ANNUAL REPORT

2012/13

Registered charity on the Isle of Man - 275

Established in 1978

List of Contents

1st April 2012 - 31st March 2013

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Debbie Moore

Andy Murdoch (Young Persons worker)

Lyndsey Smart

Josie Waldrum

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Tim Dunne

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Elaine Muldhoon

Directors Report

Welcome to the Annual Report for 2012/13 with yet another busy year for the charity which has seen it achieve significant milestones and important changes.

Motiv8 Addiction Services as we are now called sees us delivering a host of new services which include: Alcohol & Drug counselling; a gambling support service, a new prison support service and counselling and support for family members, significant others, who are worried about any of these dependent behaviours.

It was a change of policy from the Department of Health, Mental Health Service in wanting to see all of these services delivered under one roof that brought these rapid changes about in the last 12 months. This development has not been without its challenges and proved controversial in some quarters. The service though must evolve in these challenging economic times. Everyone associated with the service has lent their support to these changes knowing the service can deliver an excellent provision and easily extend its remit into other areas of addiction. It is also a tremendous accolade to have been deemed a quality service that can rise to the challenge of providing this much enhanced service.

Changing the name of the service to encompass these changes proved challenging not only in finding the right name but also in saying goodbye to a brand name that has helped establish the charity into an organisation that has established the trust of its clients and colleagues in the field. The idea for the name 'Motiv8' comes from a counselling approach used by the service 'Motivational Interviewing'. With careful consultation with the marketing company we managed to come up with a name and logo which we believe has smoothed the transition from the old to the new.

As a consequence of these developments the service has grown substantially. We now employ 6 full time staff- 3 part-time sessional staff and a part-time administrator. Whilst most of the team have a specialism, the process of training and development into all areas of addiction is well underway. GamCare visited the Island recently at our request to oversee an induction for new staff and a refresher for those of us who have already been trained. The staff are also joining the drug and alcohol team for drugs training days and other training events are planned.

This process is helping to build resilience into the service and the skill base of the team members who will eventually be able to work across all client groups. The issues that people face in life that can spark an over reliance on substances or damaging behaviours are very similar. It is essentially the counselling process which helps in most cases to resolve the

underlying factors. Giving Clients time and building a therapeutic alliance in a mutual atmosphere of trust and confidentiality is the cornerstone of our work.

This year the service also conducted research into the prevalence of gambling behaviour and gambling problems on the Isle of Man. The research entitled: 'The IOM Gambling Prevalence Survey 2012', was funded by fees levied on licence holders in the Islands Gambling Industry. These fees continue to fund GamCare's operation through the Gambling Supervision Commission. The lead researcher was Melody Askari in association with the National Centre for Social Research a London based charity. The team from Nat Cen who worked on the research were also part of the team that conducted the British Gambling Prevalence Survey and the findings of the British survey proved a useful comparator for the Islands findings. A summary report of the survey is included within.

The sample size was 4000 and an astounding 1942 returned their postal questionnaires to the research team. This huge response no doubt improved the reliability of the data. Factors that stood out included more people gambled here than in UK. The rate of pathological gambling was less though at 0.3% compared to 0.9% in the UK. We also included those concerned by someone else's gambling which is very much a new area of research and has sparked interest from other research bodies.

The most prevalent form of gambling was the National Lottery. The service was extremely fortunate to have been able to conduct this study at the outset of GamCare Isle of Man as we now can compare the attendance rate at the service to the prevalence and target the areas identified as causes for concern.

Melody Askari Principal Researcher, Thea Ozenturk, Director and Lyndsey Smart GamCare IOM Counsellor at the presentation of findings at Keyll Darree (October 2012)

This year saw the introduction of evening/twilight sessions at the service. The demand for counselling rooms sees us sometimes unable to offer appointment within our target times. Also our contract specifies that we offer appointments outside of normal office hours to accommodate those who cannot make day time appointments. This led us to consider employing part-time sessional workers. This initiative has proved successful as it has swelled our ranks with a bank of staff who have been willing not only to cover the evening clinics but also periods of high demand.

The service now has a new website. www.motiv8.im with details of all of our services and is more interactive than the previous site. There is a facility to upload on a daily basis any news items, drug alerts or up and coming initiatives.

Looking further afield, the setting of a minimum price for a unit of alcohol continues to cause controversy across the jurisdicitons. Whilst the Scottish Parliament has agreed to a minimum of 50p per unit, this has been put on hold due to a legal challenge from the Scottish Whiskey industry and others. The British Government has decided against a minimum unit price stating that there is insufficient evidence at this present time to implement this policy change. Alcohol Concern the leading charity that campaigns on behalf of alcohol harm reduction strategies has called this a 'Public Health Disaster' claiming other countries which have introduced minimum pricing measures have seen benefits. The international evidence has strenghtened in support of this with Canada showing a 10% increase in the average minimum price resulted in a drop in alcohol related deaths by 32%. Liver disease is the only major cause of mortality and morbidity which is on the increase in England whilst decreasing in other countries; Furthermore, hospital admissions for people under 30 with alochol-related liver disease has increased in England by 117%. In the North East of England the increase is 400%. (Alcohol concern 2013) Alcohol misuse costs England approximately £21 bn per year in healthcare, crime and lost productivity costs.

Futrure developments for Motvi8 include a new researh project. As our new drug service is about to launch we have been successful in securing a grant from the Manx Lottery Trust to conduct research into adult drug and alcohol dependence.

Nearly all research conducted on the IOM has focussed on young people's adolescent use of drugs and alcohol , whereas, this study aims to gather biographical life stories from affected individuals who have suffered from an addiction.

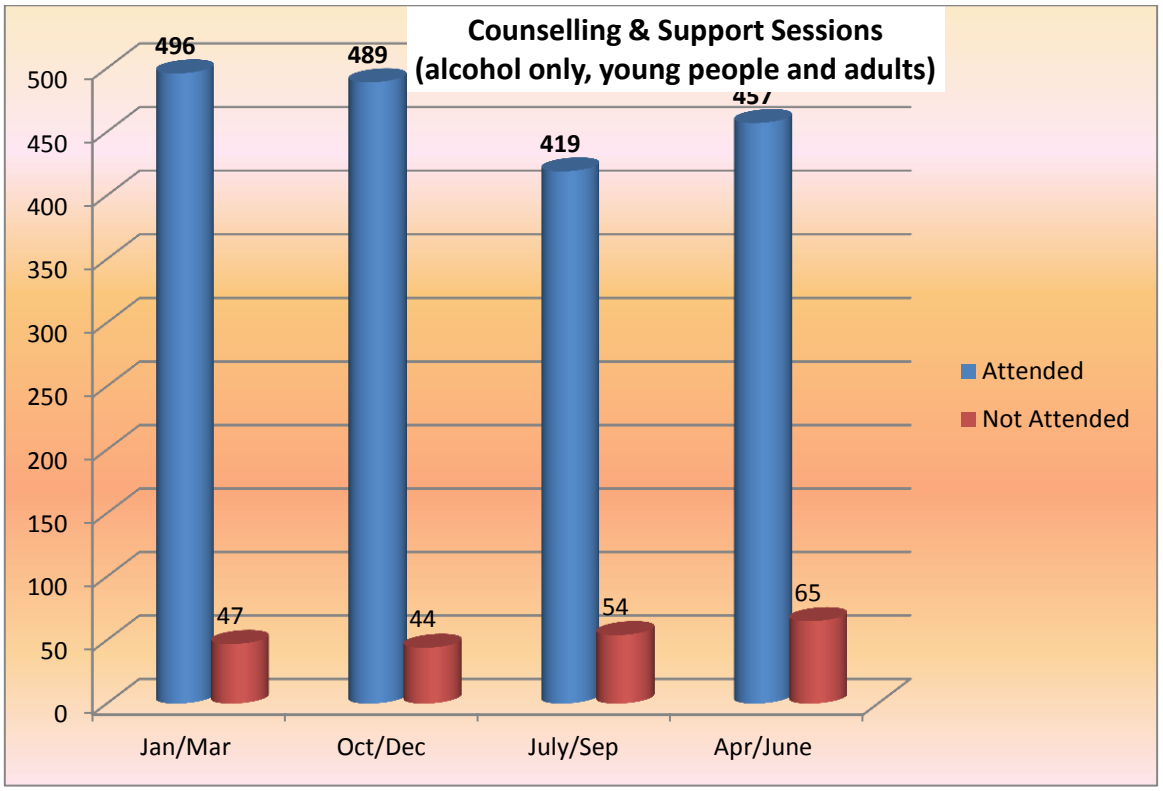
The project is entititled,'Pathways to Addiction from adolosescent experimentation to substance misuse. Barriers to change and routes to recovery. An anonymous qualitative study of the Isle of Man'. It is hoped that learning from adults who have been affected by addiction we can target our interventions more effectively.

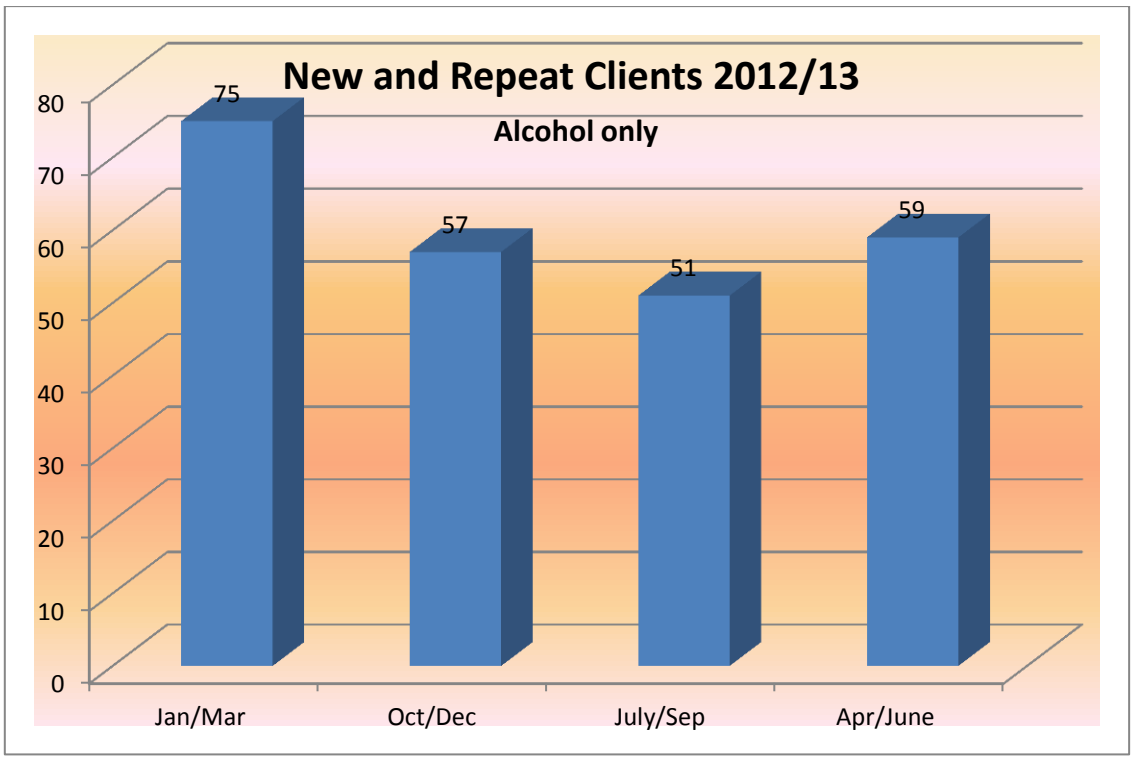
We have recently commissioned the National Centre for Social Research in London again to commence this work and no doubt we will be in a position to report on the findings in the coming year.

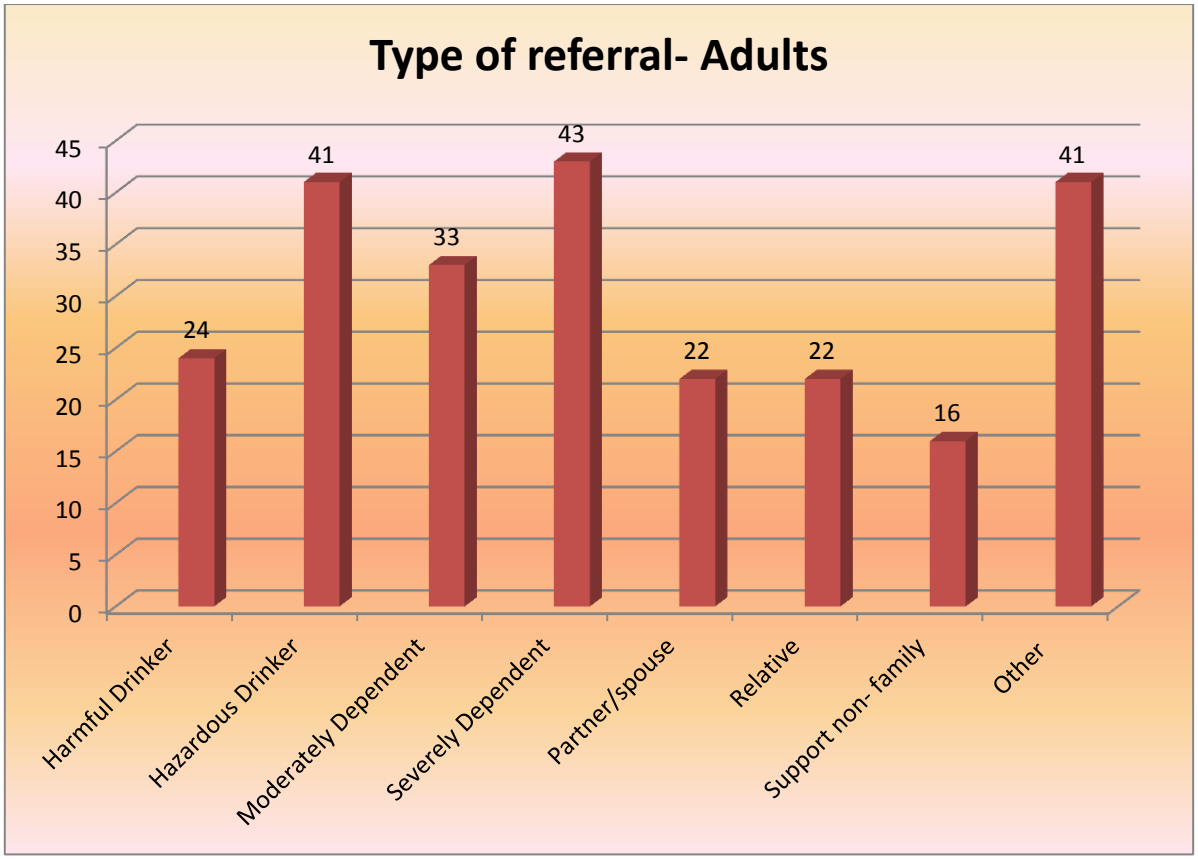
And finally, heartfelt thanks go out to all the employees of Motiv8. We really have a fantastic team of individuals who have worked hard in this most challenging year todate making the service as strong and robust as ever and to the Directors and Officers of the chariy who have safely guided and supported us through the necessary changes and challenges over the past 12 months.

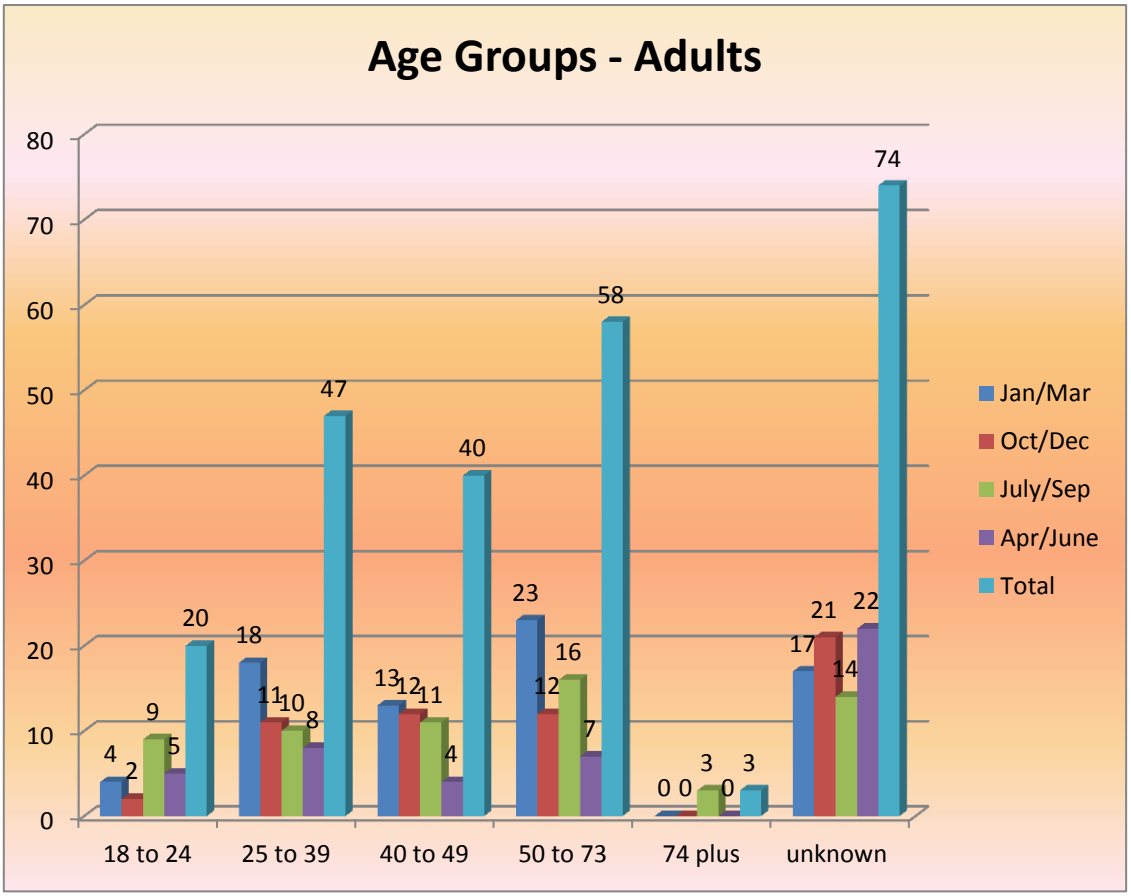
Thea Ozenturk (Director)

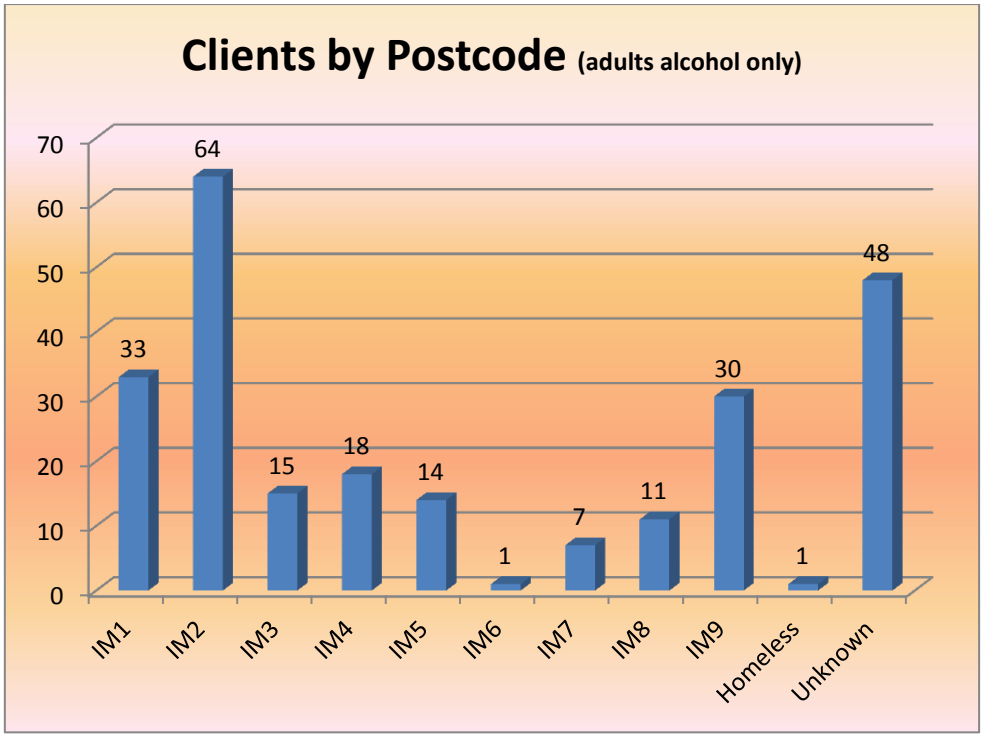
ANNUAL REPORT



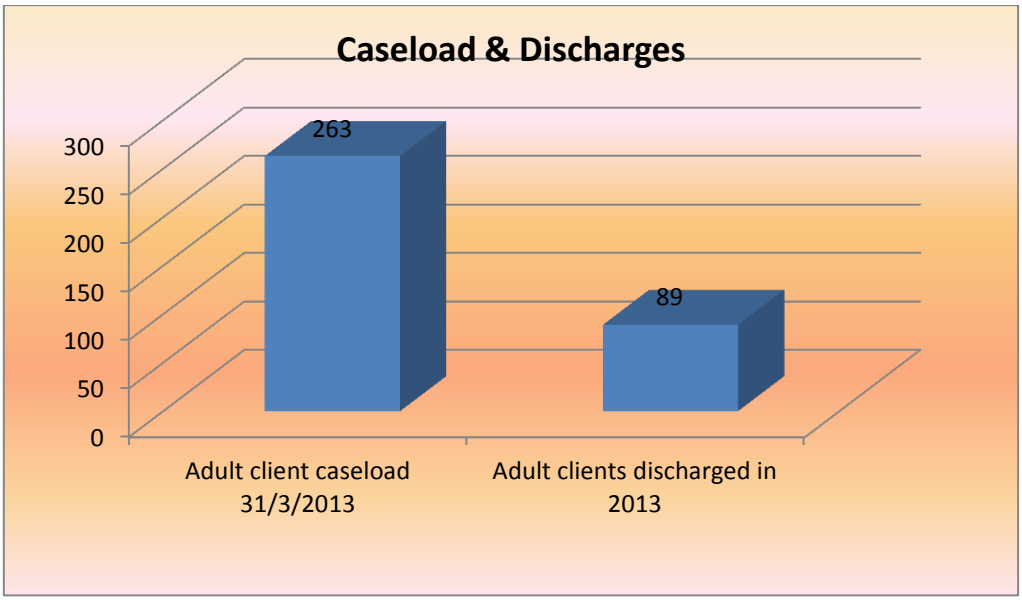



Type of referral- Adults
45
40
35
30
25
20
15
10
5
0
24
41
33
43
22
22
16
41
Harmful Drinker
Hazardous Drinker
Moderately Dependent
Severely Dependent
Partner/spouse
Relative
Support non- family
Other


Age Groups - Adults
80
70
60
50
40
30
20
10
0
4
2
9
5
20
18
11
10
8
47
13
12
11
4
40
23
12
16
7
58
0 0
3
0
3
17
21
14
22
74
18 to 24
25 to 39
40 to 49
50 to 73
74 plus
unknown
Jan/Mar
Oct/Dec
July/Sep
Apr/June
Total



IM1	Central Douglas
IM2	Pulrose, Saddlestone, Farmhill, Anaghcoar, Upper Douglas, Broadway, Willaston, Governors Hill
IM3	Onchan
IM4	Crosby, Braddan, Marown, Strang, Glen Vine, Baldrine, Laxey, Lonan,
IM5	Peel, Patrick
IM6	Kirk Michael
IM7	Ballaugh, Andreas, Bride, North
IM8	Ramsey
IM9	Castletown, Ballasalla, Colby, Ballabeg, Port St Mary, Port Erin, South



STATISTICAL ANALYSIS 2012/13

This year saw a slight reduction in overall client numbers. From 511 in 2011/12 to 442 in 2012/13. The young person's service saw the biggest reduction. In referrals. The numbers though are still high. Care must be taken when interpreting the referrals for young people. The majority of young people seen by AAS 12-21 are involved in one off alcohol-related. Incidents and very few have major alcohol issues and alcohol education and a staying safe approach is adopted in these cases. Longer term counselling is much more likely with young people affected by parental problem drinking.

GamCare referrals have eased up slightly, however the work involved with these clients often involves long term counselling. Whilst GamCare was intially set up to support early stage problem gambling it is clear that the vast majority of clients have pathological gambling issues. A more detailed review of GamCare data is included in the GamCare section.

An analysis of the referrrals shows January to March to be our busiest quarter with 75 refferals and 496 counselling and support sessions atended. Throughout the year 1861 counselling sessions were attended. Compared to 1097 in 2011/12. This increase in sessions is due to staff being up to full quota and the introduction of sessional staff to cover evening clinics. The DNA (did not attend) rate is 11.2%, which is excellent and demonstates that many clients engage well and attend their appoiintments.

This year we have broken down the types of problem drinkers who attended into the NHS widely adopted clinical categories.

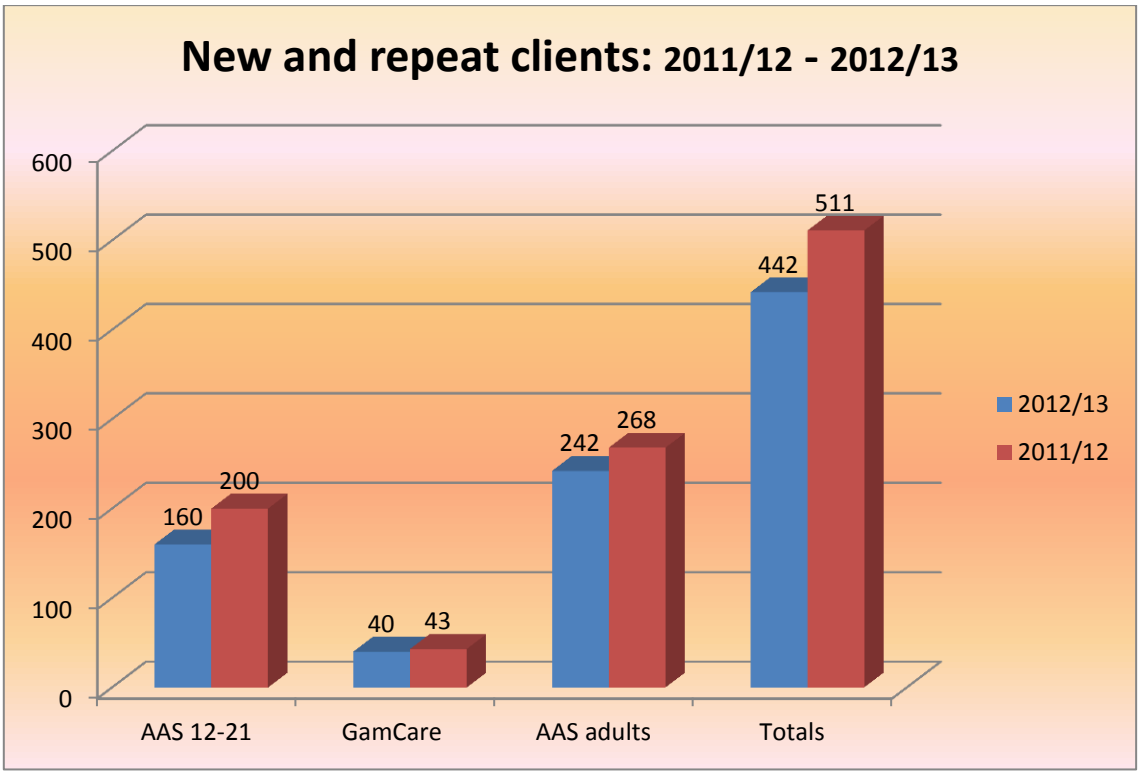
Hazardous drinking - Hazardous drinking is defined as when a person drinks over the recommended weekly limit of alcohol (21 units for men and 14 units for women).
It is also possible to drink hazardously by binge drinking, even if you are within your weekly limit. Binge drinking involves drinking a large amount of alcohol in a short space of time – eight units in a day for men and six units in a day for women.

Harmful drinking- Harmful drinking is defined as when a person drinks over the recommended weekly amount of alcohol and experiences health problems that are directly related to alcohol. Many of the health problems that occur as a result of harmful drinking do not cause any symptoms until they reach their most serious stages. These include high blood pressure, heart disease, diabetes and certain types of cancer.

Dependent drinking - being dependent on alcohol means that a person feels that they are unable to function without alcohol and the consumption of alcohol becomes an important, or sometimes the most important, factor in their life. Moderately and severely dependent drinkers can experience withdrawal symptoms if they suddenly stop drinking alcohol. Withdrawal symptoms can be both physical and psychological. Severely dependent drinkers usually experience severe withdrawal symptoms. They often fall into a pattern of "relief drinking", where they drink to avoid withdrawal symptoms. Severely dependent drinkers are often able to tolerate very high levels of alcohol, and they are able to drink amounts that would incapacitate, or even kill, most other people. These latter categories make up the majority of referrals to the service.

The primary age category referred is 50 to 73 and more referrals come from the IM2 area. This is though one of the Islands largest post code geographical areas and one should not assume that most alcohol problems are located in these areas.

At the end of the year (March 31st) there were 263 open adult cases to be carried forward with 89 adults discharged in the same period. For an examination of how these clients faired, please turn to the section on Outcomes.



ISLE OF MAN GAMBLING PREVALENCE SURVEY 2012

Executive Summary

(A full copy of the report is available for download on our web-site www.motiv8.im)

This report presents the findings from the first Isle of Man Gambling Prevalence Survey 2012. Overall 1942 people took part in this study and results were weighted to provide information on the general population as well as the respondents.

Participation in gambling activities (Chapter 2 and 3)

- Overall, 78% of the population had participated in an activity in the previous 12 months (compared to 73% for the British Gambling Prevalence survey 2010).
- The most popular gambling activity was the National Lottery Draw and on the Isle of Man in 2012 69% of respondents had bought a National Lottery Draw ticket in the previous 12 months. This was 10% more than the same observed behaviour in the British Gambling Prevalence Survey 2010.
- Apart from the National Lottery Draw the next most popular gambling activities on the Isle of Man were scratchcards, (32%), other lotteries (19%) and horse racing (15%).
- Apart from the top four activities, the gambling activity men most participated in was private betting (16%)
- Apart from the top four activities, the gambling activity women participated in was bingo (12%).
- Men over the age of 16 on the Isle of Man have participated in an average of 2.1 activities in the past 12 months.
- Women over the age of 16 on the Isle of Man participated in an average of 1.8 activities in the past 12 months.
- Men and women between the ages of 25-34 were most likely to participate in a gambling activity in the previous 12 months with an average participation rate of 3.3 activities.

Problem Gambling (Chapter 4)

- 3.9% of men and 1.9% of women over the age of 16 on the Isle of Man were in the 'at risk' category for problem gambling (that is, scoring either 1 or 2 on the DSM-IV scale). These percentages have been weighted and are representative of the population (taking into account error margins).
- 0.2% of men and 0.1% of women presented a score of above 5 which puts them in the pathological gambler category.
- Overall, those who lived in a household as a couple were more likely to score on the DSM-IV scale (3.2%).
- Those who were unemployed and unable to work due to long term disability were the most likely to score on the DSM-IV scale with 7.8% scoring 1 and 2.5% scoring 2, putting them in the 'at risk' category.ISLE OF MAN GAMBLING PREVALENCE SURVEY 2012
- The most commonly cited DSM-IV category was a preoccupation with gambling.

Attitudes to Gambling (Chapter 5)

- Attitudes towards gambling were generally negative with respondents averaging a score of 23 (neutral = 24, negative = less than 24 and positive = more than 24).
- Women were slightly more negative than men (22.7 for women against 23.7 for men).
- Age and living arrangements were not significant when looking at attitudes to gambling.
- Widows presented the most negative attitude by marital status towards gambling with a score of 22.34.
- Individuals waiting to take up paid employment presented the most negative attitude towards gambling by economic status (21.21). Those who were already in paid employment were the most positive 23.67 although still leaning to the negative side of the neutral 24.

Significant Others (Chapter 6)

- 8% of individuals stated that they had, at some point in the previous 12 months

advised a family member, friend or acquaintance to gamble less. Women were more likely to do this (9.2% compared to 6.9% of men).

- Women were most likely to advise a close family member whilst men were most likely to advise a close friend. Overall advice was most often given to close friends (56.8%).
- 7.5% of individuals stated that a spouse or partner, parent, child or close relative had a gambling problem in the past.
- 16-24 year olds were most likely to have advised someone to gamble less in the previous 12 months. Those ages 75+ were least likely.
- 35-44 year olds were most likely to identify problem gambling in a significant other.
- 28% of separated individuals had advised someone to gamble less in the previous 12 months in comparison to 5.4% of married couples.
- Individuals who did not live as a couple were most likely to advise a close friend. Individuals who did live as a couple were most likely to advise a close family member.
- Individuals who were unemployed and on long term disability were most likely to identify problem gambling in a significant others.

Isle of Man Gambling Prevalence Survey 2012

Author: Melody Askari

Prepared for: The Alcohol Advisory Service, in association with IOM Department of Health, Mental Health Services and the IOM Gambling Supervision Commission In conjunction with: The National Centre for Social Research

Following on from last year's annual report, GamCare has completed its first full year of operation. We are delighted with the progress the service has made and it continues to grow, providing support not only to those concerned about their own gambling, but to family members and friends concerned about someone else.

This year we have completed the Island's first Gambling Prevalence Survey in conjunction with the National Centre for Social Research and principal researcher Melody Askari. This was a big undertaking for the island and provides us with a baseline from which we can track any future changes in gambling. It also provides us with a comparison to UK figures with the British Gambling Prevalence Survey (BGPS). We felt it an important part of the survey to include questions specifically for significant others, something not carried out by the BGPS. This can often give a clearer indication of the effects of gambling in a community. An exclusive presentation to Gambling Industry representatives was held in October 2012 followed by a public presentation. The study was reported widely by the media and was given radio coverage over a four day period as well as articles in the newspaper and online. A summary of the results can be found in the Executive Report or the full report can be viewed on our website.

We continue to be able to offer a wide variety of information regarding problem gambling and have successfully made links with other appropriate services to ensure a well-rounded and fluid access to services for clients. Self-referral continues to be the main route of entry into the service, however these services also increase the awareness of GamCare Isle of Man and can encourage these self-referrals. Our successful and now well established relationship with GamCare continues to provide access to extended support for clients and a plethora of information regarding gambling.

Clients are attending and engaging well with the service. Feedback has been good and following a recent anonymous questionnaire, the following comments were received:

"It's good to talk and have someone there who doesn't judge you"

"Patient and wonderful listeners"

"Very helpful to talk to someone who is impartial"

"I think 75% of it has to come from yourself, but they help you see clearer"

"GamCare does an amazing job, I could not have coped without it"

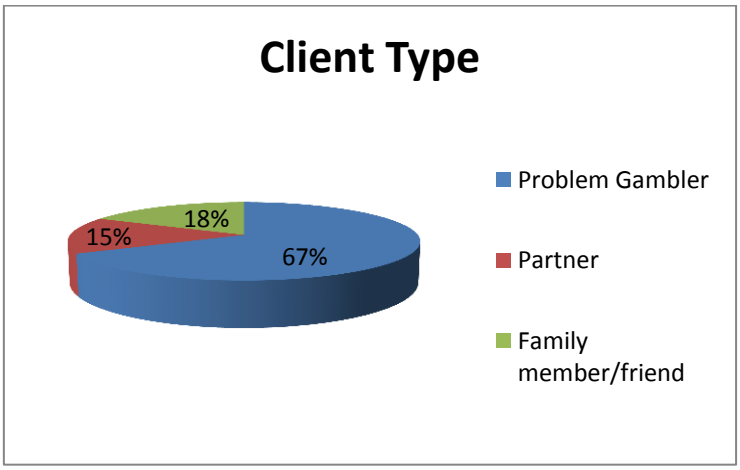
"This is an amazing service which is fundamentally needed. Without it there are many people who'd be without the help they desperately need during the most crucial times when they are the most vulnerable. Thank you so much"

As shown by the statistics below, the service continues to grow. Our aims for the coming year include facilitating refresher and induction training with the staff at Motiv8. We are delighted that Head of Training at GamCare UK, Mr Adrian Scarfe, has agreed to facilitate a combined programme, which will enable further staff at Motiv8 to deliver gambling counselling and therefore provide a more diverse and accessible service for clients. We are also looking forward to working on a campaign to encourage those at risk of developing problem gambling and those affected by someone else's gambling to access the service for support. This year has seen GamCare Isle of Man become an established and successful service which we are looking forward to continuing to develop.

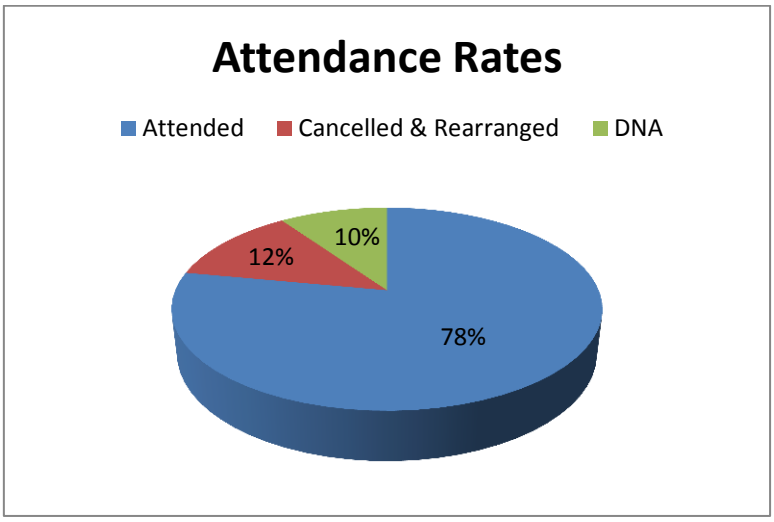
Statistical Review

We have received a further 40 referrals this year, bringing the total number of referrals since the service commenced to 83. This year, 90% of clients have referred themselves to the service as self-referral continues to be the primary access route.

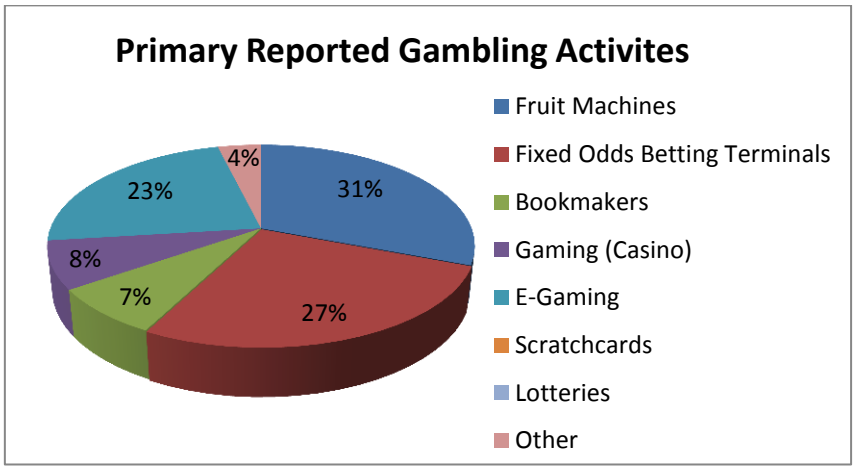
As shown below, 67% of referrals received this year were from problem gamblers.



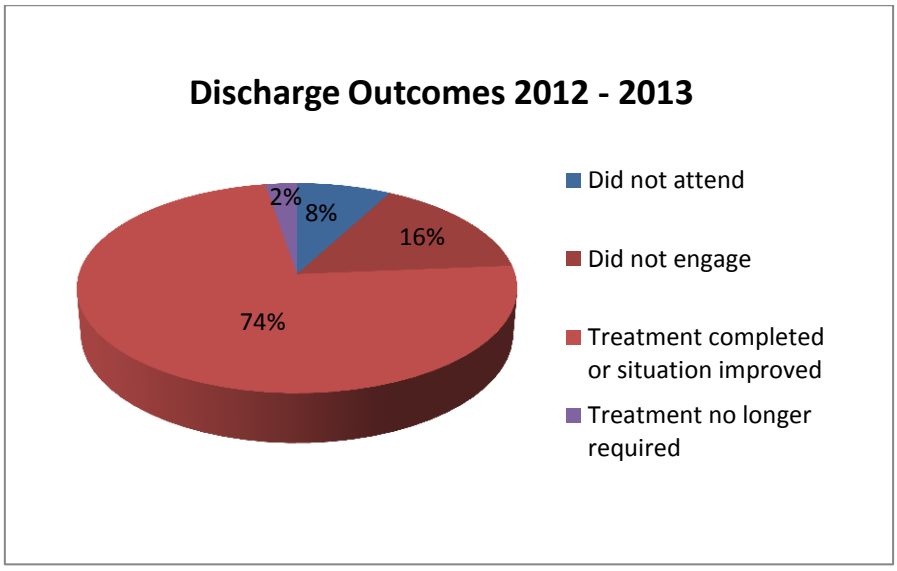
Clients have attended appointments well again this year. After offering a total of 567 sessions the low non-attendance rate of 10% is very encouraging.



When clients access the service we also record what type of gambling they report to partake in. Both primary and secondary activates are reported however it is important to recognise that some clients will only gamble via one form whilst others will partake in a variety of gambling activities. It is not uncommon either for a gambler to find they are having difficulty in controlling one form of gambling, but manage to maintain control in another. The graph below provides a breakdown of the primary gambling activities that clients report as their main form of gambling.



As shown by the graph below, 74% of clients leave the service due to their treatment being completed or their situation improving (58% completed treatment % 16% situation improved). A success rate of 74% is not only very positive and encouraging but one we hope to continue.



OUTCOMES MEASURES

Outcome measures have become increasingly important for voluntary organisations as funders and commissioners in all fields want to know the outcomes of projects they fund and the effectiveness of their interventions.

Since 2003 the service has been using Alcohol Concerns Outcomes Programme and in the last 6 years their 'Alcohol Outcomes Spider'.

This programme, developed in consultation with 40 alcohol services around Britain, represents a natural progression of the sustained work carried out by them in developing innovative outcome tools for alcohol services this past ten years.

Since introducing this programme we have been conducting a base line interview with problem drinking clients on assessment in 8 key areas, using a scale of 1 to 8. (1 being very poor, negative situation, to 8 being good, positive situation) This scoring system is then followed up at review and/or discharge. The results detailed are based on all problem drinkers who have been assessed, attending a minimum of 4 counselling and support sessions. If clients show improvement in any areas by moving up the scale they have achieved a positive outcome. The fields measured include: alcohol consumption, social contact/networks, physical health, mental and emotional health, employment status, crime and community safety, family and relationships and internal journey (or clients understanding and acknowledgement of their personal difficulties and motivation to change).

Looking at the monthly results and the overall totals for the year it is clear that many clients have made positive improvements. The clients who have negative outcomes and those with no change in their circumstances are low in comparison. Overall the programme reveals many positive changes undergone by the clients who have attended the service. This programme not only demonstrates the value for money this service brings to the Department of Health, Mental Health Service, but the positive changes problem drinkers who accessed this service have made holistically to their lives in the past 12 months. An explanation of the fields followed by the monthly results charts follows.

Results – (2011/12 for comparison in brackets)

Alcohol Consumption
Lower down the scale clients can be drinking at harmful levels, binge or other harmful drinking patterns or showing strong signs of dependency. Scoring lower on the scale can also indicate mixing substances. They may be attending the service intoxicated and/or not engaging in therapeutic strategies with no recognition of the severity of their problem with alcohol. Higher up the scale the client may be abstinent or have achieved their goal of less harmful drinking patterns, with a good understanding of triggers to drinking and acknowledgement of the scale of the problem. They may have reached their drinking goal and developed strategies to avoid alcohol misuse with a relapse prevention plan.

79.1% (61.7%) of clients reduced consumption/achieved a goal of abstinence

Social Well-being
People may have very different starting points within social networks and this scale is drafted to cover both those who are isolated and want to reduce isolation and those who have plenty of social contact, but within a drinking culture or one that holds them back from alcohol recovery. Improvement within the scales comes with: contact with people and activities outside of drinking friends/culture; those who are isolated reporting greater ease around

other people or greater satisfaction or comfort within their situation; integrating into less damaging social networks.

56.3% (44.2%) of clients achieved positive changes in their social well-being

Managing physical health
This scale covers actual improvement in physical health and also user involvement in managing any health problems. Some physical health problems may be too entrenched to see actual health improvements (liver cirrhosis). If this is the case, the user may still show improvements by managing health problems by complying with medical treatments. Lower down the scales, the client may be drinking at high risk levels and suffering multiple health problems with frequent attendances at A & E and few planned GP or hospital appointments. Higher up the scale the client may be taking responsibility for health and attending planned appointments; gaining or losing weight, improvements in liver function tests, reporting feeling healthier.

62.7% (48.6%) of clients made improvements to their physical health

Mental and emotional health
This scale covers both mental/emotional health and also effective management of health issues. Some of those with diagnosed mental health issues may not show actual improvements in their mental health. If this is the case, the user will probably not proceed higher up the scale, but can still show substantial positive outcomes in taking responsibility and managing mental health issues. At the lower end of the scale the client may be in frequent crises, suffer from suicidal thoughts/attempts, self-harm, frequent bouts of depression, anxiety disorders, low self confidence and self-esteem. Higher up the scale the client may be managing their mental health; starting to receive counselling from the service for past trauma, complying with medication regimes, have improved levels of self-confidence, self-esteem, less frequent episodes of depression, reduction in anxiety disorder.

77.6% (62.4%) made improvements to their mental and emotional health

Work ready/occupation
This scale includes aspects of worthwhile activity and structure in the day. Higher up the scale the focus is on engaging with education/work. Many users may not get to this point especially those who are unemployed as a result of alcohol-related offences or losing employment through a drinking problem. They could also be in retirement, or at home with children. At the lower end of the scale the user may be chaotic with no sense of direction or motivation towards purposeful use of time during the day. Clients may score higher when dissatisfaction with their current situation occurs with motivation to explore options for education/ training/therapeutic or voluntary work/ hobbies etc. Previous research on employment status has showed many clients who access the service are in employment and therefore no change is indicated.

35.5% (27.6%) improved their employment/voluntary work/occupied time status

Crime and Community Safety
This scale is included due to the growing interest in community safety benefits among some current and potential funders. It covers all aspects of risk, violence or harm to others, including harm to family and children and including drink driving. It is relevant whether or not a person knows they are committing the crime and whether or not they are caught. Clients at the lower end of the scale will have frequent and recent contact with the Police and/or Courts and alcohol use will be a contributory factor. Higher up the scale they may accept responsibility and the link between offending and alcohol use and be developing strategies to avoid high risk situations. However, this scale is not relevant for everyone and many will

have no past or present criminal activity and will therefore demonstrate no change. This is clear with this year as many clients have no criminal involvement which is to be expected in an early intervention service hence the low numbers involved.

16.0% (13.6%) (Reduced their offending behaviour

Family/relationships
Lower down the scale, the client may have little or no contact with family members and there may be very high levels of family conflict. This could include loss/risk of loss of contact with partner/children. They could be attending the service because of these conflicts under duress. Further up the scale they could be starting to explore a way forward in terms of reducing conflict and taking the initiative in improving the family situation. If this is not possible and relations have irrevocably broken down, acceptance of the situation and positive separation could be achieved.

61.1% (41%) improved their relationships/reached resolution with family members

Internal Journey
This scale measures the internal journey or process that might manifest as changes in other aspects of a person's life (as measured by the other scales) develop. Some of this internal journey is indicated by how a person is engaging in treatment. At the lower end of the scale the client may have attended the service under duress with family members; they may not be acknowledging there is a problem with alcohol. Moving up the scale will be linked to placement within the stages of change model e.g. stage of motivation; self-awareness and acknowledgement of drinking problems;
taking responsibility for recovery; exploring treatment options; setting goals; relapse planning and prevention; maintaining progress, scoring at the top of the scale indicates making significant life changes and real strides in recovery.

87.2% (50.2%) made significant and positive improvements/changes to enable recovery

AAS 12-21 ANNUAL REPORT

AAS 12-21 is a dedicated alcohol service for young people on the Isle of Man. It provides a free, confidential service to all young people between the ages of 12-21 who experience difficulties due to their own or a family member's drinking.

The idea to have a young person's alcohol service was first envisaged in 2003. At that time young people on the IOM were seen alongside adult service users and ethically we knew this was not best practice or attractive to young service users who required more child/youth centred approaches. An application to Comic Relief followed and fortunately they shared this view seeing the need the need for this local provision by short-listing and subsequently awarding a grant to this project from over 100 UK applications. Thus AAS 12-21 was inaugurated in May 2007.

The service is now funded in entirety by the Department of Health with a 2 year Contract in place.

What does the service offer?

AAS 12-21 provides free, confidential support to all young people who are affected by their own or their parents drinking.

The service also has an additional role in providing education for the wider community particularly for young people and their families who need alcohol education and advice.
The philosophical approach used is that of assertive outreach. Our young person's worker works flexible hours, evenings and weekends if necessary and will keep knocking on doors and persisting with some of our most challenging and affected young people to increase engagement. Also, close working partnerships have been established with the Youth Justice Team, Nobles Hospital-Children's Ward, the DAT team, Social Services, Youth Services and many more ensuring referrals for our most affected young people are received. This vital service has become an integral agency to many of the above receiving endorsements on the value it has brought to the Island's social care field.

Alcohol Misuse – The Hidden Harm

It is estimated that up to 1800 under 19's live with parental substance misuse on the IOM *(Supporting significant others affected by substance misuse a national implementation plan for the IOM: Velleman et al 2007)* and that 1 in 4 Island residents is concerned about the drinking of a close family member. *(GENACIS Plant et al 2006)* There is a huge body of international research on the negative impact on children and young people living with parental alcohol misuse. These include an impact on development, schooling, conduct and family functioning. These children are more likely than others (including those with parental mental health problems) to have conduct disorders, be excluded from school, engage in criminal behaviour, to experience physical and psychological distress, witness domestic and other types of violent behaviour and go on to develop substance misuse problems themselves in adult life.

AAS 12-21 provides a range of therapeutic counselling & support work with these children and young people. Our adult service can also work with parents to address their drinking problems and make changes to their family's lives.

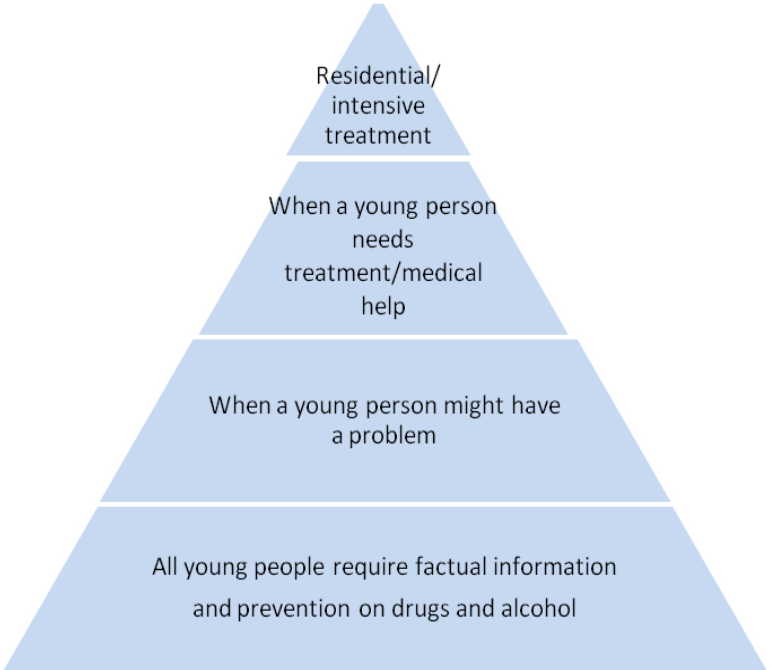
Independent Evaluation 2010.

An independent evaluation of the project has deemed the service to be a resounding success with young people and professionals on the Island voicing their views on the value of the service brings to the Island Young Persons services filling an important need in local provision. This can viewed on our website below. www.motiv.im

Service Provision

AAS 12-21 is a 'tier 2' service. Tiered service descriptions clarify the roles and responsibilities for service providers in substance misuse services (MoCAM).
It is important to remember there is fluidity between the tiers and young people's needs should be met in the lowest possible tier.
As a tier 2 service provider AAS 12 -21's responsibilities are:

- Assessment
- Reduction of risk
- Proactive outreach
- Collaborative working
- Practical support and advice
- Prevention programmes
- Training and support to tier 1
- Linking with tier 3
- Audit and evaluation



REVIEW OF WORK OF YEAR 6

The work undertaken is divided into the key areas identified by MoCAM as the expectation of tier 2 service provision and that requested by young people and service providers.

1. Assessment - all young people referred are contacted within 2 working days to offer an assessment of their needs/areas of concern in relation to their use of alcohol.

2. **Reduce risk of harm** to the young person. Motivational interventions alongside of harm reduction advice is offered

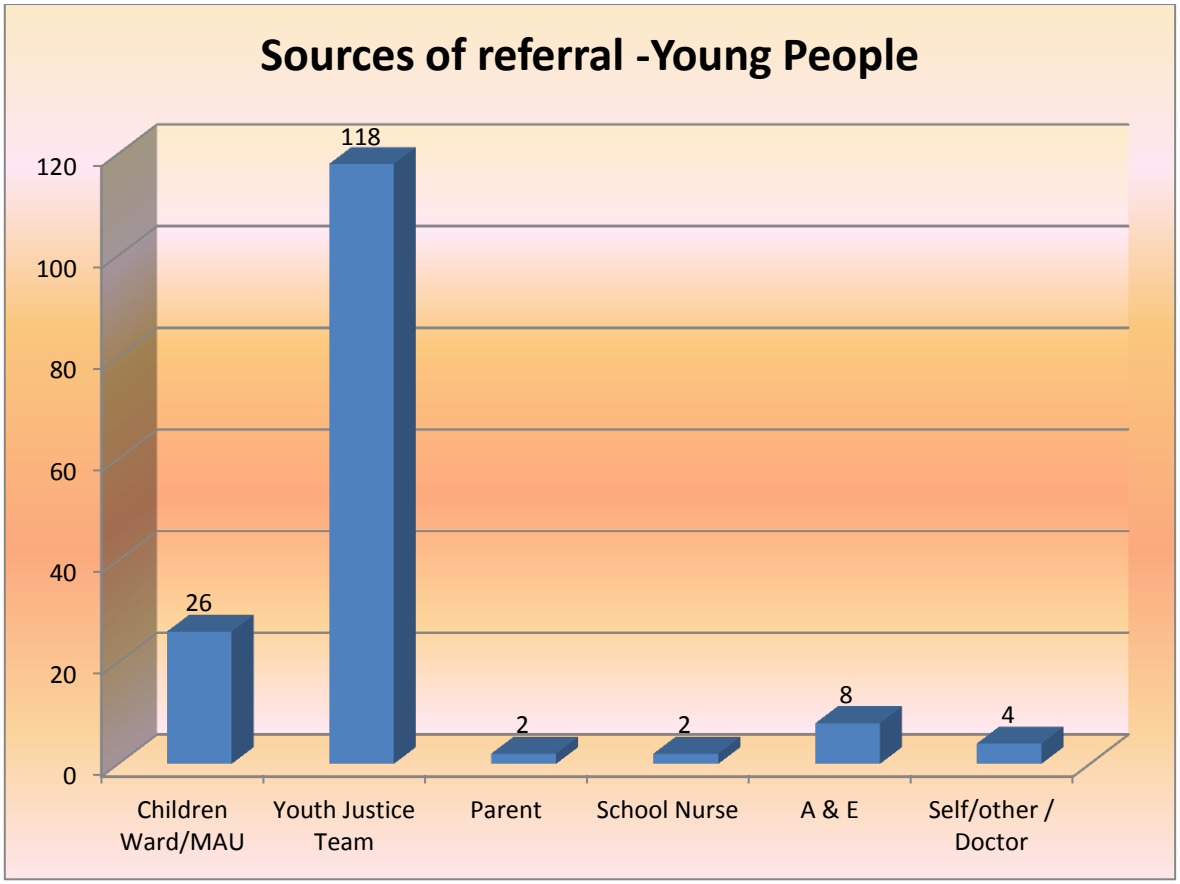
3. **Access** – the service offers flexible appointments to fit in with the young person. They are seen in premises safe and suitable for both young person and practitioner. An assertive outreach approach is taken with continued attempts at engagement with hard to reach young people.

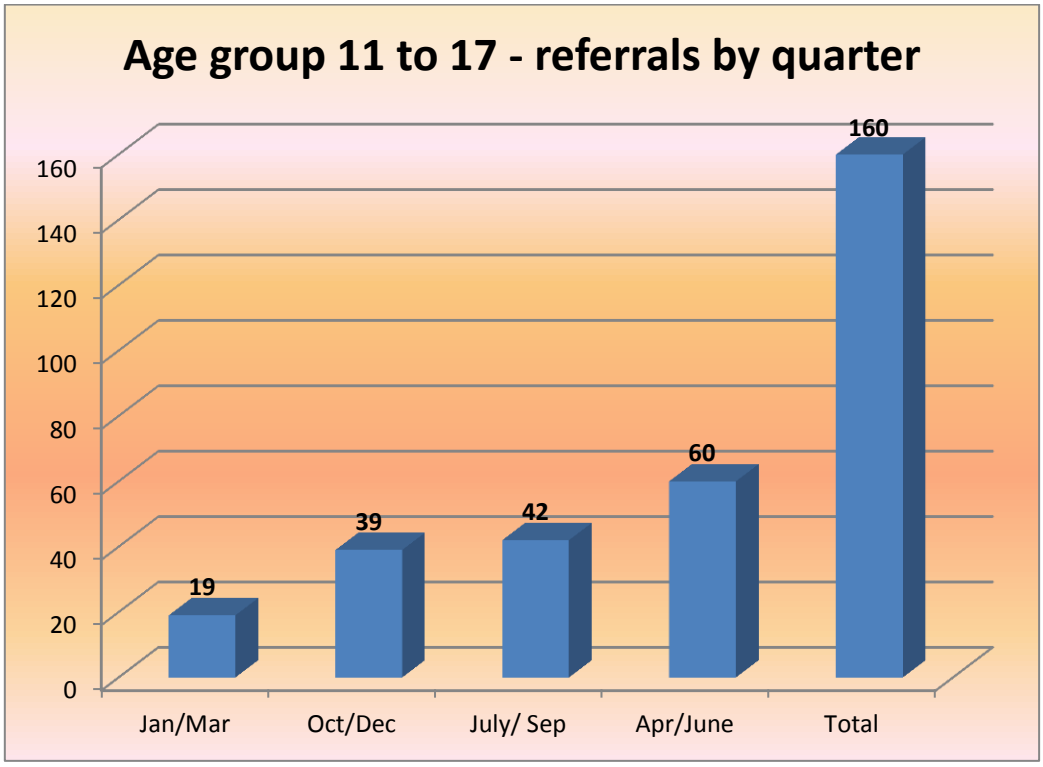
4. **Practical support and advice** – this is offered to both the young person and the family as appropriate, enabling them to access other services as and where necessary.

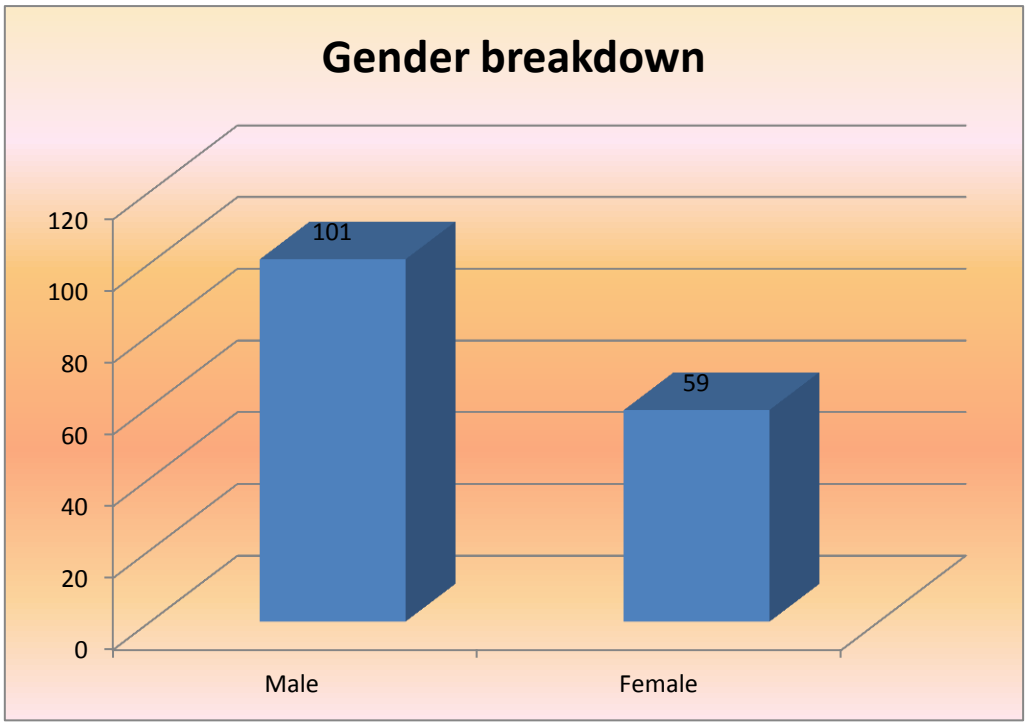
5. **Training and support to tier 1-** If requested

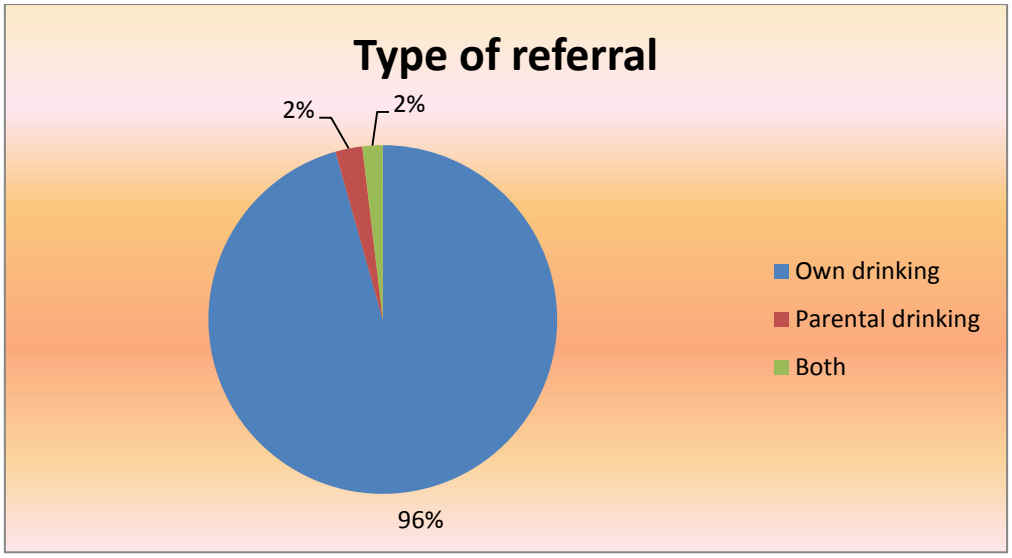
6. **Audit and evaluation** –this is an annual process to monitor outcomes and set plans for the following year.

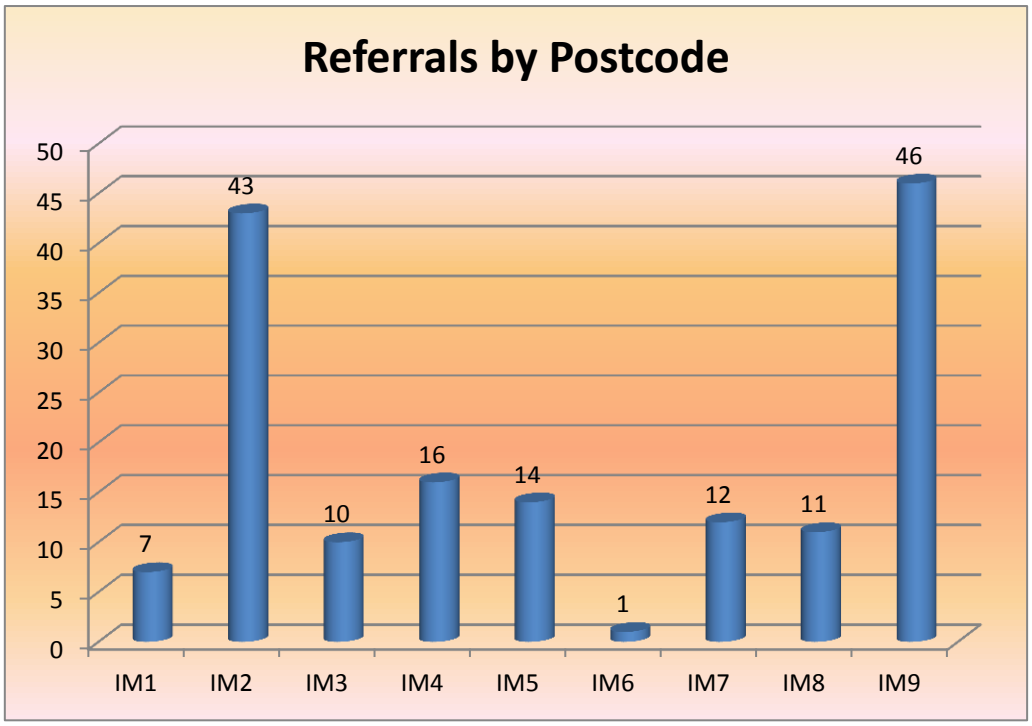
AAS 12-21 Annual Statistics




Age group 11 to 17 - referrals by quarter
160
140
120
100
80
60
40
20
0
19
39
42
60
160
Jan/Mar
Oct/Dec
July/ Sep
Apr/June
Total


Gender breakdown
120
100
80
60
40
20
0
101
59
Male
Female





IM1	Central Douglas
IM2	Pulrose, Saddlestone, Farmhill, Anaghcoar, Upper Douglas, Broadway, Willaston, Governors Hill
IM3	Onchan
IM4	Crosby, Braddan, Marown, Strang, Glen Vine, Baldrine, Laxey, Lonan,
IM5	Peel, Patrick
IM6	Kirk Michael
IM7	Ballaugh, Andreas, Bride, North
IM8	Ramsey
IM9	Castletown, Ballasalla, Colby, Ballabeg, Port St Mary, Port Erin, South

DATA ANALYSIS

Medical Services – 26 referrals, (44 in 11/12) this downward trend is concerning. Visits have been made to the hospital to heighten awareness of the service to new staff in the hope that referrals will increase. We believe however, that the safeguarding pathway to AAS12-21 is being observed. This suggests either a downward trend in Young People's drinking or it is happening covertly. There is a feeling amongst professionals in this field that young people are more likely to be drinking at house parties and therefore they are less likely to be picked up by the emergency services. For the young people who are seen an appointment is offered at home or in the school for harm reduction sessions with a parent or guardian present.

Youth Justice Team 118 - (135 in 11/12 in the same period last year) young people were referred via The Youth Justice Team. It is clear from this figure that without referrals from the YJT AAS 12-21 would be floundering. Whilst most of this work is JARS education sessions some of these young people do go on to become clients of the service for longer periods.

Young people affected by parental alcohol use- Referrals for young people who are affected by their parents drinking is still lacking and an area of concern, with agencies that may come into contact with this affected group still not utilising the service. Often it is during the assessment process for young people referred for their own drinking that this issue is uncovered. When the service is able to ascertain that parental alcohol use is an issue, therapeutic counselling for a supportive period is often utilised. Increasing referrals in this area is a key focus of AAS 12-21. Another team member has been assigned to research how we can increase our work in this area and also the most effective and up to date resources and tools to use in alcohol education and one to one work.

Other sources of referral – Referrals are lacking from all other children services, agencies and providers. The services that work with some of our most vulnerable young people are not identifying this as an issue. Parental problem drinking/drug use is estimated to affect up 1800 under 19's on the IOM and from the levels of alcohol referrals in adults it is obviously an area where much work still needs to be done in raising awareness. Our involvement with the Training and Development sub-group for the Safeguarding Children's Board, has promoted the work of Wendy Robinson who is an Alcohol Concern Trainer. She has visited the Island on several occasions and offers training in working with the children of problem drinkers. Fortunately the board have approved her visits and the training programme being held locally on an annual basis for a number of years.

Postcode areas -This is the first time we have included locality in the analysis and it is interesting to see the areas where most of the referrals are generated. Care though must be taken in interpreting these figures. The Youth Justice Team is the primary referrer and it is possible that some Police Divisions are more likely to use the LINK system and refer young people concerned with alcohol in certain localities. For example, the high referral rate in the South could be attributed to that factor alone and not that young people in the south of Island are more likely to get into difficulties with alcohol.