

**BRAINTREE DISTRICT CRIME &
DISORDER REDUCTION PARTNERSHIP
(CDRP)**

&

**CHILDREN & YOUNG PEOPLES
STRATEGIC PARTNERSHIP (CYPSP)**

**LOCAL DRUG & ALCOHOL
STRATEGY FOR THE
BRAINTREE DISTRICT
2008**

**‘Interventions to reduce
substance misuse among
vulnerable young people’**



SUBSTANCE MISUSE STRATEGY FOR THE 0 – 25 YEAR OLDS FOR THE BRAINTREE DISTRICT

1.0 AIM

To implement the action plan from the strategy with partners to deliver the interventions needed to reduce substance misuse among vulnerable young people (drugs and alcohol).

2.0 OBJECTIVES

To identify existing service provision

To identify gaps in service provision

To research good practice and implement where possible/feasible

To hold an event to engage and consult with CDRP & CYPSP practitioners and to glean knowledge and information

To engage with partners and professionals to obtain support, ownership, implementation and longer term sustainability of the strategy.

To reflect upon existing national and local strategies, Government policy and Legislation

To influence local and national policy where possible/appropriate

To develop and integrate local alcohol issues within the Strategy

To develop and implement a long term sustainable strategy

To determine/define the term 'vulnerable' and integrate this within the strategy

To further develop the joint CDRP & CYPSP Communications Strategy and to promote and implement the Substance Misuse Strategy as part of the partnership's core business.

3.0 CONTEXT

This strategy has been designed to complement existing strategies and legislation.

It was intended to ensure there was no duplication. Listed below are the strategies that are currently in existence that have been identified for this purpose.

CDRP legislation and priorities

CYPSP Plan and priorities

Children's Act 2004

Essex Local Area Agreement 2006 (LAA)

Braintree District LAA 2007

National Crime Strategy 2007

National Treatment Agency Alcohol Strategy (Safe, Sensible & Social)

National Drugs Strategy (ends March 2008)

Essex Teenage Pregnancy Strategy 1999 - 2011

Braintree District Community Strategy

Essex County Council Secondary Behavioural Support Plan

Essex Joint Area Review 2008

4.0 CATEGORIES

There are five key categories that are commonly used by the Crime & Disorder Reduction Partnership and Children and Young Peoples Strategic Partnership. These provide the addressing and cross balancing of issues that are seen as imperative for strategic implementation and success. The following categories have been used within the Action Plan.

- I. Prevention
- II. Intervention
- III. Education
- IV. Treatment
- V. Enforcement

5.0 METHODOLOGY

On the 22nd November 2007 the Braintree District Crime and Disorder Partnership and Children and Young People Strategic Partnership held an event to consult, identify and obtain people's perceptions around drug and alcohol misuse among vulnerable young people.

There were 30 individual tables consisting of up to eight people from various agencies who together answered four questions taken from the NICE Guidance (see Annex 1). This information has been pulled together alongside the statistical data obtained from the electronic voting system. This contains both qualitative and quantitative data. Both have been dovetailed to ensure that this strategy has been meaningfully written for implementation.

5.1 Conference Data

On the day 275 people attended, aged from 11-65 years. Excluding those who facilitated the event and helped with the organising and running of the day, 193 people used the keypad voting system.

The keypad voting system was an interactive system that displayed the data immediately after questions had been asked and the participants had selected their answers. A copy of the slides with all the relevant data is available in Appendix A.

5.2 Background/Contextual Data

Of the 193 participants, 122 worked solely within the Braintree District. 33 participants stated that their work covered the Braintree District as part of their duties countywide. 32 said that they worked elsewhere in Essex and 6 participants were from outside the County. This meant that there were a large number of people who were interested and physically working in the Braintree District. 80 (42%) attendees present resided within the Braintree District.

The breakdown of what best describes your organisation is as follows:

- Statutory – 63% (122 people) were in attendance
- Voluntary – 13% (25 people) were in attendance
- Private – 5% (10 people) were in attendance
- Students 18% (35 people) were in attendance
- One person identified themselves as a parent/carer.

5.3 Agency Representation

Participants were asked what best describes their organisation. We had a good cross section that included representatives from Mental Health, PCT, Education, Housing and Youth Work. The top descriptions being Education at 23% (44 people), Police 14% (27 people), Drug and Alcohol Agency 9% (17 people), Local Authority (excluding BDC), 9% (17 people) however it should be noted that these colleagues may well work in other categories listed such as Community Work, Early Years and Child Care, Youth Work and Education.

6.0 DATA AROUND KNOWLEDGE OF SERVICE

Analysis of the statistics has been undertaken and the pertinent data extracted for this strategy. The following question was asked at the Conference.

“Which of these existing support services are you aware of? Open Road; Essex Young People’s Drug & Alcohol Service (EYPDAS); Changes; First Stop; North East Essex Drug and Alcohol Services (NEEDAS); Solve it; Essex Drug Alcohol Action Team (EDAAT); Other drug and alcohol service.”

This question showed that only 18% (35 people) of participants were aware of all of the services.

Further analysis showed that 41% (25 people) aged 13 to 19 years were unaware of any of the services

Outcome

A) The promotion of young peoples services to be included in the CDRP and CYPSP Work (See action plan within this document).

A second question was asked – **“How did you first learn about these services”**. The highest category was colleague and word of mouth 50% (97 people). The second highest category was stated as other at 27% (52 people) however the breakdown of this data was not available. The next highest was drug and alcohol services was 9% (17 people), personal contact accounted for 5% (10 people), 6% (11 people) who first learnt about services through leaflets and 3% (6 people) via the internet. It should be noted that whilst leaflets and the internet are useful mediums the best way of learning and promoting services is through personal contact.

B) Raise awareness through the DAAT and DARG. See Action Plan.

7.0 PERCEPTIONS

Background – People were asked what best describes the type of work you do,

On this question it has been identified that 58% (112 people) physically work on the ground through the following themes:-

- Prevention,
- Education,
- Enforcement,
- Treatment,
- Guidance.

It should also be noted that 13% (25 people) of participants identified themselves as working on strategic issues most of who also work operationally.

In the next section participants were asked a series of questions on perceptions. The following questions were asked (Under each is the quantitative data).

7.1 Alcohol Related Perceptions

“How big a problem do you personally think drug and alcohol misuse is in the Braintree District?”

The data identified that 66% (127 people) perceived drug and alcohol misuse in the Braintree District was a big, very big or major problem. 34% (66 people) perceived the misuse to be a small to medium sized problem.

“Do you believe that alcohol consumption is increasing or decreasing compared to 10 years ago?”

90% (174 people) believed that it was increasing. 2% thought it was decreasing and 8% (15 people) thought it was the same as 10 years ago.

“At what age do you think alcohol consumption is the biggest problem?”

55% (106 people) perceived the age range to be 13 to 19 year olds. 25% (48 people) perceived the 19 to 25 year age range to be the biggest problem. 12% (23 people) thought that alcohol was a problem across all age ranges.

“What is the reasoning behind your answer?”

Working knowledge ranked the top answer at 45% (87 people), Opinion came second highest at 35% (68 people), Media at 12% (23 people). The number of participants who answered on a basis of using factual knowledge i.e. research was a mere 5% (10 people)

7.2 Drug Related Perceptions

“Do you think the use of illegal drugs and misuse of prescription drugs is increasing or decreasing?”

81% (156 people) perceived the issue to be increasing. 13% (25 people) thought it was the same.

7.3 Perceptions of Alcohol and Drugs Misuse

“Why do you think people use alcohol and drugs?” (People were asked to state there top 5 reasons)

The top answers were curiosity and peer pressure at 15% each; Enjoyment and to cope at 14% each; Alleviate stress at 12% with addictive behaviour and boredom at 9% and 8% respectively. Other answers with lower percentages were Social Exclusion, Pain Management, Mental Health and Other (Not noted).

Participants were then asked ***“What was there reasoning behind their answers?”***

46% (89 people) said it was through experience of working with people. Personal experience accounted for 25% (48 people), a guess was 19% (37 people) and known fact was 10% (19 people).

A question was asked ***"Why do you think people misuse alcohol and drugs?"***
(People were asked to state there top 5 reasons)

From here there was a change from use to misuse answers as the following:
Curiosity and peer pressure have gone down from 15% each to 7% and 9% respectively. Enjoyment and coping have reduced from 14% each to 8% and 12% respectively. Addictive Behaviour and boredom increased to 13% and 9% respectively. Mental Health and Social Exclusion were 11% and 10% respectively. Pain management increased to 8%.

In relation to the question asking "What is your reasoning behind your answer", the significant change between the term use and misuse is the answer "Guess". This has increased from 19% (37 people) to 31% (60 people). The people answering personal experience from use to misuse has decreased from 25% (48 people) to 13% (25 people). It could be surmised from this data that people present perceive that for the majority of the time through personal experience they use drugs and alcohol as apposed to misusing.

Outcome

The perception of participants is that the use and misuse of drugs and prescription drugs is increasing. The picture from national research portrays that drug and alcohol use and misuse has stayed constant over the past few years.

However an overwhelming number of all participants when asked the above questions believed that the problems were increasing. Therefore we can reasonably presume that it is peoples own perceptions. But however the 46% of people identified that they answered the questions through experience of working with people. Therefore it could be construed that the problem in the Braintree District maybe increasing.

D) Working with young people on a project to gain insight and some form of understanding as to why use and misuse is being tried.

7.4 Policies

There were questions consulting participants around policies specifically concerning drugs and alcohol. The questions asked were as follows:

"Do you know if your school/college/organisation has a drug and alcohol policy? If so, do you know what it is?"

The answer "yes they have a policy and I know what it is", was responded to by 63% (122 people). 21% (41 people) were aware that there was a policy but did not know the detail and 16% (31 people) either did not know they had a policy or did not know what it was. Of those 31 people the majority were adults and hence it could be concluded that there needs to be a raising of awareness of those policies which are in existence.

Statistics at this event show that there was a large proportion from the education sector however there was a very small percentage of attendees who came from educational establishments.

Outcome

E) From further analysis of the statistics it was shown that 34% (66 people) answered the question that they knew there was a policy but did not know the content; did not know or thought they did not have a policy. Of these, 38% (25 people) were shown to be from the providing education sector as their main work focus. This indicates a possible need for a piece of work with schools and organisations who work directly with young people to raise awareness of policies, their content and how to put these into practice. Furthermore, it would be highly beneficial if a consistent and coherent policy structure could be developed and implemented and that this can then be tailored to organisational need.

8.0 THE ISSUES – Table discussions

These responses are not attempting to be definitive, but are an analysis of all responses from the event.

Discussion one:

a) What type of things increase substance misuse by groups of young people?

Peer pressure was identified by all table discussion groups in a number of forms, including family and friends use, new peer groups, different drinks or drugs being in fashion, friends and siblings involved in dealing and a belief that all young people are using drugs and alcohol. It was acknowledged that young people might over-report their own use to peers in order to gain kudos or to “look big”; this can have the effect of young people using or increasing their use in order to keep up with a perceived norm.

There are a range of issues that relate to lack of confidence or self esteem that can increase substance misuse by young people. These can often be related to social or geographical isolation, unrealistic expectations placed on young people, depression, bullying (victims and also as perpetrators), school exclusion and feeling lonely.

Other family problems, such as poor parenting, had a role to play and were recognised widely, particularly in respect of parental use of drugs and alcohol, which leads to young people seeing this as the norm. Breakdown of family through bereavement or divorce and lack of parental responsibility and boundaries (this point was covered in more detail in table discussion 4) were also cited.

Mental health and other associated problems such as dual diagnosis (co-existence of mental health and substance misuse problems) and depression were acknowledged.

The fun aspect, which cannot be ignored, was recognised as being a big influence on increased substance misuse with statements including “good to use”, “thrill”, “risk factor” (positive and negative), “celebrating”, “wanting to get high”, “party atmosphere”, “instant gratification”, “experimentation”.

Access was stated widely as a reason, in relation primarily to alcohol but also drugs and very significantly money. The consensus is that young people have far more disposable income than at any time before and coupled with a perceived lack of things to do and boredom, will contribute to increased levels of use. It was agreed that although alcohol is more widely available than most drugs, the relative cheapness of a range of substances certainly can make them an attractive proposition for some young people.

Lack of information and education (the basic facts and how to stay safe) was also cited, although drug and alcohol education is more widely available than ever before and delivered in a non-judgmental manner (generally speaking) this is still an area that it was agreed needs a shake up to ensure it is effective.

Dependency and self-medication for either pain relief or other symptoms such as ADHD was also stated as a reason.

Outcome 1

Due to the range of individual reasons for young people’s substance misuse, all services need to be delivered holistically to ensure that young people can address the full range for their needs.

b) Which groups are more at risk than others?

There was a general agreement that all children and young people are at risk from substance misuse and that increasing protective factors can be effective in reducing this risk. Substance misuse also crosses all socio-economic barriers.

The following list, however, looks at those who were deemed to be more at risk.

- Children whose parents/family members misuse
- Children whose parents do not invest time in them (latchkey kids)
- Those children disengaged from the education system or low achievers (including those young people permanently excluded)
- Those facing social exclusion (from communities, through reasons related to poverty etc.)
- Young people involved in crime and anti-social behaviour
- Those with high levels of disposable income
- Young people in care/leaving care
- 13-20 age group
- Those lacking in confidence, self-esteem, or unpopular
- Younger children and young people currently smoking cigarettes
- NEET (Not in Employment, Education or Training) young people
- Those with learning difficulties

Outcome 2

There needs to be a range of projects delivered locally that can deliver across the range of needs, from universal services for all young people to targeted/specialist provision for identified groups.

Outcome 3

Further discussion needs to take place around services for young people at the older end of the age range (19+).

9.0 Discussion two

“Which community based projects/initiatives work best and are value for money for preventing or reducing substance misuse?”

There was recognition that there are many more projects and services working on the issue of substance misuse, across the District and Countywide, but it is not necessarily their core focus (the list is not reproduced here and would be in no way exhaustive, there is the need for an up to date directory to provide this information).

A large part of the feedback from these discussions centred on work in schools, suggestions for peer mentoring projects and input from peer age ex-users (obviously with safeguards in place) including an increase in after school activities that are free, and also thinking outside of the traditional box. It was felt that a review of school drug education is needed.

The consensus was that any substance misuse services for young people need to be flexible, both in opening times and location of delivery, and follow a one-stop-shop model. A major issue identified was sustainability of short-term projects, particularly in the voluntary sector.

Good quality marketing and advertising will be essential to ensuring that young people are aware of any projects and also feel comfortable in accessing them. This was recognised in the feedback.

The key to any interventions and projects was seen to be good quality, factual information, delivered by knowledgeable, well-trained and committed staff.

There is however an acknowledged lack of alcohol specific services for young people.

(List of services and projects with a substance misuse element, delivered in Braintree District: - EYPDAS, Open Road, DrugsLine, Braintree College Performing Arts, School Nurses, Solve It, NACRO Community Sports Project, Theatre Active, Youth Service, Connexions, GPs, Children’s Centres, Duke of Edinburgh, Prison No Way, Braintree District Council (work on ABCs etc), Fire Break, Crucial Crew, Reality Roadshow, Stay Safe, Respect, 2 Smart 4 Drugs, PCSOs, YOT, TASCC teams, Needas, Changes, Frank, Behaviour Support, Young people’s forums/youth councils, Guides, Scouts, AA, Al Anon, Al-Ateen, School drug education as part of citizenship lessons.

Services not working within Braintree District but noted: - Hermitage (Brentwood), Foyer (Harlow), Colchester Cornerstones, Youth Enquiry Service (Colchester), ADAS (Harlow))

Outcome 4

There is the need for promotion of services through good quality marketing and communications. (Link to outcome A)

Outcome 5

A comprehensive substance misuse service directory needs to be developed to pull together the range of services offering a level of substance misuse intervention.

10.0 Discussion three – How should projects/initiatives be designed to ensure misuse does not increase among young people?

It should be ensured that young people are involved in the design and delivery of all projects and services. All substance misuse services should be based upon good quality needs assessments. It is important that this is not just lip service, and we need to ensure that effective mechanisms are in place to allow young people to also have an impact on the management and day-to-day running of the project. This is more problematic than ongoing consultation and effective methods need to be designed to ensure that meaningful engagement at this level can happen.

There was discussion and support for hard-hitting approaches focusing on real life stories as having an impact on reducing substance misuse. These could include videos, talks from ex and current users, visits to courts and prisons and rehab centres. There should be a strong focus on negative consequences of use, e.g. restrictions on travel to certain countries for convictions. It was agreed that any use of this approach also needs to be tempered with more factual information as well.

The other side of this was the need for early intervention, with a service presence in every community and District, preferably from a one-stop-shop and on an easy to access basis. It was agreed that services should use a variety of media to cater for different learning styles e.g. theatre, DVD, street work, outreach, road shows, using sports and other diversionary activities.

It was also seen as essential to use a harm reduction basis for projects as a “just say no” approach can alienate some young people.

Having some parental involvement in design and delivery was also seen as desirable.

Outcome 6

A joint CDRP and CYPSP young people’s involvement strategy needs to be developed to inform future service planning, delivery and management.

11.0 Discussion four

a) “Which family based projects/initiatives are best and are value for money for children and young people misusing substances?”

It was agreed that there will be specific roles for families at identified times when working with young people with multi-agency communication and responses vital to any success. Unlike the “Young People Specific” services, which seemed to be numerous, there were a very small number of services known about with two commonly mentioned as Restorative Justice Family Group Conferencing and Child and Family Consultation Service.

As with any intervention, there needs to be swift identification of the needs and then a judgement made as to whether there is a requirement for whole family involvement.

The need to normalise parenting programmes was also identified for them to not be seen as something that are just undertaken when the children and young people are having difficulties.

All family interventions need to be delivered by knowledgeable and experienced practitioners with the appropriate skills, which is an issue in itself due to anticipated difficulties with recruiting.

Again for any family based projects/initiatives to be successful there needs to be a commitment to ongoing funding.

Outcome 7

Further develop links with existing projects delivering parenting programmes, and Essex County Council parenting commissioner to ensure a joined up approach to family substance misuse interventions.

b) How do group based projects/initiatives compare with individual or no projects?

The general agreement from this question was that there is a need for both individual and group based projects and that they can often complement each other, and there is also a place for no interventions, particularly where a young person is not willing to engage (with the exception of criminal justice interventions), although this needs to be balanced with ensuring that support can be available and accessed easily if the young person chooses to engage.

One advantage associated with individual interventions is that they can be tailored for that individual, but it was recognised that this is not always cost effective.

Most present discussed and agreed that there were objective benefits in group work programmes, both for their effectiveness and impact on individuals and also with regard to resources.

For groups to be effective they do need to be delivered by appropriately experienced and competent practitioners, and can be a great opportunity for peer support networks to develop.

Outcome 8

There is a need to ensure a range of quality individual and group work substance misuse interventions for young people across the District.

12.0 Action Plans (including Funding requirements as appropriate)

Please find details below of the summary action plan for the outcomes from this piece of work. It must be noted that project leads for the actions identified require consultation and agreement. Some actions have identified leads but this is subject to formal agreement.

Outcome A

Promotion of Young Peoples services through existing and new projects/initiatives. E.g. Crucial Crew (CC), Reality Roadshow (RR), Being Safe Project (BS), Making IT Happen Project.

Lead Service – Drug and Alcohol Action Team

Projects managed and led by Braintree District Council (CC; RR; BS) & Essex County Council

Outcome B

Joint promotion of services through existing agency websites with key links into other websites. Avoid allocating significant resources in duplicating resource materials where it has been clearly identified through the consultation that leaflets only equated to 6% (11 people) first learnt about services this way.

To find other ways to promote services through direct communication with colleagues and customers.

Lead agency – DARG. E.g. seminars and training events whereby agencies display/present the services they offer.

Outcome C

Scope and mapping exercise education provisions for alcohol and drug use and misuse in schools and colleges, ISS, Youth Service, Voluntary and Statutory Sector.

Lead – Healthy Schools Partnership.

If needed, there should be a new or expanded project/initiative across all services (Through schools and across agencies – e.g. addition to being safe project, standard training i.e. CAF Training). Young people join Commissioning Manager Sally Hills.

Outcome D

To work with the young people identified through operation Marple to gain insight, understanding of why use and misuse is a factor, and also to provide a semi structured form of education. Lead agency EYPDAS, names fed through from the Police. Understanding the cause and consequences, and being able to work with the outcome and realities.

Lead – Marple 2 Team

Outcome E

Policy & Commissioning Requirements - Consistent and coherent policy structure to be developed and implemented that can then be tailored to organisational need. This must include schools and organisations working with children and young people. To be ready for implementation when needed.

Agree a single policy structure, review policies, then create one good policy out of all the individual ones, agreeing the final policy and then provide training on it.

Lead to be advised.

Outcome F

Research into the type, depth and range of drug and alcohol education in schools.

Lead – EDAP.

Outcome G

Parenting - Link with the recently recruited Parenting Commissioner to ensure that substance misuse issues are integrated within parenting strategies.

Lead – CYPSP Parenting Group.

Outcome H

Options & Choices - Provide young people with the knowledge, skills and opportunity to practice, options, choices and knowing when to stop.

Lead – CDRP (Being achieved through projects detailed in Outcome A).

Outcome J

Underage sales/supply of alcohol – maximise use of powers available to take positive action against those selling and/or supplying alcohol.

Lead – Trading Standards.

Outcome 1:

Due to the range of individual reasons for young people's substance misuse, all services need to be delivered holistically to ensure that young people can address the full range of their needs.

Responsibility/Lead – All Agencies & Strategic Commissioning Role

Outcome 2:

There needs to be a range of projects provided locally that can deliver across the range of needs, from universal services for all young people to target/specialist provision for identified groups.

Responsibility/Lead – Link to Directory

Outcome 3:

Further discussion needs to take place around services for young people at the older end of the age range (19+).

Responsibility/Lead – Transition Work, Sally Hills

Outcome 4:

There is the need for promotion of services through good quality marketing and communications. (Link to outcome A)

Responsibility/Lead – Through communications structure of CYPSP & DARG (CDRP) once directory developed.

Outcome 5:

A comprehensive substance misuse service directory needs to be developed to pull together the range of services offering a level of substance misuse intervention.

Responsibility/Lead – DARG

Outcome 6:

A joint CDRP and CYPSP young people's involvement strategy needs to be developed to inform future service planning, delivery and management (integrate within the Braintree District Strategic Assessment).

Responsibility/Lead – CDRP & CYPSP

Outcome 7:

Further develop links with existing projects delivering parenting programmes, and Essex County Council parenting commissioner to ensure a joined up approach to family substance misuse interventions.

Outcome 8:

There is a need to ensure a range of quality individual and group work substance misuse interventions for young people across the District.

TABLE DISCUSSIONS (AFTERNOON)

The table discussions for the afternoon should cover all young people e.g.

- Children aged under 10**
- Looked after children and young people**
- Children whose parents/carers or other family members misuse substances (including interventions that could be aimed at either or both groups)**
- Children and young people from black and minority ethnic groups**
- Young offenders**
- Those involved in commercial sex work**

We do not expect an in-depth understanding of the issues but rather to draw out from all people taking part in the conference their understanding.

Discussion 1

What types of things increase substance misuse by groups of young people?

Which groups are at more risk than others?

(What are the characteristics of groups of children and young people that increase their risk of substance misuse? Are some groups at more risk than others?)

Discussion 2

Which community based projects/initiatives work best and are value for money for preventing or reducing substance misuse?

(Which community-based interventions are most effective and cost effective at preventing or reducing substance misuse among the following groups?)

Discussion 3

How should projects/initiatives be designed to ensure misuse does not increase among young people?

(How can substance misuse interventions be designed and delivered to ensure they do not increase misuse among children and young people?)

Discussion 4

Which family based projects/initiatives are best and are value for money for children and young people misusing substances?

How do group based projects/initiatives compare with individual or no projects?

(What is the most effective and cost effective way of providing family based interventions (e.g. family therapy) for children and young people who are misusing substances? How do group-based interventions compare with individual or no intervention?)

ANNEX 2

Key Pad Questions

Demographics

No.	Question	Sub Categories	
1	Please state your Gender	Male Female Transgender (male to female; or female to male)	
2	Please state your Sexuality	Gay Lesbian Bi-sexual Heterosexual (straight)	
3	Age	Please type in your age	
4	Do you consider yourself to have a disability	Yes No	
5	Ethnicity	White British White Irish Any other white background White European White/Black Caribbean White/Black African White/Asian Any other mixed background Indian Pakistani Bangladeshi Any other Asian background Caribbean African Any other Black background	

No.	Question	Sub Categories	
		Chinese Any other Do not want to disclose	
6	What status best describes your Organisation?	Statutory Voluntary Private I am a Student Here as a parent/carer	
7	Which one of the following best describes your type of Organisation	Mental Health Sport Braintree District Council Local Authority Essex Fire & Rescue Service Health (PCT) Probation Police Authority Youth Justice Licensed Premises Education Police Drug & Alcohol Equalities Community work Early years and child care Youth work Housing Parish Town or District	

No.	Question	Sub Categories	
		Councillor Other	
8	What term best describes the type of work you do?	Student Prevention Education Enforcement Treatment Reactive Information advice and guidance Strategic Represent the Community (E.g. Elected Member, Councillor.) Parent/Guardian Other	
9	Where do you work/go to school?	Witham Braintree Halstead Chelmsford The whole of the Braintree District Elsewhere in Essex Essex - county wide Outside Essex	
10	Which of these age ranges do you work with? (Please pick up to three)	0 – 5 5 – 13 13 – 19 19 – 25 Over 25s	

No.	Question	Sub Categories	
		All ages I don't work with young people	
11	What is the County Flower for Essex	Cowslip Tulip Daisy Buttercup Rose Aster Violet Bluebell	Cowslip
12	Whereabouts do you live?	Witham Braintree Halstead Chelmsford Uttlesford Maldon Colchester Tendring Basildon Epping Harlow Thurrock Southend Rochford Hertfordshire Suffolk Cambridgeshire	

No.	Question	Sub Categories	
		Elsewhere	
13	<p>Which of these existing support services are you aware of?</p> <p>Open Road</p> <p>Essex Young People's Drug & Alcohol Service (EYPDAS)</p> <p>Changes</p> <p>First Stop</p> <p>North East Essex Drug and Alcohol Services (NEEDAS)</p> <p>Solve it</p> <p>Essex Drug Alcohol Action Team (EDAAT)</p> <p>Other drug and alcohol service (to be noted by facilitator)</p>	<p>Aware of None</p> <p>ONE service</p> <p>TWO</p> <p>THREE</p> <p>FOUR</p> <p>FIVE</p> <p>SIX</p> <p>ALL</p>	
14	How many Parish Councils are there across the Braintree District	<p>50</p> <p>52</p> <p>54</p> <p>55</p>	52 – there are also 2 Town Councils
15	How did you first learn about these services?	<p>Internet</p> <p>Leaflets</p> <p>Word of mouth</p> <p>Colleague</p> <p>Family</p> <p>GP/Doctors Surgery</p> <p>Hospitals</p> <p>Probation</p> <p>Prison</p> <p>News paper articles</p>	

No.	Question	Sub Categories	
		Drug and Alcohol Service Other Used the service	
16	In what capacity have you accessed drug/alcohol support services? (Please choose as many as you like)	No, I never have As a Client As a professional For a friend or family member For advice and information To refer someone	
17	Of the services you have used how useful were they?	Not useful Useful Very Useful Could not have done without them	
18	Do you know how to access these services	Yes No	
19	Services you have accessed, Do you consider these to be easily accessible?	Yes No Neither	
20	What percentage of deaths are caused by alcohol and tobacco?	10% 20% 30% 40% 50% 60% 70% 80% 90% Have no idea!	90%

No.	Question	Sub Categories	
21	Do you know if your school/college/organisation has a drug and alcohol policy? And if so, do you know what it is?	<p>Yes they have a policy and I know what it is</p> <p>Yes they have a policy but I do not know what it is</p> <p>I don't know if they have a policy</p> <p>No they do not have a policy</p>	
22	PERCEPTIONS		
23	The Lancet published a set of 20 drugs in order of harm caused to the user, which came highest	<p>Alkyl nitrites (Poppers),</p> <p>Cannabis,</p> <p>Alcohol,</p> <p>LSD</p>	<p>Alcohol (5th)</p> <p>Cannabis (11th)</p> <p>LSD (14th)</p> <p>poppers (19th)</p> <p>Heroin was first by the way,</p>
24	How big a problem do you personally think drug and alcohol misuse is in the Braintree District?	<p>No Problem at All</p> <p>A Minute Problem</p> <p>A Small Problem</p> <p>A Medium Sized Problem</p> <p>A Big Problem</p> <p>A Very Big Problem</p> <p>A major Problem</p>	
25	Do you believe that alcohol consumption is increasing or decreasing compared to 10 years ago?	<p>Increasing</p> <p>Decreasing</p> <p>About the same</p>	
26	At what age do you think the alcohol consumption is the biggest problem?	<p>0 – 5</p> <p>5 – 13</p> <p>13 – 19</p>	

No.	Question	Sub Categories	
		19 – 25 26 – 35 36 – 45 46 – 55 56 and above All Ages	
27	What is your reasoning behind your answer to the last question (At what age do you think the alcohol consumption is the biggest problem?)	Factual i.e. research Working knowledge Opinion Media Guess Do not know	
28	Who features on the new £20 note	Elizabeth Fry Adam Smith Charles Darwin Richard Branson Sir Isaac Newton	
29	Do you think that use of illegal drugs and misuse of prescription drugs is increasing or decreasing? (List all drugs, they choose increase or decrease for each listed drug)	Increasing Decreasing About the same Do not know	
30	Please rate your knowledge on drugs and alcohol. (Rate 1 low – 10 High)	1 - 10	
31	Which is the odd one out?	Whizz, B(h)ang, Crack, Thud	Thud, all the are recreational drugs
32	Have you heard of the following substances	Crystal Meth Alcohol	

No.	Question	Sub Categories	
		Tobacco Ecstasy Amphetamine Sulphate Alkyl Nitrates Cannabis Magic Mushrooms Cocaine DMT Crack LSD Gases, Glues and Aerosols Nardol (control) GHB Ketamine Heroin 4XCL (control) Khat Tranquillisers Press number of key pad	
33	Is your drugs knowledge based on: Pick all that apply	Personal experience Training Family experiences Friends Media (newspapers, TV) Internet	
34	Why do you think people USE	Boredom	

No.	Question	Sub Categories	
	Alcohol and Drugs? Please Rate your top 5 reasons	Curiosity Peer Pressure Pain management Addictive Behaviour Mental Health reasons Enjoyment To cope Alleviate stress Social Exclusion Other (facilitator to note)	
35	What is your reasoning behind your answer to the last question?	Known Fact Guess Experience of working with people Personal Experience	
36	What does DPPO stand for?	Drinking Public Places Order Drinking Place Persons Order Designated People's Places Order Designated Public Places Order Alcohol Free Zone	
37	Have you heard of the following substances?	Ice Glass Brown Poppers Grass Special K Charlie	

No.	Question	Sub Categories	
		Snow whizz Skunk Pills Speed Puff Northern Lights Mushies Rock White Smack Trips Skag Tranx	
38	Who wasn't in the A-Team	Colonel John "Hannibal" Smith Templeton Arthur "Faceman" Peck Bosco "bad attitude (B.A.)" Baracus 'Chopper' Harris	'Chopper' - The pilot character was "Howlin' Mad" Murdock
39	Why do you think people MISUSE Alcohol and Drugs? Rate your top 5	Boredom Curiosity Peer Pressure Pain management Addictive Behaviour Mental Health reasons Enjoyment To cope	

No.	Question	Sub Categories	
		Alleviate stress Social Exclusion Other	
40	What is your reasoning behind your answer to the last question?	Known Fact Guess Experience of working with people Personal Experience	
41	When is the Official Opening of the Braintree Pool	23 rd February 2009 27 th February 2008 23 rd January 2008 27 th January 2008 None of the above	None it's 23 rd February 2008
42	Do you think it would be helpful to educate parents about drugs and alcohol?	Yes No	
43	At what age in a child's life should we educate parents about drugs and alcohol?	0 –5 6-8 9-11 12-15 16+	

No.	Question	Sub Categories	
44	<p>What methods could we use to educate parents about drugs and alcohol?</p> <p>(Please Rate your top 3)</p>	<p>Media campaigns</p> <p>School parents evenings (one to one)</p> <p>School parents evenings (group)</p> <p>Parenting groups</p> <p>Public meetings</p> <p>After their child's arrest</p> <p>Leaflets and posters</p> <p>In the Work Place</p> <p>Other (facilitator to note responses)</p>	
45	<p>Tower 42 in London was previously called</p> <p>The Natwest Tower</p>	<p>The Gherkin,</p> <p>The Natwest Tower,</p> <p>The Bloody Tower,</p> <p>The Tower of London</p> <p>The Tower of Power</p>	The Natwest Tower
46	<p>How could we encourage parents to attend parenting groups to deal with a range of issues including drug and alcohol use?</p>	<p>Through wider educational Groups</p> <p>As part of Parenting Skills Courses</p> <p>As part of Parenting Contracts</p> <p>Parents request (specific sessions to be arranged)</p> <p>Targeted work (Police Operations - Confiscation of Alcohol etc)</p>	
47	<p>Which of the following health services are you familiar with?</p> <p>a) GUM Clinic</p> <p>b) Family Planning Service</p> <p>c) C-card scheme</p>	<p>One</p> <p>Two</p> <p>Three</p>	

No.	Question	Sub Categories	
48	Which is the odd one out	Spoon, Dodger, Niblick, Mashie	Dodger, the others are all golf bats
49	Do you think alcohol related issues are more prevalent within young females or young males?	a) Females b) Males c) Both d) Don't Know	e)
50	Do you think the extended licensing hours have had a positive or negative effect on alcohol consumption?	A) Yes – positive impact B) No – negative impact C) Don't know	D)
51	Which is the odd one out?	Sanke Fluke Tancho Bekko Asagi	Fluke – it is a parasite, the others are breeds of Koi Fish
52	What form of substance abuse is responsible for more deaths of school age young people than all drugs put together?	Heroin Cannabis Volatile substance abuse Don't know	
53	FACT: 40% die the first time with no previous evidence of abuse.... Which substance abuse is this fact referring to?	Ecstasy Volatile substance abuse Cocaine	
Evaluation questions			
54	Please comment on the quality of the workshops. Scale 1-5 1 = high quality 5 = low quality	1 Extremely High Quality 2 Of High Quality 3 Good Quality 4 Satisfactory 5 Did not enjoy	

No.	Question	Sub Categories	
55	Which workshops did you attend	<ol style="list-style-type: none"> 1. Alcohol & Pregnancy 2. Children Affected by Parents Misusing 3. Binge Drinking & Sexual Health 4. Hard Use & Dependency 5. Solvent Abuse 6. Crystal Meth 7. Dual Diagnosis/ Cannabis Misuse and Mental Health 8. Substance Misuse and Domestic Violence 9. Drugs and stereotyping of young people 10. Young People's experiences of drug and alcohol education 	
56	<p>Please comment on the quality of the venue. Scale 1-5</p> <p>1 = high quality 5 = low quality</p> <p>Rooms availability and size</p> <p>Parking</p> <p>Comfort</p> <p>Suitability for purpose</p>		
57	How useful was the audio visual equipment. Scale 1-5	<ol style="list-style-type: none"> 1 Extremely useful 2 Very Useful 3 Useful 4 It was ok 5 Not of use at all 	
58	What did you think of the administration for the		

No.	Question	Sub Categories	
	conference i.e. bookings? Information provided Scale 1-5 1 = Excellent 2 = very good 3 = good 4 = poor 5 = very poor		
59	How will this conference change the way you work now?	I will use much of what I have learnt I will use some of what I have learnt It was of no benefit at all	
60	What was your overall rating of the conference? 1 = Excellent 2 = very good 3 = good 4 = poor 5 = very poor		
61	Did the conference meet your needs?	1 Yes 2 Mostly 3 Basically 4 No	

ANNEX 3

Key pad results data

ANNEX 4

Key pad results data – further breakdown