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YOUNG PEOPLE AND ALCOHOL MISUSE

1.0 PURPOSE

The purpose of this paper is to draw together the key themes emerging from recent (2011) reports on young people and alcohol (Appendix 1) and to highlight strategic issues for consideration.

2.0 BACKGROUND

Over the last decade, public concern about the impact of alcohol on health and society has steadily mounted. Particular concern has centered on the level and pattern of drinking among children and young people in England and its consequences on health, crime, violence and antisocial behaviour.

The influences on children’s drinking are various. For younger children, parents and family play the most important role in their understanding of alcohol. As teenagers grow older and socialise more, peers have a greater effect on their attitudes and behaviour. Recently there has been concern about the effect that commercial advertising and social networking have on young people’s drinking behaviour.

Some key national and regional developments to address young people and alcohol misuse have set the context for this paper as follows:

- **Department for Children, Schools and Families (DCSF 2009) study, A Review of Reviews relating to the impact of alcohol consumption on young people**, has some significant findings and conclusions which set the context for what follows (summarised in Appendix 2).
- **White Paper, Healthy lives, healthy people: our strategy for public health in England (2010)**, incorporates proposals to address the public health problems raised by alcohol. This included a focus on young people, to ‘reduce their susceptibility to harmful influences, in areas such as sexual health, teenage pregnancy, drugs and alcohol’.
- **The coalition: our Programme for government (May 2010)**, included proposals to address underage drinking by targeting those who persistently sell to underage drinkers by allowing councils and the police to permanently shut down any shop or bar that is repeatedly selling alcohol to children and double the maximum fine for those caught selling alcohol to minors to £20,000 and overhaul the Licensing Act to give local authorities and the police much stronger powers to remove licences from, or refuse to grant licences to premises that are causing problems.
- **Community Alcohol Partnerships** (CAP established in 2011) originally developed by the Retail of Alcohol Standards Group (RASG - a committee of high street off-trade alcohol retailers who work to promote the responsible retailing of alcohol and to reduce underage alcohol sales), have been formed in an effort to tackle underage drinking. CAPs aim to tackle underage drinking through co-operation between alcohol retailers and local stakeholders, such as, police, local authority trading standards and licensing teams, schools and health networks.
- **Police Reform and Social Responsibility Act** (September 2011), will allow doubling the maximum fine for premises, which persistently sell alcohol to under 18s, and for increasing the period of suspensions, which can be imposed on such premises.
• **Public Health Responsibility Deal** (March 2011), aims to bring together government, business and public health organisations to tackle public health issues. Alcohol is one of five areas of activity, with a core commitment to ‘foster a culture of responsible drinking, which will help people to drink within guidelines’. Within the pledges made around alcohol, specific pledges concerning young people include tackling underage alcohol sales by enforcing the existing *Challenge 21 and Challenge 25* identification campaigns and ensuring alcohol advertising is not targeted at children and young people.

• **Change4Life programme** has expanded, with strategies to help parents discuss health issues and behaviours, including alcohol with their children.

• **Liverpool City Region’s, Child Poverty and Life Chances Strategy** (2011-14), raises concern as alcohol misuse amongst adults can have an adverse impact on children and family life. The strategy goes onto suggest that the NHS need to lead on reducing alcohol misuse amongst young people through supporting effective parenting.

### 3.0 OUTCOMES FROM REVIEW OF ALCOHOL AND YOUNG PEOPLE

#### 3.1 PREVALENCE OF DRINKING ALCOHOL

The Smoking, drinking and drug use among young people in England study (2011 - SDDE) carried out by the by the National Centre for Social Research and the National Foundation for Educational Research, found that in recent years there has been a steady decline in the proportion of pupils who drink alcohol. In 2010, the year-on-year decline from 2009, was more pronounced than previously. This was also reflected in the Trading Standards (2011) survey, which found the percentage of 14-17 year olds claiming to drink alcohol once a week or more, fell by 9% (29% 2011 cf. 38% 2009).

Both the SDDE study and Trading Standards survey found that the proportion of pupils claiming to have never drunk alcohol is steadily increasing. Trends within the two studies suggest as age increases, young people drink more often. However, the proportion of young people who drank alcohol in the last week is falling. As in previous years, similar proportions of boys and girls drank alcohol in the last seven days and older pupils were more likely to have done so than younger pupils (from 1% of 11 year olds to 30% of 15 year olds).

In relation to binge drinking, where binge drinking is defined as having five drinks or more on one occasion, the Trading Standards survey found that 20% of 14-17 year olds in the North West identified themselves as regular binge drinkers, 6% lower than measured in 2009.

Regular binge drinking was more prevalent amongst 15 (32%, cf. 23% in 2009) and 17 year olds (51%, cf. 39% in 2009). Lower levels of regular binge drinking were identified amongst females (22%, cf. 25% in 2009), compared with males at 27%.

Across those Cheshire and Merseyside Local Authorities who participated in the Trading Standards survey, Cheshire West were reported as having one of the largest percentages of binge drinkers for 14-17 year olds at 23% in contrast, to the relatively lower levels measured in Liverpool (6%) and Cheshire East (8%).
The majority of the 14-17 year old young people surveyed (39%), claimed to drink in groups of 6–10. Drinking in groups of six or more has risen by 9% (79% cf. 70% in 2009). Yet, the proportion of 14 – 17 year olds drinking 30+ units a week has fallen by 6% (9% cf. 15% in 2009).

The 2011 survey found 1 in 13 young people claimed to typically drink alcohol alone, in comparison to 1 in 20, in 2009. The percentage claiming to drink alone was higher amongst 14-year-old males from Liverpool.

### 3.2 AVAILABILITY AND PURCHASING

The SDDE study, found pupils are more likely to be given alcohol than to buy it, most commonly by family or friends. This is consistent with the Trading Standards survey which found that one fifth (20%) of 14-17 year olds now claim that they purchase alcohol themselves, down 6% from 2009. However, about half (48%) of pupils who ever drink also said they buy alcohol, despite being well below the age when they can legally do so (18 years old). In 2010, pupils who drank were most likely to buy alcohol from friends or relatives (26%), someone else (16%), an off-licence (16%) or a shop or supermarket (12%), which is consistent with the Trading Standards survey and Alcohol Young Women Peer Research (2011). This latter survey went on to find in many cases, the young women were easily able to purchase alcohol themselves, often using fake ID, often finding supermarkets more difficult to gain alcohol from. The Trading Standards survey identified a slight increase in the proportion of 17 year olds claiming to buy their own alcohol (57% cf. 56% in 2009), whereas all other ages recorded a decline in terms of buying alcohol themselves. Otherwise, there has been little change in where young people purchase alcohol. Although the SDDE and Young Women Peer Research (2011), studies suggested that off-licenses were not the number one choice for young people purchasing alcohol.

However, Alcohol Concerns (2011), report One on Every Corner, found off-licensed sales are the predominant direct and indirect source of access to alcohol for young people under-18-years-old and growing international evidence links off-licence density with various negative alcohol-related consequences.' The report went on to find that nearly 10% of all alcohol specific hospital admissions in England, excluding London, are directly attributable to off-licence density; meaning availability rather than any other external factor is the cause of one in ten of such harms. Further analysis using linear regression modelling found that nationally on average every two extra off-licences per 100,000 of population results in one alcohol specific hospital admission of a person under-18- years-old per 100,000 of population. There is, however, variation by region.

The Alcohol Young Women Peer Research (2011), found money was not seen as a real barrier to accessing alcohol and that young women enabled themselves to have enough money to purchase alcohol when it was needed. In many cases, they preferred to buy alcohol instead of items such as snack food, clothing, make-up or other items they would normally spend their money on.

### 3.3 CONSUMPTION

The SDDE study, found the mean amount of alcohol consumed by pupils who had drunk in the last week was 12.9 units. Most pupils who drank in the last week had done so on one or two days (56%
and 29% respectively). On the days they did drink, more than half (59%) drank more than four units on average.

The Alcohol Young Women Peer Research (2011), study found that the factors that had the greatest influence on whether young women consumed larger amounts of alcohol were; their peers; and the ease of accessibility that they had to alcohol, be it from members of the public, older peers or parents purchasing it for them.

3.4 DRINKING LOCATIONS

Alcohol Concern’s report ‘One on every corner’ (2011) suggests England is a country that increasingly chooses to drink at home. This is due, at least in part, to the difference in price between alcohol bought from on and off-licensed premises.

The SDDE study, found there are differences between the settings in which younger and older pupils are likely to drink. 68% of 11 and 12 year olds who drank alcohol usually drank with their parents, and a similar proportion (65%) said they usually drank at home. By the age of 15, pupils were most likely to drink with friends of both sexes (74% of 15-year-old drinkers). They were less likely than younger pupils to drink at home (45%) and more likely to drink in other locations; 57% drank at parties with friends, 51% in someone else’s home, and 29% outside (on the street, in a park or somewhere else). The proportion of pupils who drink who buy alcohol in pubs and bars has decreased. Similarly, the Trading Standards survey identified a decrease, again, compared with 2009, in the percentage of people drinking outside (21% cf. 30% in 2009) and within pubs / clubs (20% cf. 28% in 2009). However, the survey did not identify an increase in the proportion drinking at home or at friends’ homes with parents present, compared with 2009.

3.5 ATTITUDE AND BEHAVIOURS

The SDDE study, found that pupils’ drinking are less likely to drink if their parents disapprove, and more likely to drink if this is tolerated by their parents. As many as 48% of young people said their families did not mind them drinking, as long as they did not drink too much, with a small proportion (1%) who said their parents let them drink as much as they like. Most pupils (85%) who said that their parents would not like them to drink had never drunk alcohol, compared with 27% of those whose parents don’t mind them drinking, as long as they didn’t drink too much.

Similarly, pupils are more likely to drink if they live with other people who do; the proportion of pupils who drank alcohol in the last week increased from 4% of those who lived in non-drinking households to 26% of those who lived with three or more people who drank alcohol.

Pupils are becoming less tolerant of drinking and drunkenness among their peers. For example, in 2010, 32% agreed that it was OK for someone of their age to drink alcohol once a week, compared with 46% in 2003. Over the same period, the proportion who thought it okay for someone of their age to get drunk once a week also fell, from 20% to 11%. However, the Trading Standards survey found
53% claimed to drink alcohol to get drunk, with an increase for 17 year olds, 47% in 2009 to 66% in 2011.

Pupils aged between 11 and 15 were most likely to believe that people of their own age drink to look cool in front of their friends (76% in 2010), to be more sociable with friends (65% - also consistent with the alcohol Young Women Peer Research study), because their friends pressured them into it (62%) or because it gives them a rush or buzz (60%). Those who had drunk alcohol in the last week were most likely to think that their peers drank to be more sociable (84%), because it gives them a rush or buzz (78%), or to feel more confident (71%). The Trading Standards survey found; 53% of young people claimed to drink alcohol to get drunk (66% 17 year olds cf. 47% in 2009); 22% claimed to drink alcohol because there is nothing else to do (28% 17 year olds cf. 41% in 2009) and; 87% make sure they do not drink on their own (increasing to 92% amongst females).

The Trading Standards survey, noted that there was an increase in the proportion regretting having sex after drinking (15% cf. 9% in 2009); fewer young people had either been in a car with a young person who had been drinking (13% cf. 6% in 2009) or been violent or had a fight when drunk (22% cf. 26% in 2009).

The Alcohol Young Women Peer Research (2011) study found that that consuming alcohol was perceived as an integral part of young people’s lives. Most of the young women felt that consuming alcohol gave them an insight into what they feel most other teenagers are doing and that drinking alcohol prevents them feeling excluded from what the majority of their generation does. The idea that it is normal for teenagers to drink created a lot of curiosity around the substance for most young women and this contributed to their decision to drink for the first time.

3.6 LEGISLATION, PROMOTION AND REGULATION

Analysis of the Overexposed and overlooked: Young people’s views on the regulation of alcohol promotion (2011), report identified five key findings based on young people’s experiences and expectations of alcohol promotion and regulation:

- Young people surveyed support stronger regulation of alcohol advertising on traditional media channels such as television, cinema and in-store promotion.

- A significant proportion of young people surveyed do not recognise ‘below the line’ alcohol-marketing strategies such as festival and sports sponsorship or alcohol marketing via social networking sites online. - A finding consistent across both genders and all ages

- Young people overwhelmingly reject age affirmation pages as an adequate mechanism for preventing those aged under-18 accessing alcohol-brand websites

- Age and gender affect one’s views on the regulation of alcohol promotion and the desire for information - As young people grow older they move from support for stronger regulation towards support for weaker regulation. Children aged 11-and-under are the greatest supporters of the strongest regulation, i.e. a complete advertising ban. Older respondents are the greatest supporters of weaker regulation; 16-17 year-olds are more likely than other ages...
to support removing advertising regulation altogether. Young women are consistently more supportive than young men of more extensive health warnings and want improved access to health information about the risks of alcohol across different mediums.

- Most young people believe that government should have greater oversight of alcohol-promotion regulation, and that the alcohol industry should pay for health messages about alcohol.

In late 2011, Alcohol Concern-Cymru, the Recognition of alcohol brands by primary school children study, found that children as young as 10 are familiar with, and can readily identify alcohol company brands and logos, as well as characters from alcohol television adverts. The number of children in the study who were able to identify branding is comparable to, and in some cases greater than those recognised branding for products known to appeal to children, such as ice cream and cake. The study also found that children who watched television later in the evening, when more alcohol adverts are aired, had greater recall of alcohol brands than those who stopped watching earlier. Research has also shown that the earlier people become aware of brands, the greater the likelihood they will use them throughout their lives, suggesting that early alcohol brand recognition is advantageous to alcohol companies in that future drinkers will choose their products over others as a result of this pre-established brand loyalty.

The Trading Standards survey identified an understanding of legislation remains consistent, with 90% correctly identifying that it is not a criminal offence for under-18s to drink at home and the majority of 14-17 year olds continue to understand the law in terms of purchasing alcohol. However, individuals who purchased their own alcohol remain less likely to understand the law, with 16% not realising it is an offence to do so.

The survey also reviewed identification and found that overall, the percentage of respondents asked for ID had decreased (52% cf. 55% in 2009). However, the proportion of 17 year olds asked for ID had increased significantly (57% cf. 33% in 2009). Across Cheshire and Merseyside the survey found that ID was most commonly requested in Cheshire West (both 63%), and less often in Knowsley, (41%) and Liverpool (38%). The proportion of young people claiming to have fake ID was measured at 7%, the same as reported in 2009. It remains more prevalent amongst 17 year olds (31%). The proportion claiming to make their own fake ID has increased by 12% since 2009 (29% cf. 17%), whereas those purchasing fake ID online remained similar (increasing 1 percentage point to 33%).

The Alcohol Young Women Peer Research (2011) study found that if alcohol prices do rise in order to try to deter young women from consuming alcohol this would not be a successful solution. Only a minority of the young women gained access to alcohol with a fake ID, so the suggestion of ensuring the consumers have valid identification would only be applicable to some young women.

3.6 EDUCATION

The Alcohol Young Women Peer Research (2011) study found that young women felt they are not receiving enough support from schools/colleges to promote their independence. As a result, they felt they were limited in the confidence and motivation to break away from the norm and achieve their own independent aspirations. The young women felt that teachers and other pastoral support staff...
need to be more supportive and approachable so young women feel they can speak to them about anything; allowing the young women to set focus on their future and work to achieve something positive, and raise awareness of future opportunities available to them. The young women felt this sort of independence would lead them to be less likely to be influenced by their peers, around all issues including alcohol.

4.0 CONCLUSION AND SUMMARY

4.1 PREVALENCE OF DRINKING ALCOHOL

The reports suggest there has been a steady decline in the proportion of young people who drink alcohol. Within Cheshire and Merseyside, Cheshire West had one of the largest percentage of binge drinkers compared with Liverpool and Cheshire East; and drinking in groups of six or more has risen (noting not every area participated within the study).

4.2 AVAILABILITY AND PURCHASING

Findings suggest that the greater the availability of alcohol, the greater the risk of young people suffering alcohol harm. Therefore, the changing nature of where people purchase and consume alcohol may have an impact on the risk of harms to young people.

Young people are more likely to purchase alcohol from friends and family including their parents than off-licenses and supermarkets. For young women, money was not seen as a barrier to purchasing alcohol, and that they would rather spend their money on alcohol than eat.

4.3 CONSUMPTION

The calculations for alcohol consumption have varied over the years, so no clear trend can be identified. However, those young people who drank in the last week tended to have done so on one or two days and that on those days that they did drink over half of them drank more than four units.

4.4 DRINKING LOCATIONS

Reports have found differences between the settings in which younger and older pupils are likely to drink. Young children (11-12 year olds) tend to drink alcohol with their parents and a similar proportion usually drinks at home. However, by the age of 15, the preferred location is with friends of both sexes and they are less likely to drink at home and more likely to drink in other locations such as: at parties with friends, in someone else’s home and outside (on the street, in a park or somewhere else).

Overall, the proportion of pupils who drink who buy alcohol in pubs and bars and drink outside has decreased.

4.5 ATTITUDES AND BEHAVIOURS
Drinking behaviour for young people is typically influenced by the attitudes and behaviour of their families, with young women reporting that consuming alcohol is seen as an integral part of young people’s lives.

Young people are less likely to drink if their parents disapprove, and more likely to drink if tolerated by their parents. Similarly, young people are more likely to drink if they live with other people who do.

Overall, young people are becoming less tolerant of drinking and drunkenness among their peers. However, young people are still claiming to drink alcohol to get drunk, with an increase for 17 year olds.

4.6 LEGISLATION, PROMOTION AND REGULATION

Findings suggest the majority of young people support moderate regulatory measures that robustly limit the exposure of under 18-s to alcohol advertising, but do not infringe on advertisers’ access to adult audiences. Large numbers of young people do not recognise alcohol marketing when it is channelled through sponsorship, product merchandise or via social networking sites. Overall, young people reject age affirmation pages as an adequate mechanism for preventing those aged under 18 accessing alcohol-brand website. Younger people (11 and under) are the greatest supporters of the strongest regulation, whereas, 16 – 17 year olds are the greatest supporters of the weakest regulation. A significant majority of young people support a sole or shared role for government in the formulation of alcohol-promotion regulation.

Regardless of young people targeted by the alcohol industry or not, alcohol marketing is clearly making an impression on children. If children repeatedly see and hear positive messages about drinking alcohol, then their expectations of alcohol are likely to reflect the content of such messages.

4.7 EDUCATION

Evidence suggest that young women are not receiving enough support from schools and colleges to promote independence and those teachers and other pastoral staff need to be supportive and approachable so that young women can speak to them about anything.

4.8 RECOMMENDATIONS

Strategists and commissioners may want to consider the following recommendations.

The following recommendations are based on findings from studies reviewed in this paper:

- Place more emphasis on programmes that target 15 to 17 year olds who claim to binge drink
- Consider processes to undertake cumulative impact policies
- Increase education parents receive regarding alcohol misuse and its impact on young people
• Lobby the Home Office for changes in the law aimed at reducing the supply of alcohol to young people by:
  o Restricting the use of alcohol as a ‘loss leader’ by supermarkets and other retail outlets
  o Reducing the promotion of alcohol through advertising
  o Reducing the scale of proxy sales by imposing greater fines on those purchasing alcohol on behalf of under-age drinkers

• To encourage all areas to introduce TIIG or better record TIIG data to be able to effectively measure and record the levels of alcohol related harm for all patients in both accident and emergency departments and via hospital admissions
The following are more specific recommendations taken from the studies:

- Reduce access to alcohol by, for example, preventing use of fake I.D.
- Discourage older members of the public, family members and friends from purchasing alcohol on behalf of young people under 18
- Discourage off licenses from selling directly to young women who are purchasing alcohol on their behalf
- Increase the role of educational programmes that can focus on promoting independence and resisting peer influence. (e.g. by improving the quality of such as Personal Social Health and Education lessons)
- Provide better access to specialised staff within schools and colleges that can oversee issues and progress of students and offer one to one guidance on their wellbeing and education and to additionally increase their awareness of the choices available to them within life
- To ensure effective harm prevention is delivered through targeting education, information and support at an individual level among young people, and control of the concentration of alcohol outlets at a community level
- Develop innovative train the trainer programmes for front line staff in the fire and rescue and police to provide parents with brief advice on alcohol
- To give consideration to the Loi Evin legislation in force in France, to assist in lobbying the Government in relation to the advertising media and contexts most likely to accessed by and appeal to children
- A clear pre-watershed ban should be imposed on television alcohol advertising.
- Alcohol advertising in cinemas should be restricted to films with an 18-certificate
- In-store alcohol promotion should be restricted to the areas selling alcohol
- Age-affirmation pages should be made more stringent to prevent the access of under-18s to alcohol-brand websites
- There should be greater prominence of health warnings on alcohol advertising, and wider access to health information. This should be paid for by the alcohol industry
- There should be greater government oversight of, and involvement in, the regulation of alcohol promotion
5.0 REFERENCES


### APPENDIX 1

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<th>Title</th>
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<td>2</td>
<td><strong>Trading Standards North West: Young Persons Alcohol and Tobacco Survey, June 2011</strong></td>
<td>A survey on alcohol and tobacco amongst 14-17 year olds run by Trading Standards in the North West. The survey has run biannually since 2005. In the 2011 survey, 13,051 14-17 year olds from across the North West participated. The survey was cross-sectional rather than longitudinal and therefore it does not follow individual students over time, but rather surveys a cross-section of the population at repeated time points.</td>
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<td>3</td>
<td><strong>Alcohol Concern, One on every corner’- The relationship between off-licence density and alcohol harms in young people, July 2011</strong></td>
<td>A statistical analysis into the density of off-licensed premises and alcohol harms in young people in selected areas of England.</td>
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| 4 | **Cheshire and Merseyside Child Health Development Programme and the North West Regional Youth Work Unit (NWRYWU) Alcohol Young Women – Peer Research, 2011** | A peer research project on young women and alcohol across Cheshire and Merseyside (in four of the eight PCT areas). The project involved young women acting as researchers to provide information and insight that was not affected by professional views and interpretation. It aimed to examine what young women thought would be the best ways to:  
  - Increase their resilience against serious alcohol misuse;  
  - Provide protective influences; and  
  - Deter them from serious alcohol misuse |
<p>| 5 | <strong>North West ChiMatters, Child and Maternal Health Intelligence Briefing; Young people’s lifestyles choices and related</strong> | Young people’s lifestyle choices and related health indicators: local area profile for Cheshire East 2011 is one in a set of reports that constitute the fourth in a series highlighting intelligence on key public health issues. |</p>
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<tr>
<th>Health Indicators: Local Area Profile for North West, Deacon L., Morleo M., Perkins and Bellis M., 2011</th>
<th>Health issues for maternity, children and young people in the North West.</th>
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<td>Overexposed and overlooked: Young peoples’ views on the regulation of alcohol promotion – Alcohol Concern, October, 2011</td>
<td>A study conducted by Alcohol Concern Youth Policy Project, which surveyed the views of over 2,300 children and young people under 18 about if, how, and to what extent alcohol promotion should be regulated in England and Wales</td>
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<tr>
<td>Making an Impression – Recognition of alcohol brands by primary school children (2011)</td>
<td>A brand recognition exercise amongst 401, 10 and 11 year old primary school children across 23 schools from across Wales, to identify the extent to which children of this age were aware of alcohol branding and advertising</td>
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APPENDIX 2


A summary of the findings and concluding remarks from the study state that:

The focus of the work was a review of reviews of the harms and benefits of alcohol and young people. It was clear that many of the reviews in this field were quite old (around half pre-2000) and a large number where based on data from the USA (around half). The majority of the reviews found related to adolescents and college/university students. Thus, they have limited general ability to contemporary drinking behaviour by young people in the UK. In addition, most of the review work was methodologically weak and so it is not possible to have a high degree of confidence about their conclusions. Future work may need to include a further review of the primary data literature and may perhaps include a review of intervention studies relating to alcohol and young people.

In addition, there was a repeated theme in this body of work in which correlations were reported for a wide range of personal, familial and social factors and alcohol misuse. In addition, alcohol misuse was often correlated with a wide range of health and social consequences. However, it was generally not possible to determine that key risk factors 'caused' alcohol misuse or that the latter specifically led to the adverse effects. Further to this in the main, it was not possible to ascertain the levels of alcohol that led to adverse consequences, as was the hope of the results of this review of reviews.

Nevertheless, there is a very large body of review work that has accumulated over many years and from this evidence, some consistent themes emerged.

It is relatively clear from the literature that both early initiations into drinking and heavy alcohol consumption can lead to a very wide range of adverse consequences for young people’s physical and mental health. These adverse effects consisted of both short-term (acute) and longer-term health problems. There is a need for more services for young people to be able to deal with the adverse consequences of drinking.

We found few positive effects of drinking on young people’s health, with the exception of some social and emotional coping functions of drinking that might help with a sense of positive mental well-being. There is also a large literature that characterises risk factors that can lead young people to begin drinking earlier in life or to drink large amounts of alcohol. From this body of work, key groups that are particularly vulnerable to alcohol’s adverse effects can be characterised.

These key groups are young people from socially disadvantaged backgrounds and / or broken homes who begin to drink early and who may have concurrent psychiatric or behavioural disorder problems. In addition, children of parents with alcohol-related problems may be particularly vulnerable to developing problems with alcohol themselves. One practical indicator of such young people is alcohol presentations at emergency services on weeknights (as opposed to the weekend) and parents who show minimal anxiety about the hospital visit.
We also identified some factors that may have a protective effect on children’s age of Initiation and subsequent use of alcohol. In particular, good family relations and parents with an accurate and well-balanced knowledge about the effects that alcohol on health and well-being may help to protect children from the adverse effects of drinking.

However, this field of work is riddled with many interlinked variables related to both risks and consequences of drinking by young people. However, it is difficult to tease these variables apart and establish the actual relationships between them. Thus, it is not possible to ascribe a causal link between individuals’ personal attributes or life-circumstances and drinking behaviour, or indeed alcohol use and a wide range of activities that may result from drinking (but that may also arise due to other unidentified variable(s). As one author reported, we know that many students drink a lot and we know that many students have unsafe sex; however, what we do not know is whether the two things are directly related.

For obvious ethical reasons, it is not possible to design prospective studies or controlled trials to elucidate the issue of behavioural causality in this field. Thus, it is necessary to rely on well-designed longitudinal studies and prospective cross-sectional work that is of sufficient scale to allow multivariate analysis, which can control for confounding and interactional factors. However, many of the primary research studies that were cited in the reviews that we have reported were small scale and methodologically weak. Unfortunately, this review of reviews was not able to identify any meta-analyses of the recent large-scale survey work that has occurred in the UK and which has reported multivariate analyses of different dependent variables that may influence (or arise from) drinking behaviour. A key advance in this field would be to establish whether there are primary survey data based on UK populations available and if not to carry out a well-conducted meta-analysis of such areas.

A final remark is that most of the research work on alcohol consumption by young people uses imprecise measures of alcohol use. Thus, studies report concepts such as alcohol misuse, abuse, disorders and dependence. We identified no work that reported specific levels of alcohol consumed in terms of standard drink units or blood alcohol counts. Thus from the research to date, it is not possible to link different levels of alcohol consumption to different outcomes. Hence, with a view to the formulation of recommendations about alcohol risk reduction for children and young people, it is not easy to conclude that drinking to differing degrees will produce commensurate effects. Thus future research in this field needs to include more precise measurement of alcohol use by young people so that this can be more easily related to specific health or social outcomes and psychometric measures of risk or harm due to drinking in young people.