A similar pattern was also found in the questionnaires. This is perhaps surprising because other research has illustrated the prevalence of females among young drinkers in the North West (Bellis et al 2006) and in alcohol-related hospital attendances both on the Wirral (Sanderson-Shortt et al. in preparation) and in England and Wales (Alcohol Policy UK 2007). Female interviewees (n=4) did outnumber males (n=2) but this was because of the difficulty encountered by Response in getting males to engage with both the YPAIP and the research process. Overall, males were older than females in both service and questionnaire data. For example, male arrestees were older than female arrestees (means 16.1 years and 15.8 years respectively). Further, arrestees were significantly older than those stopped (means 16.0 years and 15.2 years respectively). Whilst this replicates the interim report, the updated data no longer showed age differing significantly between genders within stops. However, those who had been referred more than once were significantly older than those referred just once (means; 15.8 and 15.5 years respectively). This may be linked to the majority of repeat referees being arrestees and are thus an older group.

Of those young people stopped, 99.5% were white British. This is in line with both the ethnic structure of the Wirral (ONS 2009) and other research showing 11-15 year old white students are more likely to drink (Fuller 2009). Ethnicity was not recorded for arrests. The questionnaire also showed that more than a third of respondents came from the most deprived quintile. This supports other research, where some types of alcohol misuse have been linked deprivation (Hughes and Bellis 2002; Deacon et al 2007).

As with the interim report (Morleo and Cook 2009), Birkenhead was the most common hometown for arrestees (37.8%) and witnessed the greatest proportion of arrests (35.6%). However, unlike the interim report, we found that Wallasey was the most common hometown (rather than Birkenhead) for those stopped (21.4%) and experienced the greatest proportion of stops (27.9%). Furthermore, whilst our data and that of the interim report both show the majority of stops occurred in an individual's hometown, updated data now shows that the majority of arrestees' offences took place outside of their hometown (67.1%). This is a considerable shift from the 51.2% arrested in their hometown in the interim report. This may be linked to arrestees being older than those stopped, and associated greater mobility, as older individuals travel further to offend (Bottoms and Baldwin 1975; Snook 2004). Further research should consider exploring this potential association.

## Frequency and location of stops and arrests

Service data contained significantly more stop- than arrest-related referrals, comparable with the interim report (Morleo and Cook 2009). Similarly, almost ten times as many questionnaire respondents reported having been stopped rather than arrested (51.3% compared with 5.4%). Numbers of both stops and arrests differed significantly by day of the week, with the former peaking on Fridays and the latter on Saturdays. This tendency for consumption at the weekend was reflected in the interviews, where all six interviewees reported drinking only at weekends. There was also significant monthly variation in the number of arrests and stops but without a clear pattern. Interestingly, there were no stops recorded for November 2009. This was

raised with Police, who felt it was feasible but could offer no specific reason. Furthermore, partial year-on-year analysis showed that between August 2009 and January 2010 the number of arrests had increased significantly to 197 (from 125 in the same 2008/09 period). Yet, between October 2009 and January 2010 the number of stops dropped significantly to 78 (from 289 in the corresponding 2008/09 period). Consequently between 2008/09 and 2009/10 there was a considerable overall reduction in cases. Discussion with Wirral Police revealed that technical problems with recently adopted equipment (Blackberry hand-held devices used to record stop details) had led to fewer stops being recorded. Additionally, a recent directive from the Home Secretary had led to Merseyside Police no longer being required to record anything other than ethnicity and location of a young person when stopped by the Police. Consequently the number of stops fell in which enough information was gathered to support a referral to Response (Barrigan, 2010). The reduction in cases may also be partly due to several other factors such as the impact of the intervention, or a change in location for young people's consumption (for example, if they had moved away from public locations and/or those known to the police). Further research is needed to explore the relative contributions of these various factors.

Whilst it must be noted that individuals who are drinking in private environments are unlikely to be encountered through the YPAIP, the majority of stops arose from public drinking and occurred on the street. Compared with the interim report, the number of stops in other public places (such as parks) had increased. Comparable information was not available for arrests. To enable such a comparison, future arrest records should provide details of arrest locations. Nevertheless, further insight into our data can be gained through comparison with other research. For example, Bellis et al (2009) reported that cider drinkers in the North West (aged 15-16 years old) are twice as likely as wine drinkers to engage in public drinking. They also reported a link between greater deprivation and increased tendency to drink in public, while Bellis et al (2006) showed that young people who obtain their own alcohol are six times more likely to engage in public drinking than those who are given alcohol by their parents. In our data, in which the most deprived constituted over a third of respondents, cider was the second most popular drink, wine the least and only three of our respondents obtained alcohol via parents. This suggests that particular harms may indeed be linked with specific sources and types of alcohol, which in turn may provide a focus for further intervention strategies.

### **Drinking, money, sex and violence**

Whilst differences are evident in data collection, cautious comparisons can be made with national figures on consumption. Questionnaire data revealed that compared with national studies of similarly aged school children (11-15 year olds; Fuller 2009) more than four times as many of our sample drank weekly (37.3%) and at higher levels of consumption. Such levels of consumption are similar to those found in a survey of adult nightlife users in Liverpool aged 18-35 years (mean consumption: 18.3 units; Anderson et al. 2007). In fact, the mean number of units consumed per typical drinking day (16.6) was at least four times the maximum recommended daily units for adults (2-3 per day for women; 3-4 per day for men) and are in direct opposition to national guidelines for young people, which recommend those under 15 should not drink, and that where do, they should never exceed the recommended limits for adults (Donaldson 2009). However, such high levels of consumption are to be expected, given that more frequent and greater consumption is reported by young public drinkers (Bellis et al 2009; DH 2007). Three quarters of those who reported drinking more than once per week were female and three fifths were aged 15 years or under. Again this reflects patterns in other research suggesting that young females are at greater risk of alcohol-related harm nationally (West 2008) and locally (Sanderson-Shortt et al in preparation). Furthermore, amongst 15-16 year olds in the North West, Bellis et al (2009) have demonstrated a positive correlation between frequency of binge drinking<sup>16</sup>

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<sup>16</sup> Defined here as consuming  $\geq 6$  units of alcohol per drinking session (females) and  $\geq 8$  units (males).

and frequency of a range of negative alcohol-related outcomes. Our data support this, with binge drinkers accounting for 80.0% of those having experienced two or more negative alcohol-related outcomes. Also, obtaining alcohol through proxy purchase (rather than, for example, through parental provision) is associated with an increased risk of public, binge and frequent drinking (Hughes et al 2008). For 65.2% of respondents, the alcohol present at the time of arrest and/or stop had been obtained through proxy purchase.

In addition to the general increase in risk of alcohol-related harms through public drinking (Levi 1997), there are further links between factors such as type of drink, type of harm, gender and cost. For example, whilst among females spirits and large 'value' bottles of cider are linked with increased risk of regretted sex, among males they are linked with an increased risk of violence (Bellis et al 2009; Hughes et al 2008). Bellis et al (2009) also found, among males, an increased risk of drunken violence after drinking beer. Our data found 'value' cider and shots were the two most common drinks overall (reported by 46.3% and 53.7% of respondents respectively) and among males the most commonly reported drink was beer/lager (60.0%). Also, whilst family problems were the most commonly reported negative alcohol-related outcome (43.5%) the second most commonly reported negative alcohol-related outcome was fighting (42.0%), with unprotected sex third (20.3%). These figures certainly echo previous findings (Bellis et al 2009) insofar as they suggest low cost of alcohol is linked with increased risk of alcohol-related harm. Our two most commonly reported drinks are those that often provide large amounts of alcohol for relatively little money, with 'value' cider available for as little as 11 pence per unit (Bellis et al 2009). Furthermore, one interviewee stated that they purchased what they could with the money they had and drank until it was finished, and several specifically recommended raising the cost of alcohol as a way of reducing alcohol-related harm among young people. Such an approach to reducing alcohol-related harm is strongly supported by the literature (Meier et al 2008).

## Referrals and interventions

The interval between stop and/or arrest and subsequent referral varied widely. Whilst discussions with those involved suggested that staffing levels and changes were probably responsible for the variations, there was no correlation between the number of stops/arrests in a month and the corresponding median time to referral, as might be expected at times of high demand and low staff. However, the intervals have reduced overall compared with the interim report. For example, our overall stop-to-referral interval has dropped from a median of 11 days<sup>17</sup> to 9 days. Subsequent year-on-year analysis also shows there has been a further reduction to a median of four days when the last four months covered by our data (October 2009 to January 2010) are compared with the corresponding 2008/09 time period. Thus there have been considerable improvements in the speed with which referrals are received following a stop.

Compared with the interim report (Morleo and Cook 2009), the proportion in our updated data not receiving an intervention has risen amongst stops (from 54.9% to 57.2%) but fallen amongst arrestees (from 55.8% to 51.3%). For 30.8% of stops and 9.3% of arrestees not receiving an intervention, an information pack was provided instead. Currently provision of an information pack counts as 'no intervention'. However, because an intervention is in part designed to provide information to the drinker it is suggested that the provision of an information pack should in future be considered a simple intervention. Within arrests, the number of no interventions being provided due to false or incorrect contact details had increased. It is not clear if this is due to arrestees providing false details or errors in the transfer of contact details. Furthermore, compared with the interim report, the proportion of stops where no reason was given for the lack of intervention has risen (from 38.3% to 48.1%). In comparison, two thirds of questionnaire respondents reported that they had not

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<sup>17</sup> Supplementary analysis of data used in Morleo and Cook (2009).

received an intervention. For three fifths of these, it was because they had refused Response's offer. Within service data, less than two percent of those not receiving an intervention were due to refusal. To better understand this, Response may wish to ensure that all records contain a reason for non-delivery and use standardised terminology/coding, perhaps incorporated through the use of dropdown menus in current data storage programmes, thus increasing the likelihood a field will be completed.

Younger arrestees (aged up to and including the arrestee mean age of 16.0 years) were more likely to receive an intervention than older arrestees (90.3% compared with 13.0%). In contrast, among those stopped (mean age 15.2 years), 13-15 year olds were most likely to receive an intervention (54.9%), with almost 80.0% of those aged under 13 and 98.8% of those aged 17 or older receiving no intervention. Although the numbers of individuals at the extremes of the age ranges are relatively small, they are noteworthy for two reasons: alcohol use before the age of 13 is strongly linked with negative health outcomes in later life (Gruber et al 1996; McCarty et al 2004) and numerous interviewees felt interventions should be provided at a much younger age, with one succinctly stating, *'it's too late when you're arrested. You need more help earlier'*. Also, discussions with Response staff highlighted particular difficulty in engaging older individuals. This may be prevented in the future if individuals can be helped at an earlier age at which they are more open to influence and change. Further attention to those at the extremes of the age ranges could inform future development of the YPAIP, thus potentially increasing its ability to effect change in young drinkers.

### **Attitudes towards and changes in own consumption**

Of the 65.2% of questionnaire respondents who felt their drinking caused no problems, none reported experiencing any of alcohol-related negative effects listed on the questionnaire (including fights and family problems). Several respondents and interviewees commented that it was their choice to drink (or not). Interestingly, a greater proportion of those arrested (55.0%) than of those stopped (19.0%) expressed concern over their levels of consumption or wanted to drink less. It may be that effecting change through interventions may be more difficult amongst those who are simply stopped for being under the influence, or in possession, of alcohol rather than, for example, being arrested for more a serious offence. As one interviewee stated, being arrested is a shock or wake-up call. This suggests that young people may not perceive any problems connected with their alcohol consumption until they experience them directly. Future research should explore this further as it is conceivably a major barrier to the YPAIP's effectiveness. Such research could help explain why two fifths of respondents felt the YPAIP had helped reduce their drinking, half felt it had had no effect on their levels of consumption and the remainder reported a post-YPAIP rise in drinking levels. Although this last group is very small (n=6) this type of post YPAIP change in drinking habits should also be further examined in future research.

### **Opinions of the support offered and suggestions for improvements**

Over a quarter (28.0%) of respondents expressed a positive opinion of the support offered by the YPAIP. Alongside the interactive nature of the interventions, realistic expectations and approachability of Response workers were seen as being the programme's main strengths. Whilst discussions with Response staff highlighted how this approach offers some advantages over more authoritarian approaches, such factors could also militate against affecting a positive change in drinking habits. It is possible that some young people could take the programme less seriously than harder hitting approaches. Achieving the right balance between authority and approachability will continue to be a challenge for Response and the YPAIP in general. However, a fifth of young people (21.3%) felt Response interventions were boring, repetitive and not applicable to them. No negative opinions were expressed by those interviewed (potentially due to interviewee bias).

A common suggestion for improvement focused on making the information about alcohol-related harms more explicit, for example, by using more graphic images of damaged organs and/or meeting people who had experienced such harms. Whilst there is European evidence supporting a direct, explicit and factual approach to changing health-related behaviours (Baggaley 1988), Australian research highlights the need to balance this with an emphasis on alternative, desirable behaviours (Soames Job 1988). Furthermore, White et al (2004) found little evidence in the UK or USA to support the incorporation of ex-users in school children's substance misuse intervention programmes. Another common suggestion was the development of a more family-focused approach. This would be worthwhile exploring because significant proportions of respondents reported having parents with whom they could discuss alcohol and with whom they had spoken about alcohol more since being stopped and/or arrested. Furthermore, among the third of respondents who had received (largely unspecified) alternative support, GPs and School Nurses were the least cited sources of such support. Thus, as suggested in a recent review of young people's alcohol interventions, families may be one of several under-utilised routes to affecting change (Elliott 2009). Future research should examine this route and identify the unspecified alternative sources of support. However, these suggestions offer little inroad to those who refuse support or perceive no need to seek help. To reach these people, many respondents felt that alcohol-related education should begin at an earlier age, be more widespread in schools and again be more explicit about potential harms (including pictures of damaged organs and drunken people on bottles/cans/leaflets). However, similar approaches using health warnings on cigarette packets have had mixed effects (for example, occasionally increasing adolescent smoking; Robinson 1997). Once recognition of harm is achieved, respondents felt that clearer information about the aims, methods and approaches of a service such as Response would encourage young people to seek help. Providing essentially agency names and contact details did not address young people's concerns about contacting such services: for example, would they get in trouble? Would they be expected to abstain completely? Was the service totally confidential?

One final theme that repeatedly surfaced in questionnaire and interview data was the role of boredom in underage drinking. A little over a sixth of respondents (17%) and interviewees suggested that if more clubs and activities were provided then there would be less need to drink. Although the evidence for this as an effective means of reducing underage drinking is mixed (Bellis et al 2007; Hughes et al 2008), any steps to prevent a problem certainly need to be considered alongside any potential solution.

### Key recommendations

Following the research project, a number of key recommendations for commissioners of the YPAIP have emerged which could improve the service delivered:

- \* Develop a joint-access database incorporating, where appropriate, drop down menus for coding data fields (for example, reason for non-intervention). This would increase the accuracy of records for each case and reduce the chances of individuals being overlooked during referrals processes. However, if this is not possible, there should be an agreed quality checking protocol to regularly evaluate the accuracy of data transfer. Postcodes should be entered in both datasets to simplify data matching.
- \* Develop the role of families of young drinkers in the intervention process.
- \* Develop appropriate strategies to (i) engage older clients (particularly males) and (ii) increase the proportion of those receiving interventions for the youngest and oldest clients.
- \* Develop promotional material that illustrates more clearly the content, mechanisms and nature of the work of Response and similar agencies.

- \* Increase the profile and range of alcohol-education activities in places such as schools. This could include providing alcohol-education to children younger than those currently targeted.
- \* Explore ways in which Wirral Police and Wirral DAAT can work with other agencies to: increase the number of alternative activities for young people who might otherwise be drawn to drinking alcohol; reduce access to alcohol for young people; influence and lobby for the inclusion of explicit warnings on alcohol products along with the introduction of minimum pricing.
- \* Conduct further research on the following areas: the relationship between age and distanced travelled to location of stop/arrest; the recent fall in number of cases referred through the YPAIP; the effect of negative alcohol-related experiences on young people's decisions to engage (or not) with schemes such as the YPAIP; the increase in consumption reported by some of referees following YPAIP intervention.

## **Conclusion**

This report aimed to evaluate the YPAIP. Whilst there were a number of limitations to the study, using a mixed methodology, it provided a broad perspective of understanding and highlighted a number of key findings which can be used to address both the process of the YPAIP and the outcome for the young people involved. For example, errors and omissions in the service data suggest the need for a more effective and accurate recording protocol in order to boost understanding of the intervention and the target population. Strengths of the scheme included the approachability, informality and realistic goals of Response. Whilst some positive changes were identified through the evaluation (such as reported decreases in consumption, increased communication with parents with regards to alcohol), young people provided a number of suggestions as to ways in which services could be improved: information on alcohol-related harms used in interventions should be more explicit; interventions should more fully integrate families of young drinkers; more should be done to make the public aware of how Response and similar services actually work; work with young people should begin at an earlier age and attention should be paid to the role of cheap alcohol. Future research could focus upon evaluating the impact of any changes implemented as a result of this report, thereby furthering our understanding of what might constitute an effective response to alcohol use amongst young people on the Wirral.

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## Appendix 1: Questionnaire and associated information sheets and consent forms.



### INFORMATION ABOUT THIS FORM

- We (the Centre for Public Health at Liverpool John Moores University and Response) would like to understand young people's use of alcohol. To do this we would like to ask you some questions. Your answers to these questions will help improve the kind of help available to parents and young people.
- Every completed form received will be entered into a **free prize draw** and **you could win**  **£50 High Street Vouchers**
- Your parent, carer or guardian has said they are happy for you to answer the questions on this form about your use of alcohol. We had to ask their permission first because you are under 18 years of age.
- Even though an adult has given permission for you to answer these questions, you do not have to answer them. **The choice is yours.** You will be asked for your gender (whether you are a male or female), your date of birth and the first part of your postcode. This information is only used to compare answers from different areas, different age groups and between boys and girls. Your answers will not be used to identify you or to contact you. **We will not know or tell anyone who you are.**
- Any information you give us will be **confidential** and used to help young people who get into trouble with alcohol.
- Even if you start to fill in the form but change your mind that is ok. **You can end the survey at any time.**
- **If you want any more information** please ask your parent, carer or guardian for the information sheet they were given. This has telephone numbers, e-mail addresses and website addresses of people who can answer your questions.
- If you **do not want to answer the questions**, then please put the unused form into the envelope that came with it and pop it in the post. That's all there is to it.
- If you **do want to answer the questions** then please answer them as honestly as you can. Try to answer them when you are on your own. When you are happy with your answers, separate this page from the form, put the form in the envelope and pop it in the post. That's it.

Thank you very much for your help.

Have a good day.

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If you would like any advice or to talk to someone about alcohol you can contact

**Response:** Tel 0151 666 4123  
E-mail [Response@wirral.gov.uk](mailto:Response@wirral.gov.uk)

**Know Your Limits:** Website [www.knowyourlimits.gov.uk](http://www.knowyourlimits.gov.uk)

**Drinkline:** Tel 0800 917 8282  
(freephone 9am-11pm, Mon-Fri)

**Childline:** Website [www.childline.org.uk](http://www.childline.org.uk)  
Tel 0800 11 11  
(freephone 24 hours a day)

## YOUNG PEOPLE AND ALCOHOL INTERVENTIONS

This questionnaire asks about you, alcohol and being stopped/arrested for drinking. Please answer the questions as honestly and as carefully as you can. Your postcode is asked for just so we can compare different areas to get a better picture of what is going on. **No information will or can be used to identify you or contact you.**

Where you see a ☐ please **write** your answer in the box.

When you see a ☐ please put a tick (✓) in the circle.

For researcher use only:

Date received:

Code:



**Q1. How old are you?**

(Please enter your age in the box provided)

**Q2. Are you...?** (Please tick)

Male

☐

Female

☐

**Q3. What is the first part of your postcode?**

(E.g. C H B 7 )

**Q4. Have any of the following things happened to you because of alcohol?** (Tick all that apply to you)

Stopped by the police .....

☐

Arrested by the police .....

☐

Referred to an agency or youth worker.....

☐

**Q5. How many times have any of these things happened to you?**

Stopped .....

☐

Arrested.....

☐

Referred to an agency or youth worker.....

☐

**Q6. How often do you drink?** (Please tick one box only)

Never ☐

**If you answered 'never' jump to Q11**

Less than once a month.....

☐

Monthly.....

☐

Fortnightly.....

☐

Weekly.....

☐

2 - 4 times a week.....

☐

Daily or nearly daily.....

☐

Don't know .....

☐

**Q7. On a typical drinking day, which and **how many** of the following do you drink?**

Small bottles of alcopops (275ml).....




**1 large bottle of alcopops equals the same as 3 small ones, so if you drink 1 large bottle, enter a 3 in the box.**

Bottles/cans of cider.....




Bottles/cans of bitter or lager.....




Large cheap bottles of cider.....




Glasses of wine.....




Shots/spirits (1 mouthful = 1 shot).....




Other **Please say what**

Don't know .....

**Q8. Have the amounts you drink changed since you were last stopped/arrested/referred?**

No ☐

Drink more now ☐

Drink less now ☐

**Q9. How do you feel about your drinking?** (Please tick one box only)

My drinking does not cause any problems.....

☐

I would prefer to drink less.....

☐

I am worried about how much I drink.....

☐

**Q10. In the last six months because of drinking, have you been involved in any of the following?** (Tick any that apply to you)

Been injured after drinking.....

☐

Been in a fight after drinking .....

☐

Skipped school or work because of drinking.....

☐

Had unsafe sex (e.g. no condom/pill) following drinking.....

☐

Been to hospital because of your drinking.....

☐

Had a problem in your family because of your drink.....

☐

**Thinking about the most recent time you were in trouble with the police because of alcohol...**

**Q11. Had you been drinking at this time?**

Yes.....

☐

No ..

☐

**If you answered 'no' jump to Q14**

**Q12. Where had you got the alcohol you were drinking?**

I bought it .....

☐

My parents gave it to me.....

☐

Friends gave it to me.....

☐

My brother/sister/cousin gave it to me.....

☐

I asked someone to buy it for me.....

☐

I stole it from a shop.....

☐

I stole it from my parents.....

☐

**Q13. Were you drunk?** (Please tick one box only)

Yes ☐

No ☐

Don't know ☐

**Q14. Were you....**

With friends .....

☐

On your own .....

☐

**Please turn over**

**Q15. Do you think the police were right to stop/arrest you?** *(Please tick one box only)*

Yes ☐ No ☐ Don't know ☐

**Q16. What contact have you or your family had with an agency or youth worker because of drinking?** *(Please tick any that apply)*

None .. ☐ **If you answered 'none' please jump to Q19**  
 Don't know..... ☐  
 Quick chat over the phone about drinking..... ☐  
 Letter..... ☐  
 Leaflets..... ☐  
 Dropped into their office once..... ☐  
 Been to their office a number of times..... ☐  
 They came to see me..... ☐

Other **Please say what**

**Q17. What do you think of the information they gave you or talk they had with you?**

**Q18. Is there any way they could make the information better?**

**Now please jump to Q20..**

**Q19. Can you tell us why you did not take up the offer of support from Response?** *(Please tick one box only)*

I didn't know any was being offered..... ☐  
 My parents stopped me..... ☐  
 I do not need to talk to anyone about my drinking..... ☐  
 I do not have time..... ☐  
 The offices are awkward to get to..... ☐

Other **Please say what**

**Q20. Have you had any other support about alcohol?**

Doctor..... ☐  
 School nurse..... ☐  
 Other..... ☐

**Q21. Do your parents speak to you about alcohol?**

Yes..... ☐  
 No ☐ **If you answered 'no' jump to Q23**

**Q22. If you answered yes to Q21, then have you spoken to them about it more since being arrested/stopped?**

Yes ☐ No ☐ Not sure ☐

**Q23. What could be done to encourage young people to get help with problems with alcohol?**

**Thank you..**

**.. for taking the time to answer these questions. Please put your form in the envelope provided and then pop it in the post. There is no need for a stamp on the envelope.**

## Appendix 2: Interview Schedule



### Evaluation of YPAIP: Interview Schedule

#### **Preamble for researcher**

*Introduction to be read out by researcher:*

Hi, my name is *(insert own name)*, I'm from John Moores University and I'm researching young people's drinking and their experience of the work that *Wirral Police and Response* are doing to help young drinkers. Thanks for coming in to speak to me today. It should take us about 45 minutes if that's ok with you. At the end, to say thanks for coming I'll give you a £20 shopping voucher.

Everything we talk about today will be in confidence. It will help us understand young people's drinking and then develop better kinds of support and help. If I use any of your comments or ideas in the report I write on my research, it will be made anonymous – no-one will be able to link comments to you. Nothing that we talk about will be fed back to parents people like that but I will be recording chat. This is just to help me make sense of what we talk about. Only I will hear the recording. So I hope you'll be as honest as you can. If you don't want to answer a particular question, or want to change your mind or stop then that's fine. Have you any questions so far?

*If the participant has any questions, the researcher should respond appropriately. If there are no questions then the researcher should give the participant a copy of the consent form and read out the following statement:*

I have a form here which I would like you to read and sign. It's just to confirm that you have understood the reason we are meeting, you've had any of your questions answered and you have agreed to take part.

*Give the participant time to read the form and sign it. Once it is signed by both participant and researcher, a copy is kept by each party. The participant's copy should be accompanied by a contact details sheet.*

Ok, that's your copy and here is a sheet there with telephone numbers and contact details if you want to find out more about this study or if you would like more advice/info on alcohol and drinking.

## Interview

Could you tell me about your drinking before you were stopped and referred to *Response?*

*Prompt: How often did you drink? How much? What types of drink? Where did you drink? Where did you get your alcohol from?*

Has this changed since you were stopped?

*Probe: In what way? Drink more/less? Different drinks?*

Can you tell me about the last time you were stopped because of alcohol?

*Probe: Were you arrested or just stopped and referred? Were you alone? Had you been drinking? Were you drunk? Why were you stopped?*

How do you feel about the action taken by the Police?

*Prompt: They were in the wrong/it was the right thing to do/it gave me a wake-up call.*

Do you think any negative things have happened to you because of drinking?

*Probe: Have you ever missed school/college/work 'cos of hangovers/done anything when drunk and later regretted it/got into fights/arguments?*

What kind of support/help was offered by response?

*Prompt: Was it leaflets/face-to-face meeting(s) at your place or theirs?*

Did you take up their offer of support?

**If yes**

Why did you take up the support?

*Prompt: Parents made me/needed to*

What did you think of the support?

*Probe: Did it help or not? Why?*

Could it be improved?

*Probe: How?*

**If no**

Why did you not take up the support?

*Prompt: Parents stopped me/I don't need it*

Has anyone else offered you support?

*Prompt: School nurse/doctor?*

What do you think about young people drinking?

*Prompt: Should they drink at all? Do they generally drink too much?*

What could be done to encourage young people to get help/support for their drinking?

*Prompt: Make it easier, more available,*

Have you anything else you'd like to tell me about your drinking or your experience of being stopped by the Police and referred to *Response?*

## Closing the interview

Well, that's it thank you. As a thank you for your time I'd like to give you this voucher. If you think of anything you'd like to know about the study feel free to contact me and if you require alcohol/drinking advice or info then please contact the organizations on the contact sheet I gave you. Do you have any more questions?

## Appendix 3:

**Table A1: Percentage of age group receiving each type of intervention (stops)**

Age group (years)	Percentage receiving each type of intervention			
	<i>None</i>	<i>Simple</i>	<i>Extended</i>	<i>Pending</i>
<i>12 and under</i>	78.6	21.4	0.0	0.0
<i>13</i>	42.0	48.0	10.0	0.0
<i>14</i>	35.5	53.6	9.4	1.1
<i>15</i>	47.5	45.4	4.2	2.9
<i>16</i>	68.8	26.0	4.3	1.0
<i>17</i>	87.8	4.1	5.1	0.1
<i>18 and over</i>	100.0	0.0	0.0	0.0

**Table A2: Percentage of age group receiving each type of intervention (arrests)**

Age group (years)	Percentage receiving each type of intervention			
	<i>None</i>	<i>Simple</i>	<i>Extended</i>	<i>Pending</i>
<i>13</i>	0.0	22.2	77.8	0.0
<i>14</i>	16.2	54.1	21.6	8.1
<i>15</i>	15.7	52.9	25.5	5.9
<i>16</i>	35.2	50.0	10.6	4.2
<i>17</i>	37.6	4.3	2.4	5.7
<i>18</i>	60.0	20.0	20.0	0.0

**Table A3: Alcohol units per type of drink**

Type of drink	Alcohol units contained*
<i>Bottle of small alcopops (275ml)</i>	1.5
<i>Bottle or can of lager or bitter (assuming average quantity = 385ml bottle/can multiplied by units in a standard strength pint).</i>	1.4
<i>Bottle or can of cider</i>	1.4
<i>Large value bottle of cider</i>	7.0
<i>Glass of wine (175mls)</i>	2.0
<i>Shot (spirit)</i>	1.0

\*The units of alcohol per drink type (e.g., per bottle of alcopops) shown were taken from the Big Drink Debate (Cook and Morleo 2008). These were multiplied by the number of bottles/cans/shots or glasses consumed by an individual to arrive at an estimated number of units consumed.

# An evaluation of the Young Person's Alcohol Intervention Programme (YPAIP):

## Final Report

June 2010

Kevin Sanderson-Shortt, Michela Morleo, Penny A. Cook

Centre for Public Health  
Research Directorate  
Faculty of Health and Applied Social Sciences  
Henry Cotton Building  
15-21 Webster Street  
Liverpool  
L3 2ET

t: +44(0)151 231 4535

f: +44(0)151 231 4552

[www.cph.org.uk](http://www.cph.org.uk)

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