

*If you lay a foot in Mangere
You'll see gangstas walkin' around and talking s—
Watch your back and always have a lookout
Don't let your guard down
Look after your brothers and sisters
And your little homies
Old school boys come with beef
It's difficult being us*

*Fight for the rights
And not for the wrongs
So we can walk around free
So our families can be*

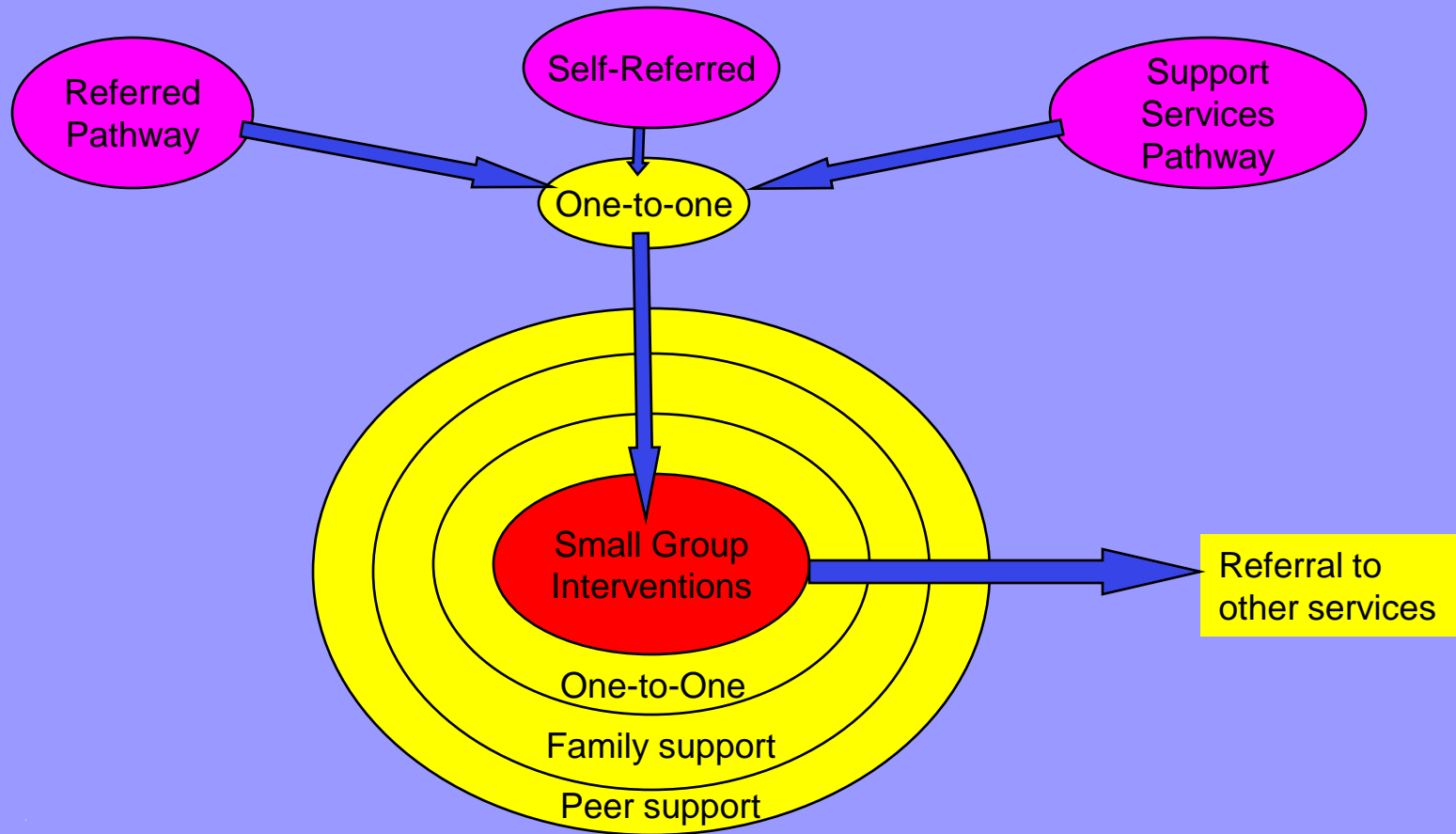


What is the Programme?

- A youth development programme for young people whose lives are influenced by alcohol and other drugs
- Two drug and alcohol practitioners, a male and a female, work in each partner school for a morning or an afternoon a week
- These practitioners blend therapeutic approaches, with youth work philosophies and activities to help young people to explore different areas of their lives
- The group environment offers a wide variety of opportunities for young people to develop



What is the Programme?



Together

Upbeat



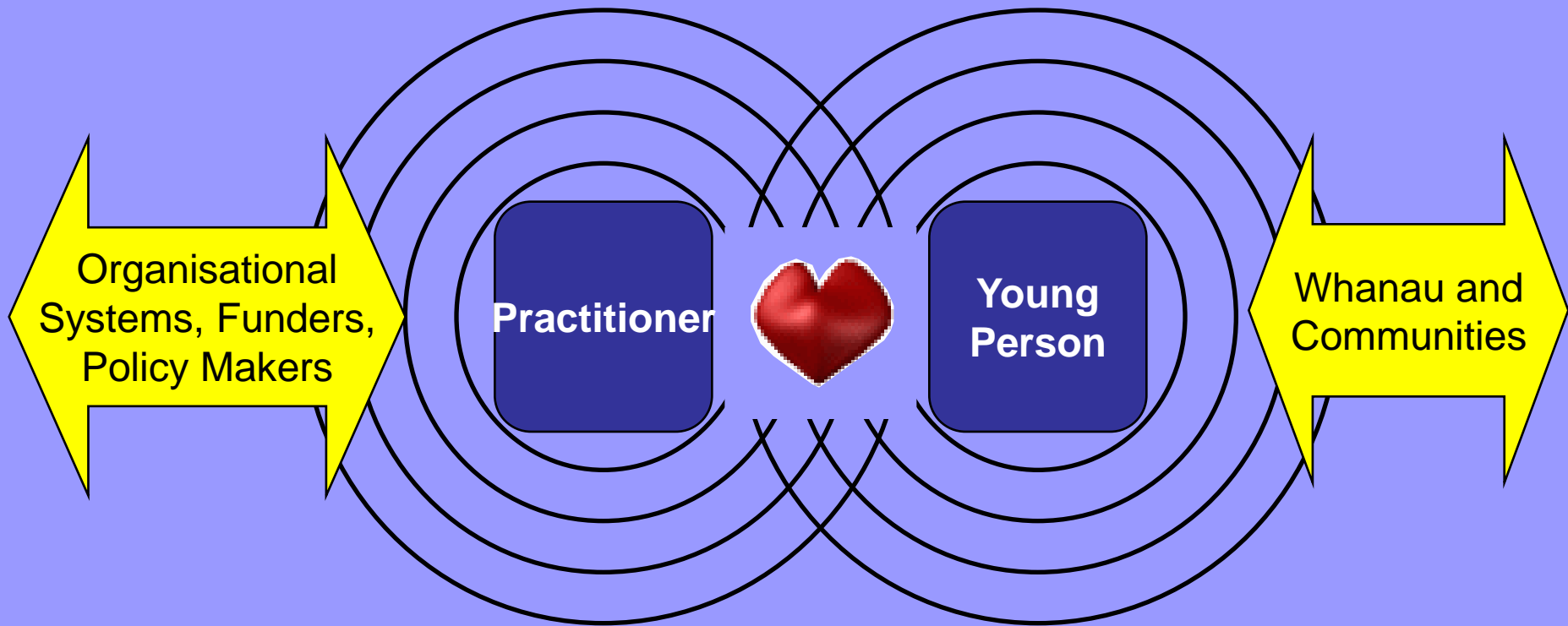
**Respect for
Young People**

Get There



STAND UP! PROGRAMME

Who are We?

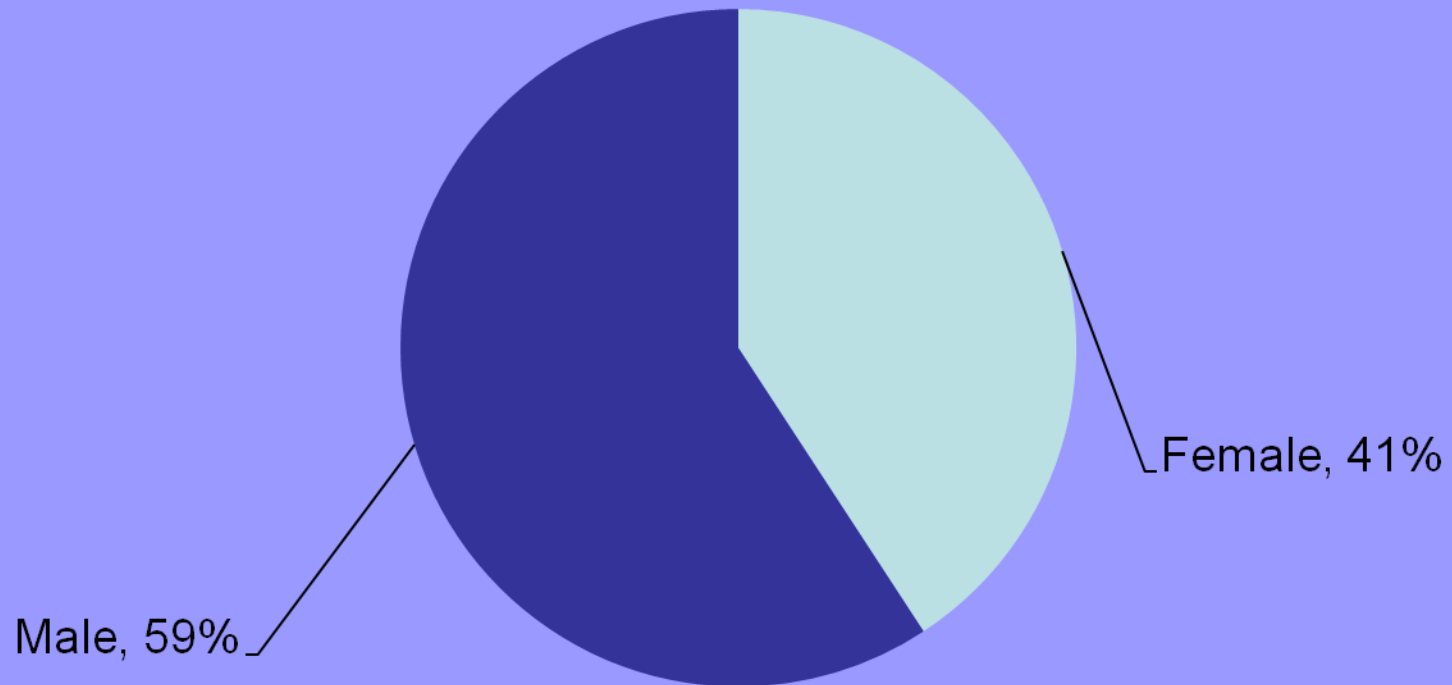


Initial Outcomes



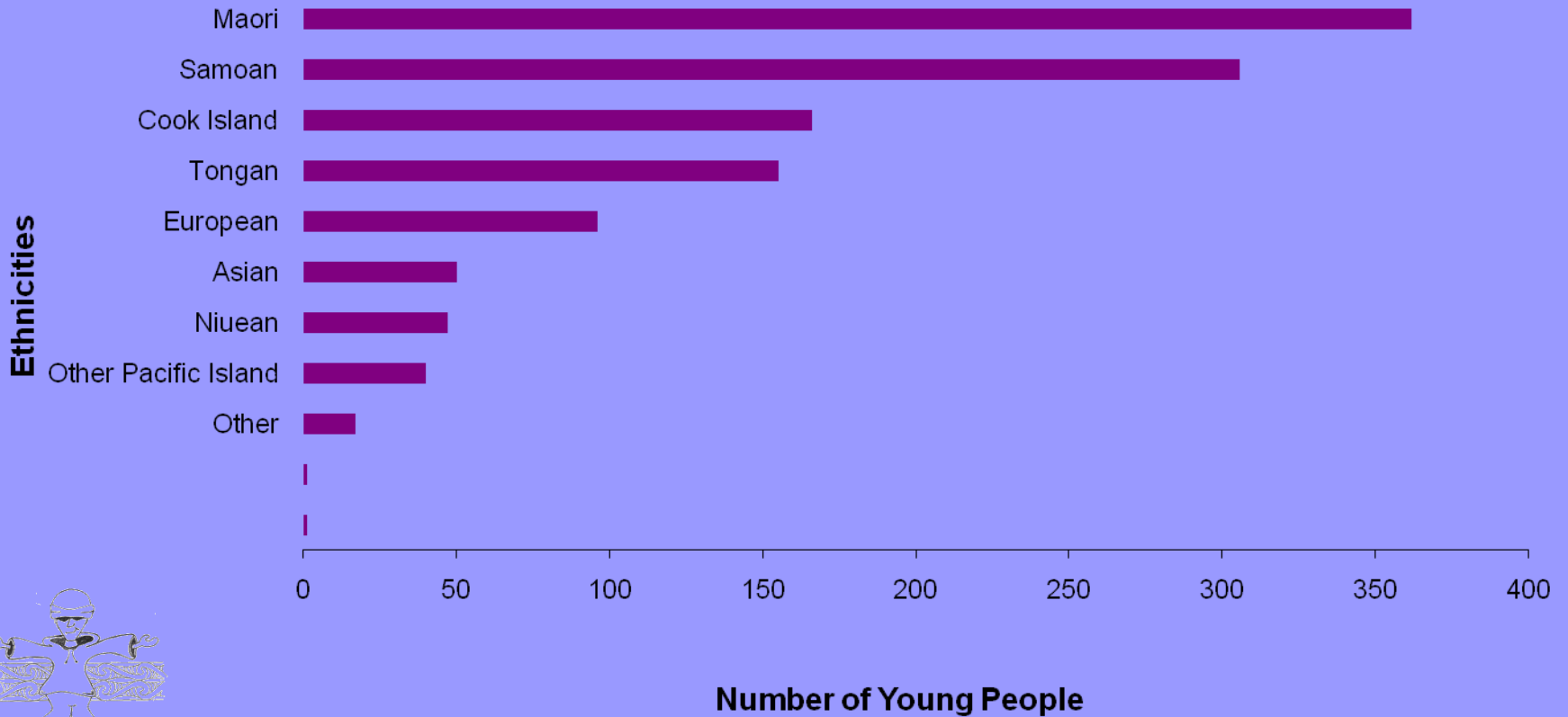
Demographics

Gender of Young People who have participated in the Stand Up! Programme (November 2006 – June 2009) $n=792$



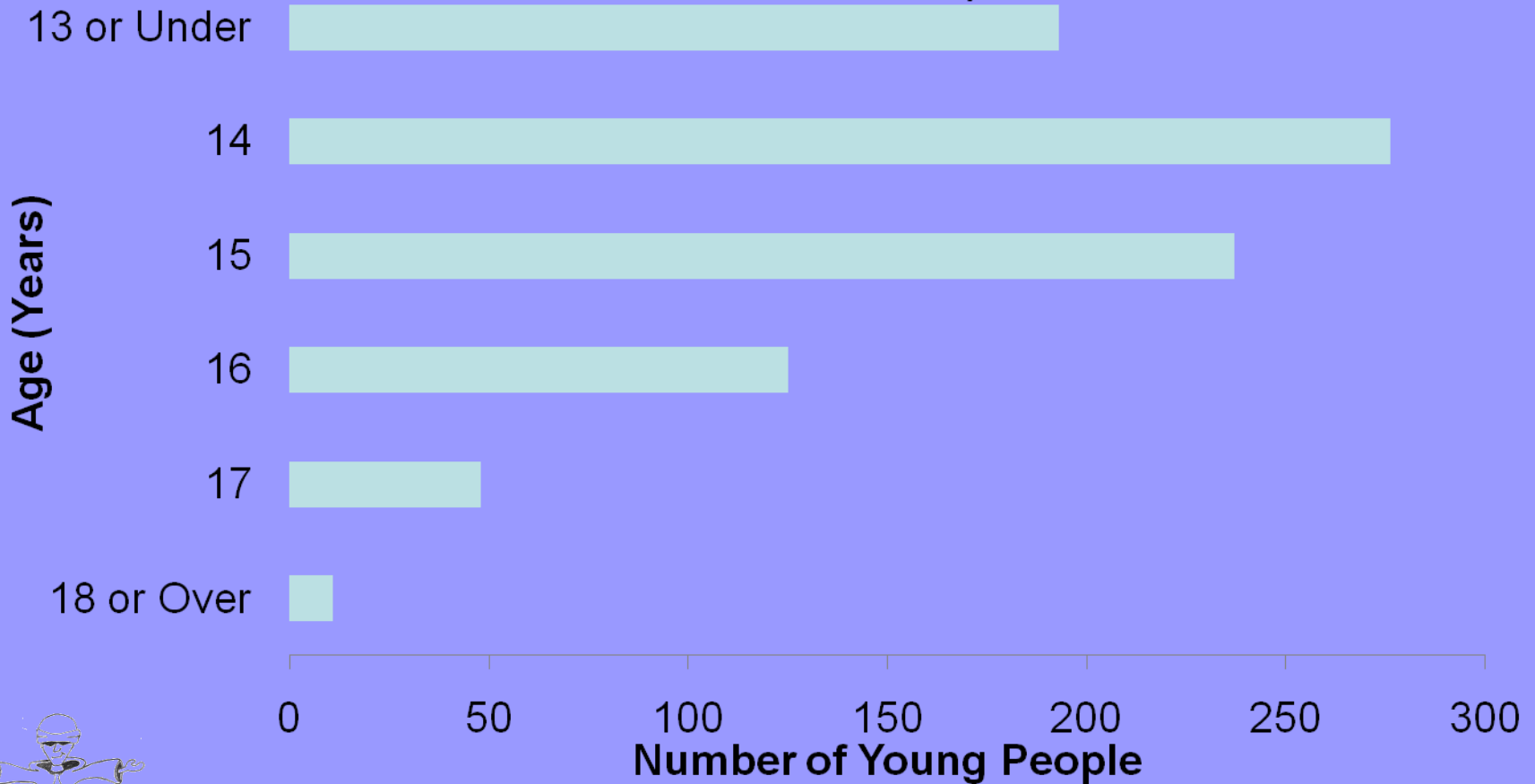
Demographics

**Ethnicities of Young People involved in the Stand Up! Programme
(November 2006 – June 2009)**



Demographics

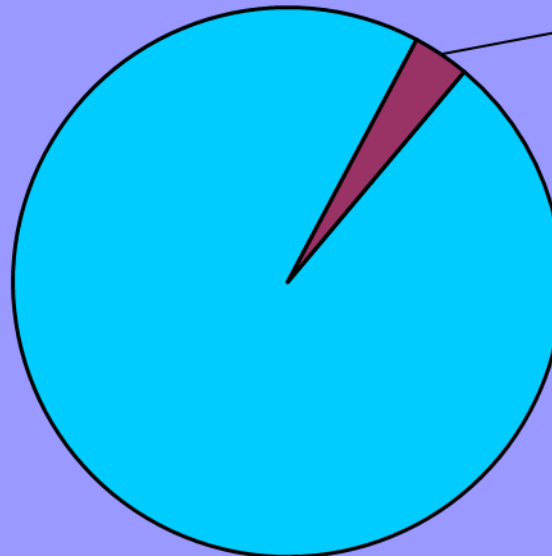
Age on Entry to the Stand Up! Programme (November 2006 – June 2009) $n=792$



Service Uptake

Service Uptake (November 2006 – June 2009) $n=792$

Entered the
Stand Up!
Programme after
an 'Individual
Catch-Up'
Session
97%



Did not enter the
Stand Up!
Programme after
an 'Individual
Catch-Up'
session
3%



Assessment Scales

SUBSTANCES AND CHOICES SCALE

Name.....

Date of birth..... Number.....

The SACS is only to be used by health professionals working with young people who are engaged in a treatment agency.

The questions in part A) and B) are about your use of alcohol and drugs over the last month.

This does not include tobacco or prescribed medicines.

Please answer every question as best you can, even if you are not certain. Tick only one box on each row.

A) On how many times did you use each of the following in the last month?

	Never	Once a week or less	More than once a week	Most days or more
1. Alcoholic drinks (e.g. beer, wine, spirits etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cannabis (e.g. weed, marijuana, pot, skunk etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cocaine (e.g. coke, crack, blow etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Amphetamines (e.g. speed, 'P', ice, whizz, goee etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ecstasy and other party drugs (e.g. 'E', CHB etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inhalants (e.g. nitrous, glue, petrol, solvents, paint etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sedatives (e.g. sleeping pills, benzos, downers, valium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hallucinogens (e.g. LSD, acid, mushrooms, ketamine etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Opioids (e.g. heroin, morphine, methadone, codeine etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. BZP (e.g. 'herbal highs', energy pills etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other drug. Name.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other drug. Name.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) Mark one box (on each row), on the basis of how things have been for you over the last month.

	Not True	Somewhat True	Certainly True
1. I took alcohol or drugs when I was alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I've thought I might be hooked or addicted to alcohol or drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Most of my free time has been spent getting hold of, taking, or recovering from alcohol or drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I've wanted to cut down on the amount of alcohol and drugs that I am using.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My alcohol and drug use has stopped me getting important things done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My alcohol or drug use has led to arguments with the people I live with (family, flatmates or caregivers etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I've had unsafe sex or an unwanted sexual experience when taking alcohol or drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My performance or attendance at school (or at work) has been affected by my alcohol or drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I did things that could have got me into serious trouble (stealing, vandalism, violence etc) when using alcohol or drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I've driven a car while under the influence of alcohol or drugs (or have been driven by someone under the influence).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SACS difficulties score

C) Finally, how often have you used tobacco (e.g. cigarettes, cigars) over the last month?

	Never	Once a week or less	More than once a week	Most days or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date completed

Clinician

Strengths and Difficulties Questionnaire

S 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature

Today's Date

Thank you very much for your help



What about the effects on Substance Misuse?

- In relation to the patterns of substance use, the Stand Up! Programme appears to be helping young people to:
 - Reduce the number of substances that they use (particularly for substances like amphetamines and cocaine)
 - Reduce the frequency of use
 - Reduce the amount of substance that they use during a typical session
 - Increase the safety precautions taken around substance use
 - Increase awareness of the difficulties associated with substance use
 - Reduce the impact that their substance use has on their education



“Stand Up! is a highly successful innovative programme where key stakeholders and participants are universally positive about its operation and its impact. We found no evidence of negative impacts resulting from the programme – and a vast array of positive impacts.”



Stand Up!

Stand Up!

