

Digital Stories

Raising awareness of risks of alcohol misuse and promotes behaviour change in young people

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Chapter 1

Digital Stories

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Introduction – aims and objectives of the Initiative

Health Challenge Wales

1. The key themes of Health Challenge Wales have been selected because they are considered to be those issues that constitute a significant proportion of the ill health that could be avoided. Alcohol and other substance misuse is one of the key themes. This intervention works with young people and raises their awareness of the effects of alcohol abuse and misuse and also promotes the reduction of such risk taking behaviour.
2. The drinking habits of adolescents arouse considerable concern due to both the prevalence of alcohol consumption and the amount drunk. Adolescents in the UK have one of the highest European levels of alcohol use, binge-drinking (consuming more than five drinks in a row) and getting drunk¹ Unhealthy patterns of drinking by adolescents may lead to an increased level of addiction and dependence on alcohol in adulthood. However, alcohol dependence is not confined to adulthood. In 2000, nearly 14 per cent of 16 to 19 year olds in Great Britain were found to experience dependence on alcohol.² Although alcohol misuse is an issue relevant to the UK as a whole, adolescents and young adults are of particular concern because of the high prevalence of binge drinking and heavy alcohol consumption among this age group.
3. It is clear that peer pressure has a strong influence on children and young people³, and that peer pressure in relation to experimenting with tobacco and alcohol is particularly strong. Experimenting with both substances is seen by adolescents as being acceptable since both are legal, readily available and they usually have personal experience of seeing parents and older role models using both on a social environment.
4. The costs of dealing with alcohol fuelled incidents both to the police and to the NHS are considerable. Estimates from the police for dealing with violent crime incidents range from £1,440 for an incident of common assault to £21,442 for

¹ Alcohol Concern (2002) Alcohol and Teenage Pregnancy London: Alcohol Concern

² Singleton N, Bumpstead R & O'Brien M et al (2002) Psychiatric morbidity among adults living in England in 2001. London: TSO

³ Peer influence in children and adolescents: crossing the bridge from developmental to intervention science. Gifford-Smith M, Dodge K, Dishion T, McCord J Journal of Abnormal Child Psychology. June, 2005

an incident of serious wounding. A police force estimate for the cost of dealing with a 'glassing' incident is £150,000⁴.

5. The cost to the NHS of dealing with alcohol related accidents and injuries is estimated at £1.7 billion per year⁵. In Wales this estimate is £750 million per year⁶. 1.2 million incidents of alcohol related violence are treated in accident and Emergency departments in England and Wales per year, and 40% of admissions to Accident and Emergency departments are alcohol related, rising to 70% between the hours of midnight and 5 am. It is estimated that the cost to the emergency services and to the NHS of dealing with crime and disorder relating to alcohol related behaviour was £ 7.3 billion in 2003⁷.
6. The messages taught through this initiative should help young people to understand and enjoy alcohol without abusing it. This intervention therefore directly addresses one of the key themes of Health Challenge Wales, being alcohol and other substance misuse.

⁴ Heddu Dyfed Powys Police estimate 2006

⁵ Prime Ministers Strategy Unit, ' Alcohol Misuse – how much does it cost? London: The Stationary Office 2003

⁶ Ibid

⁷ DR R Hussey, Cheshire and Merseyside Strategic Health Authority- paper to IPSM Conference 20 Jan 2004.

Chapter 2

Digital Stories – Raising awareness of alcohol use and changing behaviour.

Running an Initiative

1. Initial considerations

Initial considerations for this project have to be addressed, including;

- What is the target group?
- Will the outcome have the desired outcome?
- How will the target group be reached?
- Who are the key partners in the initiative?
- How will the initiative be evaluated?
- Will the initiative deliver value for money?

2. Target Group

The target group for this initiative is young people under the age of 25. As discussed in Chapter 1 of this initiative this is a group that evidence shows is most likely to binge drink. It is also the case that between the ages of 16 and 22 an individual's drinking pattern for life is established. Young people under the age of 25 years are chosen as the target group since changing their behaviour and the way in which they use and relate alcohol can fundamentally affect the way they use alcohol in later life, and can also contribute to preventing alcohol related life limiting illnesses, accidents regretted sexual experiences and alcohol related criminal behaviour.

3. Achieving the desired outcome

The desired outcome for this intervention is to teach the target group a safe and responsible way to use alcohol, and to make them aware of their health and other risks of failing to use alcohol in a safe and responsible manner. The initiative delivers this outcome by using peer education, in that it shows the target group through the medium of digital stories members of their peer group explaining how alcohol affected their lives in a number of ways. A number of young people from within the target group make digital stories explaining the affect that alcohol has had on their lives. Some of those making digital stories use alcohol in a responsible manner and explain how alcohol can enhance their life. Others from within the target group explain detrimental affects that alcohol may have had on their own life, or on the lives of family members or friends. The target group can therefore form their own conclusions as to the best way to use alcohol. Using individuals from the same age group as the target group to make digital stories means that those watching digital stories can relate to the experiences being explained in the stories. This is considered to be more effective than using health professionals or non target group members to make stories as the link between the diary maker and the member of the target group watching the diary will be closer than were this not the case.

Whilst the ultimate objective is to reduce death and ill health through alcohol abuse that outcome is too remote in time to measure as an indicator of success. The desired outcome therefore can be crystallized as to raise levels of awareness of the risks from excessive and inappropriate alcohol consumption and to promote understanding of safe alcohol habits and therefore behaviour change within the target group.

4. Reaching the Target Group

The target group for this intervention in the pilot project was under 25 year olds. Some sectors of this target group are easy to reach, since they will be in schools, sixth form colleges, colleges of further education and youth clubs and similar youth settings. Others however are hard to reach, since they may be in employment and not part of the target group in a collective setting.

For maximum effectiveness the target group need to be reached as a group so that they can view the stories as a group and then discuss the content of the stories with other members of the group. It is therefore suggested that the target group should be reached through settings such as schools and colleges where this sort of interaction can be put into place.

5. Who are the key partners in the initiative?

The key partners in the pilot project were the local authority Policy Unit Environmental Health, Trading Standards, Arts Service, Education, Youth Service, the Living Environment Partnership, Community Safety Partnership and the Gwent Alcohol Project. Further key partners are the participants who make the digital stories.

Since it is important that the digital stories are the “property” of the individuals making them and cover sensitive /personal issues it is important that the partners keep a low profile and allow the Arts Service and Youth Service to take a lead with individuals. If there is any suggestion that the content of the stories has been in any way influenced by any of the partners and therefore promotes their agenda the credibility of the diary will be lost. It is therefore imperative that the partners work to promote the project but not to influence the content of the digital stories.

6. How will the initiative be evaluated?

The evaluation of this initiative is based on subjective views. Members of the target group are asked questions about their attitudes to and behaviour in response to alcohol immediately prior to seeing the digital stories and again immediately after seeing the stories. Immediately after seeing the stories they will be asked if the information contained in the stories was known to them, has affected their views on alcohol as a social drug, and will influence their future behaviour. The same individuals will then be interviewed six months after seeing the digital stories and will be asked if their behaviour has changed in consequence of what they saw six months earlier. Specifically they will be asked whether they binge drink and whether the learned knowledge of the health consequences of binge drinking has caused them to make any change to their lifestyle.

It is accepted that such an evaluation will always be subject to criticism since the participants may tailor their response such that they provide answers that they think the interviewer wants rather than those which represent the truth. It will be necessary to take the view that information can be given to the target group and may influence their behaviour, hence the success of the initiative should be evaluated by determining whether the information given has been understood and retained by the members of the target group, and whether they think that it has influenced the way in which they behave.

7. Is the initiative value for money?

The pilot project of this initiative costs £4,000. This paid for 12 digital stories to be recorded, 6 by individuals having a “normal” relationship with alcohol and six by those who lives had been affected by alcohol either personally or through members of their family or close friends. Once the individuals have agreed to allow their stories to be shown in public and educational settings their stories can be replicated very cheaply on request by copying them onto additional CDs.

The only other costs in this project are the costs of showing the stories to the target group and leading discussion hence officer time. As shown in Chapter 1 of this initiative the cost to the NHS of treating those with alcohol related health problems and the cost to the Police of dealing with alcohol related crime are very considerable. This initiative, if successful, helps the target group to make informed choices in relation to alcohol use thus reducing the likelihood of alcohol related life limiting illnesses, accidents, regretted sexual experiences and of alcohol related criminal behaviour. It is therefore suggested that it does represent good value for money.

Chapter 3

Digital Stories

The Campaign

Raising awareness of alcohol use and abuse and changing behaviour with respect to alcohol.

Preliminary Work

This initiative relies on young people making personal digital stories relating their experience of alcohol. It is necessary therefore to identify a number of individuals who will be willing to make a digital diary. It is suggested that there should be an equal number of individuals having a healthy and balanced relationship with alcohol and there are individuals whose relationship with alcohol is more difficult. Those individuals may either have alcohol related health problems or experiences themselves, or may have a difficult relationship with alcohol because of the effect it has had on a family member or a personal friend. Since alcohol is a legal drug it is important that the digital stories promote a balanced view of its safe use, whilst also underlining the risks inherent in its misuse.

In the pilot project the individuals were identified by Gwent Alcohol Project through their 'Fusion' Initiative (targeted at 11-24 year olds with alcohol concerns) and through the Youth Service.

Digital stories were made with a group of 6 people at a time, with support from a digital story artist and appropriate others – in this case 1-2 youth workers. The project for 6 people takes 1 week, which includes group discussion and learning, choosing a subject, developing and filming the stories using props and locations of the individual's choice, and editing.

Before showing the digital story to the target audience it is necessary to put together the pre and post viewing questionnaires for evaluation purposes. The pre-viewing questionnaire used in the pilot project is shown as [Appendix 1](#). The post-viewing questionnaire is shown as [Appendix 2](#).

Having put together the digital stories and the pre- and post-viewing questionnaires it is necessary to determine the location at which they will be shown. As noted in Chapter 2 it is suggested that schools, sixth form colleges, and youth clubs are suitable venues. The agreement of the Head Teachers, Principals and those running the youth clubs should be sought and then dates for the showing of the digital stories can be set.

The success of the initiative relies on peer education to both raise awareness and promote behaviour change, it is essential that the showing of the digital stories is done in a non judgemental way. In order to maintain a neutral and non judgemental stance it is not recommended that the viewing of the digital stories is supplemented by any form of formal lecturing or counselling regarding alcohol use.

Running the Initiative

Having agreed the date for the showing of the digital stories with the venue the date should be advertised first to attract those members of the target group interested in attending. Prior to the viewing of the digital stories the pre-viewing questionnaire should be handed to those members of the target group in attendance. The questionnaires can be completed on an anonymous basis so the answers can be full and frank. The digital stories should then be shown without comment from the person showing them. The stories of those individuals with a healthy relationship with alcohol should be mixed with those of the individuals whose relationship with alcohol is not healthy. This will allow for comparison of the two.

Those running the initiative must then decide whether to lead a discussion with those who have viewed the stories about what they have seen, whether what they have seen was known to them and whether what they have seen will affect their behaviour or alternatively to ask the group to complete the post-viewing questionnaire without further discussion. The former course of action will allow members of the target group to discuss with each other what they have seen, and will highlight what information is generally not known to them. Where the experiences of those with an unhealthy relationship with alcohol has been a shock to the target group that will be clear from the discussions taking place. If such discussion is allowed to take place then those running the initiative must take great care not to lead it in any particular direction but to allow it to flow freely. Requests for information flowing from these discussions should be met by provision of a leaflet or similar, the pilot project provided the Caerphilly 'Little Book' which provides details of many advisory services relating to young peoples health and wellbeing. If those running the initiative decide that a period of reflection after the viewing of the stories is more appropriate the post-viewing questionnaire should be handed out for the target group to complete. The responses will be more personal, since there will have been no joint reflection amongst the group. It should also be noted however that the opportunity for further peer education arising from a discussion will be lost. The choice of approach will be a matter for local decision.

Whilst it will be extremely important that the digital stories are shown in a neutral and non judgemental way it may be the case that individuals who view them may wish to obtain further information at a later date, having had time to reflect on what they have seen and heard. It is therefore suggested that details as to where further information and/or assistance may be obtained should be left at a central point e.g. a notice board or similar. Since this information will be essentially local or will consist of website addresses it is suggested that it should be prepared locally by the partners to this initiative.

Following up the Initiative

That an agreed and predetermined point after the showing of the digital diaries a further post viewing evaluation should be carried out with those who have seen the digital diaries. In the pilot project this period was 6 months post viewing. This evaluation questionnaire will seek to determine what information was retained by those who saw the digital diaries and will also ask them what changes if any they have made in the way they behave with and relate to alcohol subsequent to their viewing. A suggested questionnaire is shown as Appendix 3. Focus groups can also be facilitated with the target group to obtain a more in depth understanding of the impact of the initiative. Consideration of the responses will allow the partners to the project to determine what issues relating to alcohol have the

greatest effect on the target group and to identify those issues that are most likely to make them change their behaviour. Further initiatives based around alcohol harm reduction can be advised by these findings.

Further information about using and making digital stories can be found at www.breakingbarriers.org.uk which also provides additional ideas about other settings in which they can be used as a powerful tool e.g. disability awareness, community development and cohesion.

Appendix 1

Pre- Viewing Questionnaire

1. What are the recommended limits of alcohol drinking for

- (i) Men? Units per week
- (ii) Women? Units per week

2. What constitutes a unit of alcohol?

3. What is 'binge drinking'?

4. How does alcohol affect behaviour?

5. What are the health risks associated with alcohol?

6. How can you tell if you have a problem with alcohol?

Answers:

1 Men : 21 units per week (3-4 units per day)
Women 14 units per week (1-2 units per day)

2. One unit is considered to be 8g of alcohol. Often units are quoted as being one small glass of wine, half a pint of beer or one pub measure of spirits.

However, the alcohol content of different products does vary. Some stronger beers and lagers may contain as many as 2.5 units of alcohol per half pint. The size of some drinks may also vary; home measures of spirits are usually more generous than pub measures, and many bars now serve large glasses of wine as standard.

Cans of beer and lager often contain about three-quarters of a pint, rather than half, and so will contain 1.5 units - more if the product is high strength.

To calculate the number of units you need to know the strength of the drink (% ABV) and amount of liquid in millimetres (one pint is 568ml; a standard glass of wine 175ml). You multiply the amount of drink in millilitres by the percentage ABV, and then divide by 1,000. To make matters easier many manufacturers are now stating how many units of alcohol each can or bottle contains.

3. Binge drinking is often defined as five or more drinks in a row for men or four or more drinks in a row for women.

4. **Small amounts** – is relaxing, perceived increase in confidence and sociability. Gives a feeling of false bravery. leads to small scale lack of judgment – tripping and clumsiness.

Large amounts – Leads of reckless behaviour – risk taking, loss of control, drink and driving etc. Can lead to criminal activity – from being drunk and disorderly to criminal damage, being involved in fights etc. Regretted sexual experiences, including being more vulnerable to rape. Greater risk of injuries from accidents. Increases the risk of being robbed or assaulted.

5. **Short term effects** - Alcohol suppresses the part of the brain that controls judgment, resulting in a loss of inhibitions. It also affects physical co-ordination, causing blurred vision, slurred speech and loss of balance. Drinking a very large amount at one time (binge drinking) can lead to unconsciousness, coma, and even death. Vomiting while unconscious can lead to death by asphyxiation (suffocation). Alcohol is implicated in a large proportion of fatal road accidents, assaults and incidents of domestic violence

Long term effects - loss of brain cells, liver failure, irritated stomach lining and bleeding from stomach ulcers, high blood pressure (which can lead to stroke), certain types of cancer, nerve damage, heart failure, epilepsy.

Excessive drinking has also been linked to: vitamin deficiency, obesity, sexual problems, infertility, muscle disease, skin problems, inflammation of the pancreas.

Psychological effects -Although alcohol initially makes people feel relaxed, long term excessive use can ultimately increase anxiety and cause depression. It is also related to problems with sleeping, mood swings, violence and suicide (about two-thirds of suicide attempts are thought to involve alcohol).

6. A person is generally considered to be dependent on alcohol when they have experienced three or more of the following symptoms during a year:

- a strong urge to drink,
- difficulty controlling drinking,
- physical withdrawal symptoms, such as sweating, shaking, agitation and nausea when they try to reduce drinking,
- a growing tolerance to alcohol (needing larger quantities to get the same effect),
- gradual neglect of other activities,
- persistent drinking even though it is obviously causing harm.

Problem drinking occurs when a person is not dependent on alcohol, but drinks enough to cause actual physical or psychological harm.

Appendix 2

Post Viewing Questionnaire

1. What have you learned from watching the digital stories?

2. What, if anything surprised you ?

3. Does anything you saw relate to your relationship with alcohol, or with anyone else that you know?

4. If so, can you use the information you have received to address that issue?

5. Will you change the way you use alcohol as the result of what you have seen?

6. If so, how?

7. Why?

You can find further information about alcohol and its effects, and other related information from : **INSERT LOCAL DETAILS HERE.**

Appendix 3

Suggested questionnaire to be used at fixed time after viewing digital stories

1. Can you remember what you saw when you watched the digital stories regarding alcohol?

2. Did the stories affect you? If so, how?

3. Do you consider your relationship with alcohol to have changed since seeing the digital stories?

4. Have you made any changes to the way in which you use alcohol since seeing the digital stories?

5. If yes, what changes have you made and why?

6. What effect, if any, have the changes made to you?

7. Would you like to make changes to your relationship with alcohol?

8. If yes, would you like help and do you know where to get it from?

[Add local contact details of advice and assistance groups etc](#)