

Brief Intervention Youth Alcohol Project

Project Report February 2010

Introduction/details

This project was set up following a funding application made by Mike Mills – Tauranga Council Safety Unit. This was in conjunction with the Youth Access To Alcohol (YATA) group.

Funding was secured initially through ALAC, then with the backing of ACC. The majority of the funding was targeted at the ‘Summer To Remember Campaign’. This was in relation to flyers, adverts on the radio, adverts on buses, bar mats etc.

\$10,000 was used specifically for the Brief Intervention aspect of the programme. This report is in reference to the Brief Intervention (BI) Part of the funding.

The initial plan was to involve members of the YATA group to respond to referrals from the Western Bay of Plenty District Health Board (DHB) Emergency Department (ED) for young people who had been seen at ED for an accident/injury relating to alcohol or other drugs.

Following the lead of a similar project in Wellington, the idea was to offer each person referred one session of alcohol/drug related counselling. This to include a brief assessment, some education and intervention. The counselling to be offered by qualified and registered (DAPAANZ) alcohol and other drug (AoD) counsellors. If the individual required any further ongoing support, the plan was to refer to a recognised agencies such as Get Smart or Ngati Kahu. Referrals to other appropriate services such as GPs, PHOs and DHB secondary services would also be considered if felt appropriate.

Unfortunately, due to processing difficulties within the hospital, the Emergency Department were not able to run with the plan. Discussions are ongoing with the DHB as they have highlighted an interest in future involvement with the project.

As the project was set up, funded and ready to go, Mike Mills (Tauranga Council) approached the police and discussed the project. The police were

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delighted with the proposal and were able to set up systems to enable the progression of the project.

Following meetings between the police, Tauranga Council and Get Smart; a meeting between available providers was set up. Systems were put in place to run the project through the Christmas and New Year period. A flow chart was developed (as shown in Appendix 1).

It was agreed that Simon Lowe at Social Care Consultancy Limited (SCC) should manage the project. This decision made due to the fact that SCC have the appropriate skills to manage the project and that they would be remaining open throughout the holiday period.

As can be seen from the flow chart, the assessment criteria and eligibility for the service depended upon the facts that the youth were:

- Under 18
- From the Tauranga district
- Alcohol screen: intoxicated or offending due to intoxication/alcohol related law.

The police agreed that this screen was manageable. Anyone meeting these criteria were referred (with basic information) by e-mail, directly to SCC. The basic information included: Name, DoB, phone number (landline and cell if possible), address, offence, and the time and date of the offence.

Following referral, as per appendix 1, the aim was to contact the young person within 72 hours.

The BI Coordinator (SCC):

- Enters details in BI database
- Contacts young person/parents to arrange visit
- Refers client to a Counsellor for visit
- Records the outcome of the BI
- Monitors data by age/gender/ethnicity

The Counsellor:

- Screens the YP using SAC (substances and choices tool)
- Identifies next steps with client (including):
 - Supply of appropriate information: No Further Action
 - Referral for further counselling

In line with privacy and confidentiality, all contact details and information obtained during the visits will remain confidential in accordance with Counselling protocols. Data will only be shared with signed consent. Each client and where appropriate their parent/carer was asked to sign a consent form. Youth under 17 were contacted at home and parents involved. Youth aged 17 were contacted directly and asked if they wanted their parents involved or informed. One youth requested an appointment away from home and without parental knowledge. Everyone else contacted was happy to have parent/carer involvement in one form or another.

Results/Statistics.

To date there have been 29 referrals (including 3 re-referrals).

24 males, 5 females.

14 youth of Maori descent (2 female/12 male)

14 youth of NZ European descent (including 3 re-referrals). (3 female/11 male)

1 youth of other descent (male).

The three re-referrals were a group of lads who were caught together on two occasions breaching the liquor ban. Two of these three are youth who have not made themselves available for a session with a counsellor.

From the 29 referrals there are 18 completed sessions. A further 2 people have appointments made and appear willing to engage.

Of the 6 none-completed sessions, letters were sent complete with information about substance use and details of organisations that could be contacted if support were required. Two of these six had been contacted by telephone and had refused further input. A further two had engaged on the telephone but had not been available for the planned meeting. The others were not reachable by phone or by knocking on the door of the address supplied.

From the original referrals, seven people were not able to be contacted by telephone. This was due to incorrect numbers being given or because people did not answer. Of these, five were contacted by knocking on their doors.

All but one of the clients were referred because of alcohol, many of these people described other substance use (cannabis). One person was referred purely because of cannabis use. They also had alcohol use issues. Of the people referred for alcohol use, at least five were screened to have a more predominant cannabis use.

Everyone seen or contacted by post was offered additional support via an NGO. Uptake of this will be difficult to ascertain. However at least two people have already booked follow-up appointments.

We managed to contact over 92% of referrals. Over 79% of referrals made themselves available for a brief intervention session.

Not all of the funding for this project has been used. We have therefore maintained links with the police, who will continue to refer. There should be enough for another 10 referrals.

Counsellors

Throughout the project, counsellors used were all DAPAANZ registered. They used a previously agreed set format of a recognised brief intervention tool, an alcohol screen and a Substance and Choice Screen (SACS). Following this information and education was given (when agreed) based on the knowledge gained from the assessment. Information on available resources was also given (for example, where to get follow-up counselling if required).

The counsellors were used on a sub-contacting basis, and where possible matched to the clients for suitability (for example with gender, ethnicity etc.).

With the amount of information given however, this was a fairly crude screen. Youth were given the choice where possible.

Outcomes

In the majority of situations, counsellors were received openly and warmly. There was one incident where a family member was defensive and not too keen to interact. There was one incident, where due to issues of risk (large dog on premises) it was agreed not to pursue the client. On the whole however, parents/whanau were delighted with the response to their young person's offending behaviour. There were some complex situations where youth were already known to other services. In these cases an offer of liaison with the other services was made by the counsellors (always with one eye on confidentiality and with the clients consent). Discussions with youth aid officers and CYFs have been progressing in some cases.

Difficulties

In the main, the difficulties were around contacting the 17 year-old youth via their cell phones. Numbers given to the police were often incorrect. When the numbers were correct, youth chose not to answer the phones. This caused some delays in reaching these particular young people. Knocking on doors was time consuming and came with increased risk. Assessments were made as to whether direct contact should be made in pairs. On these occasions colleagues were used. However, despite this most people were contacted.

Feedback

Some feedback has been received from the police parents and youth. This has been informal and verbal. The police have been extremely pleased with the project in terms of speed of response and having a suitable project to which they could refer.

We received some very positive feedback from whanau/family who were impressed and delighted with the quick response, indeed with any response at all.

Thoughts/Developments

In terms of managing the project, everything seemed to go very smoothly, though it was more time consuming than expected. Time spent reaching youth and organising appointments was high. Taking a gently assertive standpoint with youth seems to have positive outcomes in terms of the extremely high appointment/contact rate. While “door knocking” is time consuming, it had the desired effect. Of the people seen, most were responsive to the counselling offered and engaged extremely well. Some people have made appointments with other organisations for follow-up. However, for some of the youth the thought of ‘re-engaging’ or re-telling their story to another counsellor may have put them off further sessions. **With this in mind funding for an additional 2 – 5 sessions with some (not all) youth could be very useful and productive.**

Good levels of communication between the police and SCC were essential. The police were incredibly responsive to any questions or queries. They were able to help with different phone numbers/contact details. This was essential to the smooth running of the project.

On at least five occasions, 1:1 sessions became group sessions as the individuals’ involved friends or family/whanau. This seemed to be very productive and positive step forwards. Being able to educate friends and family has been a major positive in this project.

The information handed out was received positively in the main. Specifically the ALAC ‘Drink check’, ‘Standard Drinks’ and ‘Alcohol, your kids and you’ brochures. The Get Smart ‘Cannabis, how it effects you’ leaflet was also often well received. Many youth and their families took additional leaflets to handed out to their friends and whanau.

Conclusion.

The feedback that we have received from individuals, whanau/family and the police has been very positive. The police have made it clear that they would value this project to be run all year round. There have been no issues around privacy, probably because of the sensitivity and professionalism of the counsellors involved.

Feedback from the counsellors has been positive. They have enjoyed the interactions and found them generally to have had some positive benefit. There were some difficulties over time taken to reach clients. These were overcome through communication between counsellors and SCC.

A quick response to alcohol-fuelled behaviour seems to be both productive and well received. It would be interesting to complete some follow-up interviews with individuals, their friends and whanau; this would give us a better understanding of the success of the interventions and would help for future developments.

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