C4EO for the sector from the sector

YOUTH

RESEARCH REVIEW 3

Reducing alcohol consumption by young people and so improve their health, safety and wellbeing

Centre for Excellence and Outcomes in Children and Young People's Services

The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) identifies and coordinates local, regional and national evidence of 'what works', to create a single and comprehensive picture of effective practice in delivering children's services. Using this information, C4EO offers support to local authorities and their partners, working with them to improve outcomes for children, young people and their families.

It is focusing its work on nine themes:

- early years
- disability
- vulnerable (looked after) children
- child poverty
- safeguarding
- schools and communities
- youth
- families, parents and carers
- early intervention, prevention and integrated services.

C4EO works with a consortium of leading national organisations: National Children's Bureau, National Foundation for Educational Research, Research in Practice and the Social Care Institute for Excellence.

The Centre is also supported by a number of strategic partners, including Local Government Improvement and Development, the Family and Parenting Institute, the National Youth Agency and the Institute of Education.

There is close and ongoing cooperation with the Association of Directors of Children's Services, the Local Government Association, the NHS Confederation, the Children's Services Network, the Society of Local Authority Chief Executives and Ofsted.

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Reducing alcohol consumption by young people and so improve their health, safety and wellbeing

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This report is online
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Foreword

I am delighted to introduce this research review produced for the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) as part of its youth theme.

It is one of three reviews which aim to help all those working with and for young people to improve their outcomes and life chances. C4EO started its work on this theme in 2009, some time before the new Coalition government was elected in May 2010. The review process we undertake in order to distil the very best learning and evidence from national literature and data, combined with effective local practice is cumulative, resulting in our full knowledge reviews. Policy priorities are currently being determined by the Coalition government and we have amended the review in order to ensure that it reflects changing political context as far as possible.

I am confident that the evidence of 'what works' contained in this review and in the other two reviews, with their clear and unremitting focus on improving outcomes for young people will help all those working with them in the public, voluntary and private sectors.

Christine Davies CBE

Summary

This research review tells us, among other issues, what has worked to date with regard to reducing alcohol consumption among young people. It is based on a rapid review of the research literature involving systematic searching and analysis of key data. It summarises the best available evidence that will help service providers to improve services and, ultimately, outcomes for children, young people and their families.

The Institute of Education, University of London carried out this review on behalf of the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). The National Foundation for Educational Research (NFER) conducted the data work.

What did we find out?

Key messages from our research review

- Over the last few years alcohol consumption has decreased slightly among young people.
- Among those young people who consume alcohol, some are consuming increasing amounts – particularly 11-13 year olds.
- There are a range of harms associated with alcohol use among young people – including those related to their physical, emotional and social wellbeing.
- Of particular concern with regard to longer-term harms are those young people who, by 16 years of age, are binge drinking or drinking so that they experience being very drunk.
- There appear to be a range of influences on young people's levels of alcohol consumption, including their age, family dynamics and cultural background, school, access to money and ability to purchase alcohol.
- Programmes that have shown promise in reducing alcohol consumption among young people include those that:
    - Engage and work with families to improve the quality of familial relationships.
    - Assist pupils to learn about alcohol and apply what they have learned to resisting drug and alcohol use.
    - Seek generally to improve the quality of pupils' experience at school.
    - Provide young people with enjoyable out-of-school activities that contribute to their sense of achievement.

Who are the key stakeholders?

- young people
- parents and carers
- policy-makers

- schools
- youth services
- health
- police.

Their contributions are valuable in the process of improvement.

- Young people:
  - Learning about and reviewing the implications of review findings to identify whether and in what ways local policies and programmes can be made relevant to their needs.
  - Involvement in small-scale, local studies that focus on alcohol consumption and what can be done locally to reduce alcohol-related harms (this may not, for example, focus specifically on young people's alcohol consumption as young people may wish to enquire into the patterns of alcohol use among adults and how these influence the lives of young people).
- Parents and carers:
  - Learning about and using information about alcohol-related harms among adults and young people.
  - Identifying ways that families could be supported locally to improve the quality of familial relationships.
- Policy-makers:
  - Ensuring that alcohol-related issues are included in all local policies that focus on young people's health and wellbeing, safety, enjoyment and achievement, contribution to local communities, and economic education and wellbeing.
  - Ensuring that professionals are encouraged to work towards multi-layered and multi-component alcohol use programmes.
- Practitioners and professionals (to include those in schools, youth, and health services, as well as the police):
  - Identifying how existing programmes and activities (such as healthy schools, positive activities, family intervention projects) can include components to address alcohol use.
  - Learning from young people what they identify as key alcohol-related issues to address among local communities and how problematic alcohol use can best be tackled.
  - Engaging in practitioner-led enquiry and evaluation to contribute to the development of local programmes (drawing on principles of what has worked well elsewhere) so as to identify locally-developed principles of successful practice which are sensitive to local contexts.

What data is available to inform the way forward?

There are a number of data sources about young people's alcohol consumption that enable us to build a national picture of the proportion of young people who drink regularly, how this has changed over time and the characteristics of these young people. Local authorities can access information about young people's drinking behaviour in their area from the Tellus4 survey (Chamberlain *et al* 2010). This allows local authorities to compare local responses to other authorities and to regional and national results. TellUs4 was a sample survey, however, and not all schools in a local authority will have participated, which is worth considering when drawing conclusions and assessing performance.

C4EO's interactive data site enables local authority managers to evaluate their current position in relation to a range of key national indicators and to easily access publicly available comparative data on young people's alcohol consumption.

Information is available at the national level to inform the development of local practice. This includes information about young people's patterns of alcohol use and the principles that might best be followed to inform programmes to reduce alcohol use among young people.

At the local level, it would be possible to identify whether young people's use of alcohol is included in a range of documents that inform local practice when working towards the Every Child Matters five outcomes. Local policymakers can also draw on other local proxy data in including youth A and E admissions, school exclusion data and licensing authority data to build up a more comprehensive picture of the nature of young people's alcohol misuse. However, it is likely that other information about local contextual factors that influence young people's use of alcohol will need to be collected – perhaps through action-oriented young people- and/or practitioner-led forms of enquiry.

The evidence base

There is much research on young people's consumption of alcohol and the factors associated with consumption. Much of this is in the forms of surveys and there remains little which enquires into the cultures of young people's (and their families') use of alcohol. Evidence is beginning to emerge about the sorts of activities and programmes that have shown some promise with regard to reducing alcohol consumption among young people.

However, most studies have been conducted in the USA and there is a need for further enquiry – particularly evaluations – into the experiences of different constituencies of young people, including those from black and minority ethnic communities and among young people of different ages (such as 11-13 year olds as well as older young people).

Research review methods

Research literature was identified through systematic searches of relevant databases and websites, recommendations from our Thematic Advisory Group, and considering studies cited in identified literature ('reference harvesting'). The review team used a 'best evidence' approach to systematically select literature of the greatest relevance and quality to include in the review. This approach attempts to eliminate bias in the selection of literature, to ensure that the review's findings are as objective as possible.

Data contained within the data annexe was obtained by a combination of search methods but primarily by obtaining online access to known government publications and access to data published by the Office for National Statistics.

Next steps

An updated version of this review is due to be published in Spring 2011. This will include validated practice examples and views from children, young people, parents, carers and service providers. It will also reflect changes to the policy context that have occurred in the meantime.

C4EO reviews on young people's participation in positive activities and targeted youth support are also available on the C4EO website. Local decision-makers and commissioners working in local authorities and Children's Services may also find it helpful to read the Youth directors' summary, which presents the key messages from all three reviews.

C4EO is using the main messages from the three Youth reviews to underpin its knowledge sharing and capacity building work with Children's Services, and through them the full range of professions and agencies working with young people.

1. Introduction

This review aims to draw out the key 'what works?' (or rather, what *has* worked) with regard to reducing alcohol consumption among young people and so improving their health, safety and wellbeing. It addresses three questions, which were set by the C4EO Theme Advisory Group (TAG), a group of experts in youth services policy, research and practice. These questions are:

- How and why do levels and patterns of alcohol consumption vary between different groups of young people?
- What are the causes of alcohol consumption (particularly binge drinking) among young people, and what negative effects does it have on their health, safety and wellbeing?
- What works at the local level in reducing alcohol consumption by young people and so improving their health, safety and wellbeing?

The review is based on:

- The best research evidence from the UK – and where relevant from abroad – on what works in improving services and outcomes for children and young people.
- The best quantitative data with which to establish baselines and assess progress in improving outcomes.

C4EO will use this review to underpin the support it provides to Children's Services to help them improve service delivery, and ultimately outcomes for children and young people. It will be followed by a knowledge review, which will update the research evidence and also incorporate:

- The best validated local experience and practice on the strategies and interventions that have already proved to be the most powerful in helping services improve outcomes, and why this is so.
- Stakeholder and client views on 'what works?' in improving services.

Definitions of key terms

The following definitions were agreed by the Theme Advisory Group:

'Wellbeing' means the state of being contented and healthy and able to:

- develop psychologically, emotionally, intellectually and spiritually
- initiate, develop and sustain mutually satisfying personal relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks and learn from them.

Alcohol consumption – all levels and types of alcohol consumption by 11-17 year olds are within the scope of this review.

Methods

The research included in this review was either identified in the scoping study *Reducing alcohol consumption by young people to improve their health, safety and wellbeing* (Lorenc *et al* 2010) or was cited within the research items identified. The research team ruled out obviously irrelevant research studies by screening study titles. Remaining research studies were then coded on the basis of their abstracts. Coding took account of each study's features – including research design, relevance to the scoping review questions and country of origin – to identify the key items to be included in the forthcoming main review. The review team have appraised these key items to ensure that the evidence presented is the most robust available.

Data contained within the data annexe was obtained by a combination of search methods but primarily by obtaining online access to known government publications and access to data published by the Office for National Statistics.

Strengths and limitations of the review

Strengths of the review include identifying the best available evidence from research and national datasets to inform specific questions; comprehensive and documented searching for relevant information; an analysis of the quality and strength of evidence; and guidance from an advisory group on the issues of greatest importance in early childhood research, policy and practice.

Limitations of the review include the very tight deadlines which the review had to meet, which limited the ability of the team to extend and develop the evidence base through reference harvesting and hand searching; and the fact that the review was limited to English-speaking countries only

2. Context and background

The use of alcohol by young people – particularly those under 18 years old – is of ongoing concern to policy-makers, health professionals and the public. This is due, in part, to the serious implications for young people's health of early onset drinking and the excessive use of alcohol. Of concern, too, are the social implications, which may include alcohol-influenced antisocial and other risk-taking behaviours (DH and Home Office 2007; Newburn and Shiner 2001).

Overall, alcohol consumption among young people appears to have fallen in recent years. However, for those young people who do drink, the amount and frequency of consumption appears to have increased. There are noticeable trends with regard to increasing amounts of alcohol consumed in single drinking sessions, increased consumption amongst younger young people, increases in unsupervised drinking in public places and also a rise in violent/criminal/antisocial behaviour associated with alcohol consumption (Templeton 2009).

There is increasing evidence that certain groups of young people may be particularly vulnerable with regard to alcohol use. These include young people who truant or who are excluded from school (Advisory Council on the Misuse of Drugs 2006); young women who regularly drink to intoxication (binge drink); and young men (and on occasions young women) who drink to intoxication and become antisocial and/or violent (Social Exclusion Unit, 2005; de Visser and Smith 2007).

In responding to alcohol use among children and young people, guidance on the consumption of alcohol by children and young people from the chief medical officers of England, Wales and Northern Ireland states that an 'alcohol-free' childhood is the healthiest and best option (Donaldson 2009). If they consume alcohol at all, children should not do so until the age of 15 years. And between 15-17 years of age, young people should only consume alcohol under the guidance of a parent (or carer) or in a supervised environment. However, the guidance also notes that targeted support should be available to families and accessible and affordable local alternatives to the consumption of alcohol must be made available to young people.

A range of policies and programmes have been put in place over the past few years to address problematic alcohol use among people in general and among young people in particular. These have sought to highlight the need for better education and communication about alcohol and its use and misuse among young people, promote sensible drinking and reduce the harm that alcohol among young people and harmful drinkers, step up enforcement activities to prevent young people from drinking unsupervised in public spaces and working with industry to prevent under-age sales of alcohol, reducing children's and young people's exposure to alcohol advertising, working with parents to help them reduce the harm caused to young people through alcohol consumption, and supporting young people themselves to assist them to manage and moderate their consumption of alcohol.

Alongside these policies and programmes lie others that are less specific to reducing the harms caused by alcohol but aim to support and promote children's and young people's health and wellbeing more generally. These have sought to improve children's and young people's health and to protect them from harm, help them to achieve at school, enable them to contribute positively to their local community and ensure that they are not prevented from achieving their potential through economic disadvantage. Other policies and programmes have aimed to improve leisure-time opportunities, activities and targeted support services for young people in England, and have highlighted how families – parents, children and young people – might be supported so as to achieve better health, particularly for young people from the most vulnerable and disadvantaged backgrounds. Other programmes have sought to improve health and wellbeing through schools and to reduce and prevent antisocial behaviour among problematic families.

A new UK government took office on 11 May 2010. Measures have already been proposed to tackle underage sales of alcohol and to review licensing legislation, suggesting that tackling young people's alcohol misuse will continue to be a policy priority.

Given that alcohol use appears to be rather embedded among some groups of young people, there is potential in considering a range of measures to reduce alcohol consumption which are responsive to young people's different lifestyles, backgrounds and circumstances (DH and Home Office 2007). Although not yet conducted in the UK, cost-benefit analyses of alcohol use reduction or prevention programmes in the USA suggest that there are economic benefits of such programmes – with a $7 to $25 return on a $1investment/spend not being uncommon (Jones *et al* 2008; Miller and Hendrie 2009).

In the UK context, measures to reduce alcohol consumption can operate at the macro or national level, such as increasing the cost of alcohol or increasing the legal age at which alcohol can be purchased (Mistral 2009). Others, at the meso or community level might include the creation of safer local drinking environments, through changing and enforcing licensing regulations or through the redesign of bars and clubs to include more seating, lower noise levels and/or food. Yet others, at the micro or interpersonal/individual level, aim to provide support to those who wish to stop or reduce drinking and can include forms of health education in schools (Newburn and Shiner 2001; Tyler 2009).

With regard to this context, the Centre for Excellence and Outcomes in Children and Young People's Services has commissioned this review, focusing on the how alcohol consumption among young people, aged 11–17 years, might best be reduced so as to improve their health, safety and wellbeing. The questions guiding the review were:

1. How and why do levels and patterns of alcohol consumption vary between groups of young people?
2. What are the causes of alcohol consumption (particularly binge drinking) among young people, and what negative effects does it have on their health, safety and wellbeing?

3. What works at a local level in reducing alcohol consumption by young people and so improving their health, safety and wellbeing?

3. The evidence base

There is much research on young people's consumption of alcohol and the factors associated with consumption. The scoping study for this review, for example, identified 219 potential review articles. Further information about the literature search is contained in appendix two as well as in the scoping report (Lorenc *et al* 2010 forthcoming).

The number of key items relevant to each review question varied. With regard to review question one, ten items (single studies as well as reviews) contained information on the patterns and levels of alcohol consumption among young people in general and among different groups of young people, including young men and women and some information on young people from black and minority ethnic communities.

With regard to review question two, 14 items (single studies as well as reviews) contained information on a range of triggers that cause young people to consume alcohol and on the negative consequences of alcohol consumption. Since it is often difficult to distinguish between a cause and consequence, there was substantial overlap between the areas identified in review question one and review question two.

With regard to review question three, 13 items (single studies as well as reviews) contained information about successful local interventions in reducing alcohol consumption of young people. There was a strong concentration on school-based education and family interventions, and relatively little on community-based or multi-agency interventions.

Following the scoping study – which identified 32 items for inclusion in this research review – the Theme Advisory Group and DfE highlighted some further items to be included in this review. These included reviews on patterns of use of alcohol and successful interventions conducted for the Joseph Rowntree Foundation, as well as independent reviews of alcohol pricing and promotion policies conducted at the University of Sheffield.

Seven articles identified through the scoping study were not included in the review as they did not conform to the study criteria – for example, they focused on young people outside of the UK, or conflated general drug-related issues with alcohol consumption. Two brief articles were not included as a longer article focusing on the same study was available. In total, 32 items were included in the main body of the review.

The items included systematic reviews, reviews, single studies – such as national, regional and local surveys as well as case studies – and covered quantitative as well as qualitative approaches.

It was not always possible to link specific items or articles to a particular review question. As noted, there is some overlap between the issues covered by review questions one and two. Moreover, some reviews included information relevant to all three review questions.

Methodologically, all studies appeared to be adequate with regard to their purpose and none were excluded from the review on methodological grounds.That said, study findings cannot be generalised to all young people (aged 11-17) in England. Even a national survey on young people's consumption of alcohol did not address the age range of interest to this review (11-17 year olds). In addition, although the items identified by the scoping study drew on articles published since 2003, the reviews, in particular, drew on findings from studies conducted many years earlier - from the 1980s for example. Moreover, the three main reviews included in the study (Newbury-Birch *et al* 2009; Velleman 2009a; Velleman 2009b) contained a range of findings from studies conducted in the USA.

Taken together, the focus of the items included in this review indicates that it is not possible to state with certainty that we know about the range of patterns of young people's alcohol consumption in England, what causes or triggers problematic consumption, or what works best to reduce alcohol consumption among young people aged 11-17. However, as Newbury-Birch and her colleagues indicate (Newbury-Birch *et al* 2009), the large body of evidence on young people's alcohol consumption tends to report a consistent trend between alcohol use and adverse outcomes for young people. In addition, it is possible to identify emerging principles of what has worked well elsewhere (with regard to reducing alcohol consumption among young people) to inform local commissioning and practice.

There appear to be a number of gaps in what we know about young people's use of alcohol and how best to reduce it. These include studies which:

- Combine different methodologies (such as quantitative and qualitative approaches) so as to illuminate the macro, meso and micro-level factors which influence alcohol consumption and which identify how these factors operate at regional and national levels.
- Enquire into the ways that different constituencies of young people move into and out of alcohol-related risks (over a period of time).
- Enquire into the patterns and relationships between young people's use of alcohol and those of their families and local communities.
- Use practitioner-led research (or enquiry) to identify whether and in what ways local professionals can build on and tailor their practice to learn about and address young people's consumption of alcohol.
- Evaluate the successes (or otherwise) of multi-layered or multi-component programmes which aim to reduce alcohol consumption among young people.

4. How and why do levels and patterns of alcohol consumption vary between groups of young people?

Key messages

- Despite rising consumption of alcohol among adults there appears to be a recent decrease of alcohol consumption among young people.
- Alcohol consumption increases with age with marked differences between the ages of 11 and 15 years.
- There are individual as well as school-based differences among young people regarding their consumption of alcohol.
- Young people who experience being very drunk report that they take pleasure in doing so as it enables them to enjoy themselves with others and also fit in with social norms regarding alcohol consumption.
- Experiences of being very drunk appear to increase particularly between 14 and 15 years of age.
- Binge, frequent and public drinking have been strongly associated with young people's expendable income and their own purchase of alcohol.

General patterns of alcohol consumption

Despite rising consumption of alcohol among adults there appears to be a recent decrease of alcohol consumption among young people aged 16–24, (Smith and Foxcroft 2009). Moreover, there is some evidence that, among young people under 16 years of age in England, Ireland and Scotland, the proportion of those consuming alcohol has fallen slightly since 1988. Among those who do consume alcohol, the average number of units consumed increased between1990 and 2007, particularly among 11–13 year old boys (Smith and Foxcroft 2009). However, there appears to be no clear trend since 2007 (Fuller and Sanchez 2010).

Findings from a national survey conducted during 2009 (Fuller and Sanchez 2010), showed that there has been a downward trend among 11-15 year old pupils of ever having consumed an alcoholic drink – from 61 per cent in 2003 to 51 per cent in 2009. The proportion of pupils who had ever consumed alcohol increased with age – from 16 per cent of 11 year olds to 81 per cent of 15 year olds.

Of those pupils who had consumed alcohol, a little under a fifth (18 per cent) reported they had done so in the 'last week' (prior to taking part in the survey). This proportion has decreased since 2000, when it stood at a little over a quarter (26 per cent). There was an age-related difference with regard to alcohol consumption in the last week, with 3 per cent of 11 year olds and 38 per cent of 15 year olds having

done so. Similar proportions of boys and girls had consumed alcohol in the week prior to taking part in the survey.

Boys were more likely than girls, however, to report that they had consumed alcohol at least once a week (14 per cent and 10 per cent respectively). Moreover, the prevalence of drinking at least once a week increased with age – from 2 per cent of 11 year olds to 28 per cent of 15 year olds.

Among pupils who had consumed alcohol in the week prior to taking part in the survey, most had done so at weekends – 63 per cent on a Saturday, 45 per cent on a Friday and 20 per cent on a Sunday. Between 5 per cent and 7 per cent had consumed alcohol on other days of the week. A quarter (25 per cent) of pupils who had consumed alcohol in the previous week, consumed a total of 15 or more units (30 per cent of 15 year olds and 17 per cent of 11–13 year olds) – equivalent to over seven pints of normal strength lager or around one and a half bottles of wine. Boys and girls who consumed alcohol in the previous week were equally likely to have done so at this level.

Among those who drank alcohol in the previous week, boys mostly consumed lager, cider or beer (91 per cent), spirits (56 per cent) or alcopops (48 per cent). Girls were likely to have drunk alcopops (66 per cent), spirits (67 per cent) or lager, beer or cider (59 per cent). There was little variation in age with regard to types of alcoholic drinks consumed (Fuller and Sanchez 2010).

Findings from a regional survey conducted among 10,271 pupils (aged 15–16 years) in north west England sought specifically to identify predictors of risky drinking behaviours (Bellis *et al* 2007).

Among all young people, 87.9 per cent had consumed alcohol (that is, had drunk alcohol at least once every six months). Young people who consumed alcohol were more likely to be female (90 per cent compared with 86 per cent male), older (87.7 per cent of 15 year-olds compared with 88.9 per cent of 16 year-olds), attend a school in the least deprived regional quintile (93.3 per cent in the least deprived quintile compared with 85.4 to 89.9 per cent in the other quintiles), and be white or mixed race ((94.1 per cent and 92.9 per cent respectively, compared with black/black British, 82.3 per cent, Chinese/Chinese British, 73.8 per cent, an ‘other’ ethnic group, 60.4 per cent). Consumption of alcohol was reported to be substantially lower among Asian/Asian British young people (21.1 per cent).

School-related differences

A number of studies have reported there to be school-related differences regarding young people’s consumption of alcohol.

West and colleagues, for example, conducted a longitudinal study between 1994 and 1999 and followed 2,196 young people aged between 11 and 15 drawn from 43 secondary schools in the west of Scotland (West *et al* 2004). The study focused on

the ways that schools might influence pupils' health behaviours, particularly effects on smoking, drinking, drug use and unhealthy diet. Level of alcohol consumption was assessed by asking pupils whether they consumed alcohol monthly.

Information was collected from pupils about their individual and family backgrounds, their health-related behaviours and their perceptions of school ethos (including perceptions of being involved and engaged in school life and the quality of teacher-pupil relationships). Further information was collected about the school's characteristics (such as its size, whether the school was perceived as welcoming (as rated by research nurses involved in the study) and the quality of pupil relationships).

With the exception of diet, there was found to be school level variation with regard to health behaviours – smoking, drinking and illicit drug use. Current smoking and regular (monthly) alcohol consumption, in particular, were more likely among pupils who reported that they were disengaged from education and who got on with fewer teachers – these factors also being associated with lower levels of school involvement and poorer school ratings (see also Marsden *et al* 2005).

An analysis of findings from the 2004 *Health behaviour in school-aged children* (HBSC) study (Desousa *et al* 2008) found that, among pupils in Wales (aged 11–15 years), frequent binge drinking was associated with pupils who bullied others. However, frequent binge drinking was also associated with young people spending more time with friends during an evening and among those who reported greater peer classmate support.

In a national survey of 11–15 year old pupils (Fuller and Sanchez 2010), young people were less likely to have consumed alcohol in the week prior to taking part in the survey where they attended a school with a higher proportion of pupils who spoke English as an additional language. This was independent of pupil's own ethnicity. Moreover, girls at single-sex schools had reduced odds of consuming alcohol than pupils at mixed schools.

Binge drinking

A qualitative study of young people's perceived motivations for binge drinking involved 64 young people (aged 14–17 years) in individual semi-structured interviews (Coleman and Cater 2005a). Young people were drawn from a range of settings (including schools, colleges, youth clubs, youth offending teams and Connexions services) located in the south of England. Young people who had experience of being very drunk were sampled (very drunk being defined as a young person not remembering what they were doing due to alcohol consumption, or ending up being sick, falling over or having a hangover).

Young people stated that they generally enjoyed binge drinking and being drunk for three main reasons: to increase their enjoyment and comfort in social situations, to bring about individual benefits (such as escaping from stress, having a laugh and

finding something to do), and fitting in with social norms regarding alcohol consumption. Generally similar findings were reported in a study among young people in Northern Ireland – positive attitudes to binge drinking were particularly associated with binge drinking practices (Dempster *et al* 2005).

A survey of 702 young people aged between 14 and 17 years old in school or college in south-east England focused on their experiences of risky or heavy drinking (rather than ever having consumed alcohol or drinking occasionally) (Coleman and Cater, 2004). Young people were asked to report the frequency with which they were very drunk.

Ninety-seven per cent of young people responding had consumed alcohol and 68% reported having ever felt very drunk. Among these young people, there were no reports of differences associated with gender, urban/rural location or socio-economic deprivation. There were, however, differences associated with age. Among 14 year olds, 42 per cent reported ever feeling very drunk compared to between 71 per cent and 75 per cent of 15, 16 and 17 year olds. This suggests that young people's experiences of being very drunk increase markedly between 14 and 15 years of age. Of those reporting being very drunk, about one quarter (24 per cent) were very drunk at least once a week and about another quarter (27 per cent) were very drunk once or twice a month.

Once having experienced been very drunk, the frequency of such drunkenness did not vary significantly with age – 14 and 15 year olds reported that they were very drunk as often as 16 and 17 year olds.

Being very drunk was reported to take place in locations and settings unsupervised by adults. Settings included friends' houses (39 per cent), parks (7 per cent), streets (6 per cent) and other places, such as a beach (8 per cent).

Fourteen year olds who experienced being very drunk held the most negative expectations of the effects of alcohol, followed by 16 and 17 year-olds. Fifteen year olds held the most positive expectations. Moreover, those young people who were the most positive about the effects of alcohol were reported to drink more frequently.

Findings from a survey which aimed to identify predictors of 'risky drinking' (Bellis *et al* 2007) highlighted that, among young people who consumed alcohol, a little over two thirds (38 per cent) usually binged when drinking (five or more alcoholic drinks in one drinking session) and just under a quarter (24.4 per cent) drank frequently (consuming alcohol at least two or more days per week). Just under a half (49.8 per cent) of young people who had drunk alcohol, had done so in public spaces – in streets, parks, pubs and clubs (but which excluded drinking at home, in friends' houses and on special occasions such as with family and friends).

Among young people who consumed alcohol, young men were reported to binge drink and to drink more frequently than females – although they were no more likely to consume alcohol in public settings than young women (Bellis *et al* 2007).

With regard to ethnicity, white and mixed race young people were reported to binge drink more often than other young people. Both mixed race and young people from 'other' ethnic groups consumed alcohol in public settings more often than young people generally (almost two thirds of young people in these groups compared with a half to two thirds among young people generally) (Bellis *et al* 2007). A recent study of pupils recruited into the *Longitudinal study of young people in England* (LSYPE) found that white young people and those who were not religious were more likely than other young people to frequently consume alcohol (more than once a week) (Green and Ross 2010).

Bellis *et al* (2007) note that three variables – binge, frequent and public drinking – were strongly related to expendable income and to young people purchasing their own alcohol.et al Young people who purchased their own alcohol were reported to binge drink, consume alcohol and to drink in public settings more frequently than young people who did not purchase alcohol. Binge drinking was greater among those who purchased their own alcohol compared with those who did not (50.4 per cent and 32.1 per cent respectively) and their level of frequent drinking was more than double than that of those who did not purchase alcohol (38.8 per cent and 16.3 per cent respectively). Around three quarters of young people (75.3 per cent) who purchased alcohol drank in public settings compared with about a third (33.1 per cent) who did not purchase alcohol. Moreover, obtaining alcohol, covertly, from parents was associated with frequent and public drinking. Being bought alcohol by parents was associated with lower binge drinking and less drinking in public settings.

Fewer young people who associated with others as part of a youth group, club or team were reported to drink frequently or in public settings than those who were not members of a group, club or team. However, young people attending groups, clubs and teams were reported to more often binge drink than other young people (Bellis *et al* 2007).

Those young people going to school in deprived areas did not binge drink or consume alcohol more frequently than other young people, although they more often consumed alcohol in public settings (Bellis *et al* 2007). Moreover, in a study conducted in Wales, 'Pupils with stronger school bonds who liked school, felt supported by their teachers and generally felt good about life were less likely to binge drink' (Desousa *et al* 2008 p 269).

Pupils recruited into the LSYPE and who consumed alcohol on most days of the week were more likely than other young people to have smoked cigarettes, graffitied and to have been in a fight. Moreover, they also had more negative attitudes to school and had lower family cohesion scores (Green and Ross 2010).

5. What are the causes of alcohol consumption (particularly binge drinking) among young people, and what negative effects does it have on their health, safety and wellbeing?

Key issues

- Children learn about alcohol from an early age and come to understand that it is used routinely in society.
- There appears to be no single cause of alcohol consumption or binge drinking – but a number of factors are associated with alcohol use and misuse.
- Particular influences on young people's use of alcohol includes family relationships, friends, and possibly cultural background factors (such as ethnicity and religion) as well as expendable income.
- There are a range of harms associated with young people's misuse of alcohol – physical, emotional and with regard to achievement at school.
- Binge drinking among young people has been associated with a range of longer-term harms by 30 years of age.
- There are reported to be a few, albeit limited, personal and social benefits associated with alcohol consumption among young people.

Factors associated with alcohol consumption among young people

Learning about alcohol

There are a number of factors associated with alcohol consumption among young people. Factors that precede alcohol use may not in and of themselves determine or lead to alcohol misuse, as many authors note (Velleman 2009a; Marsden *et al* 2005).

In his review of the influence on how children and young people learn about and behave towards alcohol, Velleman (2009a) notes that, from a very early age, children and young people learn about alcohol through observation, discussion and direct experience. Young people not only learn about the existence of alcohol, but also come to understand that the consumption of alcohol has a place in the lives of individuals, families, local communities, national cultures and in countries across the world. Much of what is learned about alcohol is done so relatively informally, with family members, friend and peers. However, the media, advertising and alcohol

marketing was said to have a significant impact on what young people learn about alcohol and on levels of alcohol consumption (Velleman 2009a).

There appears to be no single causal factor or trigger that leads to alcohol consumption in general or alcohol misuse in particular (Velleman 2009a; Newbury-Birch *et al* 2009). A number of authors have highlighted the impact of cultures of drinking at national and regional levels which influence the drinking practices of adults as well as young people (Velleman 2009a; Coleman and Cater 2005b; Mistral *et al* 2006). Young people's alcohol-related practices are said to be progressively shaped by the globalisation of alcohol brands and availability of licensed settings where alcohol can be consumed (Velleman 2009a). There are, however, a range of other factors that have an impact on young people's consumption of alcohol.

Family influences

Of particular importance is the influence of family members – particularly parents – on young people's relationship with alcohol (Velleman 2009a; Newbury-Birch *et al* 2009; Marsden *et al* 2005). Parents as well as young people, for example, may not consider alcohol to be a drug nor perceive under-age alcohol consumption as problematic (Define Research and Insight 2008). Moreover, a family history of alcohol- or other drug-related problems has been associated with young people's own problematic use. That said, as important appears to be the characteristics or qualities of parenting. Living in families where the parents use alcohol problematically *and* where relationships between children and their parents are characterised by authoritarianism and a lack of supervision and warmth, has been strongly associated with problematic alcohol use in children and young people (Newbury-Birch *et al* 2009; Velleman 2009a).

A number of aspects of family life were associated with higher levels of alcohol consumption in a study conducted in the west of Scotland (West *et al* 2004). While being in a step or a lone parent family and having parents who consumed alcohol was associated with higher levels of consumption, feeling cared for by parents (feeling loved, helped and understood and not being treated like a baby) was associated with lower levels of monthly alcohol consumption.

As Velleman (2009a) notes, *'Parents who are responsive [to their children], who expect a lot from their children and who provide a sense of self-efficacy tend to have offspring who are less likely to engage in a range of potentially problematic behaviours including alcohol [mis] use'* (p 24).

Parents appear to have an important role, too, with regard to monitoring and supervising their children generally and their children's use of alcohol in particular. Most young people first drink alcohol with their parents, often between the ages of eight and 12 years, and reaching a peak around 13 to 14 years of age (Newbury-Birch *et al* 2009). Although some studies suggest that consuming alcohol at an early age (8-12 years) might lead to problems with alcohol in later years, other studies

indicate that age of first drink neither predicted alcohol use by age 20 nor alcohol abuse by age 30 – with early consumption of alcohol being only a modest predictor of heavy regular drinking in later life (Newbury-Birch 2009 p 28).

Parents continue to have a role in supervising alcohol consumption as their children grow older. Where parents neither knew the whereabouts of their children nor what they were doing (on Saturday evenings in particular), this predicted heavier alcohol use among young people – including alcohol consumption in the past 30 days and past year, binge drinking, number of times drunk as well as other substance use (Velleman 2009a). While clear boundaries regarding what is acceptable behaviour (and what is not) appear to offer protection with regard to alcohol misuse among young people, *'....excessively lax or strict parenting increased frequency of misuse'* (Newbury-Birch *et al* 2009 p 29).

Siblings can also influence their brother's or sister's consumption of alcohol. Older siblings' willingness to use substances (including alcohol) and their actual substance use is a robust predictor of younger sibling's later use (Velleman, 2009a p 27). However, when close in age, younger siblings may also influence their older sister or brother – suggesting a reciprocal influence.

Friendships

Although much has been made of peer pressure in determining what young people do, it appears that, for a number of reasons, young people's friends or acquaintances do not necessarily sway them in direct and negative ways. First, the effects of friends can be mediated by parents who can not only influence their children's choice of friends (such as encouraging them not to associate with others who regularly consume alcohol), but also provide guidance on what, where and when alcohol is consumed. Second, young people often choose friends with similar interests and practices and so may associate with others who share certain risk factors associated with alcohol misuse, such as friends who also come from challenging families whose members consume alcohol problematically (Newbury-Birch *et al* 2009). Third, and as part of young people actively developing and sustaining friendships, they may find themselves in shared contexts where alcohol is used as a rite of passage (such as among university or college students) or through engaging in drinking games (Newbury-Birch *et al* 2009).

For many young people, consuming alcohol with others can act as a marker of friendship and may assist in the development of relationships and so have a positive impact on their emotional wellbeing (Newbury-Birch *et al* 2009; Velleman 2009a).

Ethnicity and religion

In general, young people from black and minority ethnic communities in the UK are reported to hold less favourable attitudes to alcohol and to consume less alcohol than young people from white British backgrounds (Velleman 2009a). Findings from

a national survey of young people aged 11-15 reported that pupils from mixed and Asian ethnic backgrounds were less likely to report that they had consumed alcohol compared with pupils from white ethnic backgrounds (Fuller and Sanchez 2010). In a small-scale survey of young people between 16 and 25 years old from Indian, Pakistani and Chinese background who lived in Glasgow, alcohol consumption was reported to be lower than among young people from ethnic white backgrounds (Heim *et al* 2004). However, black Carribbean and mixed race young people may drink more regularly than young people from other black and minority ethnic communities (Velleman 2009a).

There appears to be a close association between religious beliefs and practices, ethnicity and alcohol consumption and there is a general consensus that religious affiliation (depth of belief and participation in religious worship) may be related to lower levels of alcohol consumption (Newbury-Birch *et al* 2009 p 34; Velleman 2009a). However, most studies have been conducted among college students in the USA. In the UK, findings from one small-scale survey of young people aged 16-25 from Chinese, Indian, Pakistani communities living in Glasgow suggests that *'...the strength and importance of religious beliefs may not be related to alcohol consumption among all religious groups'* (Heim *et al* 2004 p 224). Among Muslim young people, for example, neither self-reported importance of religion nor self-reported religious activity differed between those who consumed alcohol and those who did not.

However, as Velleman (2009a) notes, *'Caution needs to be adopted in interpreting...findings, mainly due to problems in identifying and defining different religions and ethnic status'* (p 43). Whether young people in the UK from one or another particular ethnic background or with a particular religious affiliation are less likely to consume alcohol – or to do so in harmful ways – remains somewhat open to question.

Socio-economic status

There is little evidence to support a link between lower childhood socio-economic status and later (mis)use of alcohol (Velleman 2009a). In a study in the west of Scotland, for example, social class and levels of deprivation were unrelated to alcohol consumption –although pupils with greater personal income or pocket money were reported to have higher levels of drinking (West *et al* 2004). An association has also been reported between risky alcohol consumptions and disposable income (see above: Bellis *et al* 2007). Expendable income and purchasing one's own alcohol was related to binge, frequent and public drinking (Bellis *et al* 2007). One national survey reported that 11-15 year old pupils who received free school meals (an indicator of low income) were less likely to have consumed alcohol in the week prior to taking part in the survey than those young people not in receipt of free school meals (Fuller and Sanchez 2010)

Alcohol-related harms among young people

With regard to the consequences of alcohol use, there are reported to be a number of harms, and few benefits, of alcohol consumption among young people (Newbury-Birch *et al* 2009). However, before reporting these, Newbury-Birch and her colleagues caution that many reviews included in their systematic review, drew on studies published in the USA and included many studies conducted in the 1970s, 1980s, 1990s as well as those from 2000 onwards. This, they advise, means that findings have limited application to young people's contemporary drinking cultures in England. Notwithstanding these issues, they note that the large body of evidence on young people's alcohol consumption report a consistent trend between alcohol use and adverse outcomes for young people.

Only a minority of young people perceive alcohol to be risky to their health – certainly compared to other drugs. One study of young people aged 15 to 16 years drawn from seven schools in and around Greater Manchester in the north west of England was conducted over five years (from 1997 to 2001) and focused on their use of drugs, including alcohol, amphetamines, cannabis, ecstasy, heroin and tobacco, as well as their perceptions of risk associated with different types of drug use (Roy *et al* 2005). Each year, between 699 and 777 young people were involved in the study.

Young people perceived heroin to be most risky with regard to health (over 90 per cent of young people believed heroin use was risky). Over the five years of the study, the perceived risk of using tobacco increased from 42 per cent in 1997 to 59 per cent in 2001. In contrast, however, during 1997, 70 per cent of young people viewed alcohol as risky to health – by 2001, just 29 per cent perceived alcohol to be a risk to health.

However, even though many young people may not perceive alcohol to be risky to their health and wellbeing, consumption of alcohol has been identified as having a negative impact on the physical, emotional, academic and social wellbeing of children and young people in the immediate, medium and longer terms (Newbury-Birch *et al* 2009).

A range of alcohol-related harms

In the immediate term, young people who misuse alcohol are more likely than those who do not to experience vomiting, headaches, sleep disturbance, appetite changes and also coma. In the medium to longer term, they can experience weight loss, eczema and are not immune from chronic diseases associated with alcohol misuse, such as liver disease. Alcohol abuse by a young person can pose a particular risk to the development of her or his brain, leading to impaired functioning and negative effects on long-term memory (Newbury-Birch *et al* 2009).

With regard to young people's mental and emotional wellbeing, there is reported to be a relationship between alcohol use and mental health problems. In particular,

alcohol consumption can increase feelings of depression. Moreover, stress or anxiety-based drinking is associated with long-term and more severe negative outcomes with regard to emotional and physical wellbeing (Newbury-Birch *et al* 2009).

Findings from a qualitative study (Coleman and Cater 2005) highlighted that almost all the young people interviewed had experienced harmful outcomes which they associated with alcohol consumption. These included, regretted sexual experiences (particularly for young women), being injured as a result of an accident or fighting (particularly for young men), and experiencing hangovers and nausea. Some young people reported that, when drunk, they were unrealistically optimistic about their personal safety. This led some, particularly young women, to walk home alone, other young people to do 'silly stuff' (such as climbing up scaffolding) and a few others to drive while drunk. The youngest respondents (aged 14–15 years) and those who usually consumed alcohol in outdoor settings reported the most harmful outcomes from binge drinking. For some young people and young women in particular, being able to consume alcohol in licensed establishments (even though they were under age) appeared to offer them some protection from harm as patterns of drinking were perceived to be 'calmer'.

Injuries and violence

Among young people who consume alcohol, some drink and drive, or allow themselves to be carried by a drunk driver – and so are more likely to be involved in a car accident. Young people who consume alcohol are more likely to sustain a physical injury often as a result of an assault. In particular, students of college age who consume alcohol, are more likely to be victims of crime than those who do not drink (Newbury-Birch *et al* 2009).

The relationship between alcohol and violence was explored in a cross-sectional study of 4187 young people aged 11-16 years drawn from a stratified sample of 13 schools in England (Shepherd *et al* 2006). Schools were selected in deprived areas in inner London and 'other southern English cities' (p 541) as well as schools in deprived and affluent areas in the Midlands and northern England. Young people were asked about their consumption of alcohol and on the extent to which they had been in a fight, hit someone or been hit in the last year.

Levels of alcohol use and drunkeness' (not defined in the article) increased significantly with age. For example, weekly consumption of alcohol increased from 10.8 per cent among 11 year olds to 40.7 per cent among 16 year olds. Those young people who reported being drunk six to ten times in the previous year increased from 4 per cent of 11 year olds to 11.5 per cent of 16 year olds – and a little over a quarter of 16 year olds reported that they had been drunk more than 21 times in the previous year. There were reported to be small and relatively 'unimportant' gender differences (p543).

With regard to alcohol consumption and violence, young people who stated they did not fight but who had consumed alcohol were more often hit by someone else than those young people who stated they neither fought nor consumed alcohol. Furthermore, the more frequently a young person was drunk, the stronger the association with being hit. The strongest associations were found between drinking frequently and hitting others – and was particularly strong for 11 and 12 year olds.

A strong link between being bullied and frequent alcohol consumption was found in a recent study of pupils recruited into the *Longitudinal study of young people in England* (Green and Ross 2010).

Academic performance

Alcohol consumption has been reported to affect young people's academic performance (Newbury-Birch *et al* 2009; Marsden *et al* 2005). Absenteeism and poor grades at school have been associated with early initiation of alcohol use and greater levels of drinking. Male students who consumed more than five alcoholic drinks and females who consumed more than four drinks in a session of drinking, one or two times per week over a two week period, were over three times more likely to get behind in school work than those young people who drank more moderately. Where the drinking frequency was greater – three times per week over a fortnight – young people were eight times more likely to report getting behind in school work.

Among young people recruited into the *Longitudinal study of young people in England*, frequent consumption of alcohol (more than once per week) was associated with not being in education, training or employment. However, the association was not direct – those young people who consumed alcohol frequently were more like to truant at school (and have negative attitudes to school) which then appeared to lead to being uninvolved in education or training and being unemployed (Green and Ross 2010).

Sexual health and wellbeing

Alcohol consumption has been reported to have an impact on young people's sexual health and wellbeing (Independent Advisory Group on Sexual Health and HIV 2007; Newbury-Birch *et al* 2009). There are many reasons why young people may have sex, and a number of drugs – both legal and illegal – have been reported to have an impact on young people's sexual practices and sexual health (Independent Advisory Group on Sexual Health and HIV 2007). Specifically, alcohol use has been associated with first sexual experience at a younger age, not using a condom during a first sexual encounter and becoming pregnant while young. Young women diagnosed with an alcohol use disorder are more likely than other young women to become pregnant (Newbury-Birch *et al* 2009).

Longer-term harms

A longitudinal study focused on the longer-term harms associated with alcohol use among young people. This study, using data from a UK national birth cohort, focused on the adult outcomes of binge and frequent drinking among young people (Viner and Taylor 2007). A total of 11,622 people participated in the cohort aged 16 years (in 1980) and 11,261 people participated aged 30 years (in 2000). Binge drinking was defined as 'two or more episodes of drinking four or more [alcoholic] drinks in a row in the previous two weeks'. The frequency of habitual alcohol consumption was also measured. Outcomes recorded for those aged 30 years included alcohol dependence /abuse, regular weekly alcohol consumption (number of units), illicit drug use, psychological morbidity and educational, vocational and social history.

With regard to alcohol use, findings for 16 year olds showed that males were significantly more likely than females to report binge drinking, to report regular consumption of alcohol twice or more often per week, and to report consumption of 10 or more units of alcohol in the previous week. There was a strongly positive association between binge drinking and higher frequency of alcohol use. Of those who regularly drank two or more times per week, 47% reported binge drinking. Of those who drank once a week or less, 15% reported binge drinking. Of those who rarely drank, 2% reported binge drinking.

Binge drinking among young people was associated with an increased risk of a range of adverse adult outcomes. These included, adult alcohol dependence/abuse, regular consumption of alcohol higher than recommended levels, illicit drug use, and social adversity including lower social class, history of homelessness, poorer educational outcomes and convictions (these findings held true after adjusting for adult alcohol consumption). There was an approximate 1.5 to two-fold increased risk of adult convictions, school problems and illicit drug use among those young people who were involved in binge drinking at 16 years of age.

However, binge drinking and frequent drinking were associated with somewhat different adult outcomes. While both binge and frequent drinking at 16 were associated with alcohol-related problems aged 30, habitual frequent drinking while 16 was not associated with other adverse adult outcomes. Indeed, frequent drinking at 16 was associated with better adult socio-economic outcomes compared to those who were involved in binge drinking. The authors suggest that binge drinking and frequent drinking may represent somewhat separate dimensions of alcohol-related risks among young people – at least with regard to outcomes at 30 years of age.

Benefits of consuming alcohol

Although the negative effects of alcohol use among young people are often highlighted, there are reported to be some, albeit limited, benefits too. Some young people, for example, have indicated that the effects of alcohol enable them to communicate more easily with members of the opposite sex and can enhance young

people's feelings of sociability. Moreover, alcohol consumptions enables young people – along with adults – to celebrate social occasions such as birthdays, Christmas and New Year with alcohol (Newbury-Birch *et al* 2009).

6. What works at the local level in reducing alcohol consumption by young people and so improving their health, safety and wellbeing?

Key issues

- National factors such as alcohol-related advertising and pricing provide a broad context which can help or hinder local alcohol reduction programmes.
- Family-focused programmes – which seek to improve the quality of familial relationships – show most promise with regard to reducing young people's alcohol consumption.
- School-based programmes show some promise in contributing to reducing alcohol use among young people – particularly if they address a range of alcohol-related issues (such resisting pressures to consume alcohol and promoting young people's self-management and social skills).
- Personality-tailored programmes with high risk pupils have shown success in significantly lowering drinking and binge-drinking compared with high risk pupils taking part in usual drug education classes.
- School-based programmes which aim to improve school ethos and pupils' engagement with school show some promise with regard to reducing levels of alcohol and other drug use.
- Multi-component programmes – which address individual and familial factors and which provide supportive activities in and out-of-school settings - may provide young people with a range of opportunities or pathways to reduce their alcohol consumption.

There are a range of suggestions about the best ways of reducing alcohol use among young people. Some studies, for example, have focused on the possible influence of advertising, marketing and pricing of alcohol. One study suggested that advertising probably has a limited effect on alcohol consumption among young people under 18 years of age (Booth *et al* 2008) – although this contrasts somewhat with evidence presented by Velleman 2009a, see above. Still, findings from a review of studies as well as a modelling exercise suggest that raising the price of alcohol may well have an impact on the levels of alcohol consumption – including binge drinking – among young people under 18 years old (Booth *et al* 2008; Brennan *et al* 2008).

However, those engaged in improving the health, wellbeing and safety of young people at the local level may have limited influence over alcohol-related advertising, pricing and, to an extent, marketing. There are, though, programmes, actions and activities conducted at the local level that have shown some degree of success in

reducing alcohol use (Velleman 2009b). Population or community-wide approaches, as well as activities to engage individuals, are reported to provide a comprehensive local programme of activities to reduce alcohol consumption (NICE 2010).

Family focused programmes

Programmes that engage family members in reducing young people's alcohol consumption have 'the best evidence for their efficacy' compared to other 'interventions' (Velleman 2009b p 4).

A systematic review of nine randomised controlled studies, for example, assessed the effectiveness of nine family interventions in reducing drinking in young people under 16 years of age (mean age 11–14 years) (Smit *et al* 2008).The follow-up time ranged from 18 to 48 months. Despite substantial differences between the studies, the overall effect of family interventions on adolescent alcohol use was small, but consistent.

In one study reviewed, alcohol initiation (which, in this study, meant ever having consumed alcohol) was 0.71 times less likely to occur among adolescents in the intervention group than those in the control group.[1] At 48 months follow-up, family interventions continued to be effective, with alcohol initiation 0.55 times less likely to occur among those in the intervention group. Moreover, the frequency of alcohol use was lower among young people in the family intervention group when compared with control (a small effect size of 0.25). The family interventions continued to be effective in reducing alcohol initiation even at 48 months follow-up, with the odds being 0.55 times in favour of the intervention group.[2]

Another systematic review of 56 studies assessed the effectiveness of primary prevention of alcohol misuse in young people aged up to 25 years (Foxcroft *et al* 2003). There was insufficient evidence to determine the effectiveness of interventions with short-term (up to one year) or medium term (from one to two years) follow-up. However, over the longer term (up to three years), three studies were reported to have an impact on young people's alcohol consumption – one of which was a family-focused programme.

The Iowa Strengthening Family Programme (ISFP), for example, showed a consistent pattern of effectiveness, increasing over time, for the prevention of alcohol misuse. Compared with a control group, participants taking part in the ISFP reported significantly higher reduction in alcohol use/misuse among young people, four years

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[1] The study uses the term 'adolescent' to refer to young people involved in interventions – the exact ages of those young people involved is unclear.
[2] An effect size of 0.2 to 0.3 is considered a 'small' effect, around 0.5 a 'medium' effect and 0.8 and above, a 'large' effect.

after being involved in the programme. The authors identified the number needed to treat (NNT) for the programme – that is, how many people needed to be treated for one person to benefit. The NNT for the ISFP over four years was nine young people, indicating that for every nine young people involved in the ISFP, there will be one fewer young person reporting that they have ever used alcohol, ever used alcohol without permission and ever been drunk. (Further information about the ISFP is provided in the table below).

In the UK, Coombes *et al* (2009) evaluated the effectiveness of the Strengthening Families Programme 10–14 (SFP 10–14) for young people aged 10–14 years, who were considered to have conduct problems, and their parents (N=58 families). Using a before-and-after design (although with no control or comparison group), the study focused on families who had taken part in the SFP 10–14 during 2002 to 2005. After three years following the programme, parents/caregivers reported significant improvement with their children in communicating about setting limits to behaviour, managing emotions, increasing social and communication skills and lowering alcohol use. Among young people, communication and emotional management improved and their drug/alcohol use was significantly reduced at the end of the SFP 10–14. Parents/caregivers and young people indicated that they found the SFP 10–14 helpful in improving their knowledge about drugs and enhancing communication about resisting drug use among friends.

School-based programmes

School-based, skill development programmes have shown some promise in reducing alcohol use among young people. Although drug (including alcohol) education is said to be improving in schools in England (Oftsed 2005), the evidence of success for school-based programmes is mixed (Velleman 2009a). The Life Skills Training programme '... is one of the few programmes that has demonstrated a small but positive effect on reducing indicators of drug use' (Velleman 2009b p 16).

An evaluation of the Life Skills Training programme found significantly less self-reported weekly alcohol use and drunkenness in the last month among young people, six years after being involved in the programme, and when compared to young people in a control group (Foxcroft *et al* 2003). The number needed to treat was 34 for weekly alcohol use (meaning that one young person would benefit from every 34 young people involved in the programme) and the NNT for 'drunkenness in the last week' stood at 24 (further information about the Life Skills Training programme is provided in the table below).

Buckley *et al* 2007 conducted a systematic review of 114 published and unpublished studies which assessed the effectiveness of external contributors in delivering school-based substance use (drug, alcohol and tobacco) education programme for pupils aged 3-16 years. Outcomes data were collected from six months to five years after the intervention. The most reported external contributors evaluated in this

review were police officers, nurses, health educators, researchers, theatre groups and peers. Overall, there was insufficient evidence to determine whether any one type of contributor was more effective than any other in delivering substance use education programmes at schools. Due to the inconsistency of the outcomes measured used across the studies, the authors did not perform a meta-analysis but provided an impression of the effectiveness of external contributors overall. School substance use education programmes delivered by external contributors were effective in raising intentions not to use substances, reducing drug use behaviour, increasing negative attitudes about drug use and increasing knowledge about drug use in 23 per cent, 42 per cent, 52 per cent and 73 per cent respectively of the studies reviewed. Peer-delivered programmes, in particular, achieved short- and long-term positive effects in reducing drug use and increasing negative attitudes and intentions towards drug use. All pupils were reported to enjoy the input of external contributors and particularly the educational input provided by peers and ex drug users. The majority of the teachers and parents reported that external contributors had a positive impact on pupil's understanding of drug issues and skill development.

Whatever the alcohol education programme adopted, there are reported to be a number of criteria, or principles, that appear to contribute to success (NICE 2007a). These include: ensuring alcohol education is integrated into a number of areas of the curriculum (not only PSHE education), enabling young people to explore their attitudes to alcohol, to raise their awareness about the harms caused by alcohol, to highlight the influence of alcohol marketing and to assist young people not to consume alcohol or to delay the age at which they first drink alcohol. Particular support – such as one-to-one guidance – should be offered to young people who are drinking harmful amounts of alcohol (NICE 2007a). Indeed, young people made vulnerable by particular sets of circumstances – such as those excluded from school, who have been looked after by a local authority and those whose family members misuse substances – should be assessed and, where needed, offered family group or individually-based support (NICE 2007b).

Rather than adopting a universal approach to alcohol education in schools, a recently reported randomised controlled trial of a 'personality-targeted intervention' appears to have successfully delayed uptake of alcohol consumption and decreased the risk of alcohol-related problems among year 9 pupils (13 and 14 year olds) in 11 schools in London, England. Pupils with personality-related risk factors were identified and invited to take part in two 90 minute sessions using psycho-educational and other activities facilitated by trained teachers. Compared to high risk pupils in control schools (in which usual drug education classes were run), high risk pupils in intervention schools were reported to have significantly lower drinking and binge drinking rates and fewer drinking-related problems at six-months follow up. Numbers needed to treat ranged from 4–6 (O'Leary-Barrett *et al* 2010).

There also appears to be value in programmes that aim to improve young people's engagement with schools – such as improving the school ethos and quality of

teaching and learning (Velleman 2009b). Evidence is emerging of the value of '...support for prevention strategies that move beyond health education or skills training for children, to promoting positive social environments' (Velleman 2009b: 25).

Other approaches

Group-based activities

Velleman (2009b) notes that sport-based and youth group activities show some promise in protecting young people against risky drinking. Although involvement in group-based activities may make some young people more prone to risky drinking practices, there may be value in providing young people with activities that enable them to develop their interests and expertise in activities that promote 'resilience factors' – such as developing a sense of being successful in an activity or field as well as perceiving that such success can be hindered by alcohol consumption.

Individual support

McCambridge and Strang (2004) evaluated the effectiveness of motivational interviewing (MI), a single 1-hour face-to-face interview session structured by a series of topics. Using a randomised controlled design, pupils aged 16-20 years were randomised to receive MI (n= 105) or control (education as usual; n=95). At three months follow-up, there was a significant reduction in alcohol consumption in the MI group, compared with the control group (a mean difference of six units per week). Among non-drinkers, initiation into alcohol consumption was significantly lower in the MI group (9% vs 71%). Among current drinkers, discontinuation of drinking was significantly higher in the MI group (8% vs 1%). Those who consumed more alcohol, reduced their alcohol consumption to the greatest extent. In addition, participants in the MI group were approximately 6.5 times more likely to have a made a decision to cut down or stop drinking in the three months after the intervention (further information about motivational interviewing is provided in the table below).

Multi-component programmes

A number of authors have highlighted the importance of designing, implementing and evaluating multi-component programmes to address alcohol use among young people (Velleman 2009b; Coleman and Cater 2006; NICE 2007b; Mistral *et al* 2006; NICE 2010). These aim to provide young people (and their families) with a number of opportunities or pathways to reduce alcohol use generally and harmful levels of alcohol consumption in particular. A multi-component programme might, for example, engage families in a programme to improve the qualities of their social relationships, provide young people with opportunities in schools to learn more about alcohol and its misuse, provide young people with out-of-school activities (through which they can develop feelings of success) as well as ensuring that alcohol sales to young people are restricted. Moreover, multi-component programmes should seek to

engage with young people thought to be at particular risk from alcohol-related harms and refer to appropriate services where needed (NICE 2010).

Family-focused programmes

The Iowa Strengthening Families Program

The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14), resulted from an adaptation of the Strengthening Families Program (SFP), developed at the University of Utah, USA. Formerly called the Iowa Strengthening Families Program, the long range goal of the curriculum is reduced substance use and behaviour problems during adolescence. Intermediate objectives include improved skills in nurturing and child management by parents, improved interpersonal and personal competencies among youth, and social and communication skills in youth. Parents of all educational levels are targeted and printed materials for parents are written at an 8th grade reading level (13-14 year-olds). All parent sessions, two youth, and two family sessions use videotapes portraying prosocial behaviours and are appropriate for multi-ethnic families.

The SFP 10-14 has seven two hour sessions for parents and youth, who attend separate skill-building groups for the first hour and spend the second hour together in supervised family activities. Four booster sessions are designed to be used six months to one year after the end of the first seven sessions in order to reinforce the skills gained in the original sessions. Youth sessions focus on strengthening goal setting, dealing with stress and strong emotions, communication skills, increasing responsible behaviour, and improving skills to deal with peer pressure. Booster sessions focus on making good friends, handling conflict and reinforcing skills learned in the first seven sessions. Parents discuss the importance of both showing love to their youth while, at the same time, setting appropriate limits. Topics include making house rules, encouraging good behaviour, using consequences, building bridges, and protecting against substance abuse. Booster sessions focus on handling parents' own stress, communicating when partners don't agree and reinforcing earlier skills.

Further information available at: http://www.extension.iastate.edu/sfp/
Accessed September 2010

School-based programmes

Life skills training (LST) programme

The Botvin LifeSkills Training programme is a 'comprehensive, dynamic, and developmentally appropriate substance abuse and violence prevention programme designed for school students'. The curriculum has been shown to help increase self-esteem, develop healthy attitudes, and improve pupils' knowledge of essential life skills. The programme has three overall objectives, to: provide students with strategies for decision-making, managing stress, and anger; enable students to strengthen their communication skills and build healthy relationships, and; empower students to understand the consequences of substance use and risk-taking and the influences of the media.

Further information available at: http://www.lifeskillstraining.com/

Personality-targeted approaches

Personality-targeted approaches have been used with young people who are reported to have higher individual risk factors with regard to four key areas: hopelessness and anxiety-sensitivity (associated with alcohol consumption for self-medication of depression symptoms or anxiety), impulsivity (associated with antisocial tendencies, problem drinking and polysubstance use), and sensation-seeking (related to heavy alcohol use for enhancement of enjoyment). O'Leary-Barrett *et al* (2010) outline the nature of the sessions conducted with young people:

> 'School-based interventions involved two 90-minute group sessions and were carried out by a trained facilitator and co-facilitator. The interventions were conducted using manuals which incorporated psycho-educational, motivational enhancement therapy and cognitive-behavioural components, and included real life "scenarios" shared by HR [high risk] UK youth in specifically-organised focus groups. A novel component to this intervention approach is that all exercises discussed thoughts, emotions and behaviours in a personality-specific way, e.g., identifying situational triggers and cognitive distortions related to sensation-seeking specifically' (p.957).

Individually-focused approaches

Motivational Interviewing

Motivational interviewing (MI) aimed to promote reflection on drug use and its personal consequences in the context of values and goals of the individual. A menu of discussion was developed, lasting 60 minutes involving the entire range of drugs used by the participants, after which the interviewer directed the focus to particular areas of risk, problems and concerns. The relationship between actual and potential drug use consequences, values and goals was explored, using counselling skills such as reflective listening, affirmation, open questions and summaries

(McCambridge and Strang 2004).

7. Conclusions and main messages

Among policy-makers, health professionals and the public there is ongoing concern about the consumption of alcohol by young people – particularly young people under 18 years old. Although levels of alcohol consumption have increased among adults, there appears to be a recent decrease in consumption among young people. Among young people who do drink, however, alcohol consumption increased between 1990 and 2007, although remained relatively stable between 2003 and 2007.

There are a range of harms associated with young people's use of alcohol. These include immediate physical effects, such as vomiting and headaches, to those that are longer term, such as alcohol dependence and alcohol-related diseases. Violence (hitting others or being hit) has also been associated with alcohol use – even among 11 and 12 year olds. Alcohol-related problems among young people include those related to academic performance as well as sexual health and wellbeing. Of particular concern are those young people who binge drink – that is, consume four or more alcoholic drinks in a drinking session. There was an approximate 1.5 to two-fold increased risk of school problems, illicit drug use and adult convictions among those young people who were involved in binge drinking at 16 years of age.

Children learn about alcohol from an early age, and many come to understand its use as a routine part of many people's lives. Much of what is learned about alcohol takes place informally with family members, friends and peers. However, the media, advertising and alcohol marketing influence what young people believe.

There are a range of factors associated with alcohol use – some of these relate to the backgrounds of young people themselves, such as their age, ethnicity and gender. Others relate to family characteristics – such as whether parents consume alcohol and, in addition, have too lax or too authoritarian a style of parenting. Yet others relate to school-based differences – suggesting an association between alcohol use and feelings of being disengaged from school.

Young people who binge drink or become very drunk are of particular concern. Young people have reported enjoying being very drunk and using alcohol to manage stress and to benefit from time with friends. Purchasing their own alcohol – and having the expendable income to do so – has been associated with young people's binge, frequent and public drinking.

Of particular importance to young people's alcohol-related practices are the characteristics and qualities of their relationships with their parents. In those families where the parents use alcohol problematically *and* where relationships between children and their parents are characterised by authoritarianism and a lack of supervision and warmth, there are strong associations with problematic alcohol use in children and young people.

Other factors, such as relationships with friends and the cultural background of young people also influence alcohol use. Young people from white and mixed race backgrounds appear to consume more alcohol than young people from 'other' ethnic backgrounds. There is little evidence that socio-economic status is linked to alcohol consumption – but young people's expendable income is.

A number of programmes to reduce alcohol among young people have been tried and tested. The most promising appear to be those that seek to influence the whole family – such as the Strengthening Family Program which originated in the USA. Some degree of success has been demonstrated in the UK with a similar programme, this being reported to improve the quality of relationships among family members and is associated with lower levels of alcohol use.

Improving the quality of social relationships in schools also appears to have a positive effect on drug and alcohol use among young people. Although findings are somewhat tentative, there appears to be value in programmes that aim to improve young people's engagement with schools through improving the school ethos as well as the quality of teaching and learning. Class-based as well as individual activities – such as the Life Skills Training programme or motivational interviewing – can assist young people not only to learn about alcohol (and related drugs) but also to apply what they have learned to their own lives.

Although occasionally reported to be associated with risky drinking practices (such as drinking games) there may be some benefits to young people being engaged in sport-based and structured youth group activities. These can help young people to develop a sense of being successful in particular activity or area as well as perceiving that such success can be hindered by alcohol consumption.

While there is much information about young people's alcohol consumption, there are few studies that enquire into young people's drinking cultures. We know little, for example, about the changing nature of alcohol use among 11-17 year old girls, boys, young women and young men from different (minority and majority) ethnic communities. We also know little about the ways that young people move in and out of different cultures of drinking – such as transitions into or out of cultures of binge drinking.

Still, we do know that a number of actions can be taken at the local level to support young people to reduce their use of alcohol. While there is little work that focuses on how reductions in alcohol consumption relate to improved outcomes among young people – their health, safety, achievements, antisocial behaviours and economic wellbeing – findings from existing studies would suggest that supporting young people not to binge drink or become very drunk will have positive effects on their immediate, medium and longer-term wellbeing

Moreover, a number of authors have highlighted the importance of multi-component programmes that seek concurrently to address alcohol use among young people at a

number of levels and settings – by engaging them individually, as family members, as pupils, and through out-of-school leisure activities.

While it may not be possible to affect the advertising and pricing of alcohol at the local level, efforts should continue into restricting the availability of alcohol to young people and their ability to purchase it. Against this background, actions to consider at the local level include:

1. Ensuring that alcohol consumption is addressed through a locally developed, evidence-informed, multi-component programme that provides universal and specialist provision to young people and their families.

2. Addressing alcohol-related issues through a range of local policies and programmes that focus, in particular, on young people's health and wellbeing; physical and emotional safety and protection from harm, enjoyment and achievement in and out of school settings, and their economic wellbeing.

3. Improving the quality of relationships among families. This appears to be especially important among those families where there is a history of alcohol misuse. This could include raising awareness among parents about risky alcohol consumption among young people. This may be particularly important for those families where children frequently experience becoming very drunk – as these young people have the poorest longer-term health and social outcomes.

4. Tailoring alcohol programmes with regard to young people's personality-related risk factors: sensation seeking, impulsivity, anxiety sensitivity and hopelessness. Moreover, given the age-related differences associated with alcohol use, programmes and activities may need to be tailored to different age groups, say 11–13 year olds, 14–15 year olds and above. There may also be value in tailoring programmes with regard to gender (as girls and boys tend to consume somewhat different types of alcoholic drinks, as well as by ethnicity, where there could be a particular focus on white and mixed race young people).

5. Engaging with schools. This could take the form of ensuring that alcohol is fully addressed by schools through their involvement with, for example, programmes that seek to improve health and wellbeing in general and alcohol use in particular. Activities could include using and testing out the Life Skills Training programme, finding out whether motivational interviewing is of value to particular individual pupils and using personality-focused programmes.

6. Ensuring that young people have enjoyable activities with which to engage in out-of-school settings. The CMO guidance on alcohol use among children and young people states that affordable local alternatives to the consumption of alcohol must be made available to young people. Given this, it would be

interesting to learn more from young people themselves what such local alternatives might best look like.

At the national level, there are a number of policies and programmes focused on young people's alcohol consumption and others which seek to improve the health and wellbeing of children, young people and their families more broadly. A challenge, perhaps, remains in making the most of these to develop local integrated strategies and programmes which place young people's alcohol consumption more centrally as part of a broader vision to improve children's and young people's overall wellbeing. Although the consumption of alcohol plays a significant, perhaps increasing role among some adults, it remains important to build on and help sustain the recent, but as yet small, reduction in alcohol consumption among children and young people.

Data annexe

Key messages

- There are a number of sources of data about young people's alcohol consumption, and the *Smoking, drinking and drug use among young people in England* survey is the most comprehensive of these.
- Over the last few years the proportion of young people who report that they have had an alcoholic drink in the past week has fallen slightly. However, those who had consumed alcohol during the past week, had done so on more days of the week than their counterparts in the early noughties.
- Nowadays, young people who report that they do drink alcohol, drink it in greater quantities than young people did two decades ago.
- There were few differences between boys and girls in their alcohol consumption.
- Alcohol consumption increased with age and young people aged 15 were more likely than younger children to drink on two or more days of the week.
- Family attitudes and behaviours towards alcohol may influence young people's own drinking behaviour.

Introduction and availability of data

There are a number of surveys which collect data about young people's alcohol consumption. One of the most comprehensive of these is the *Smoking, drinking and drug use among young people in England* (Fuller 2009) which offers plenty of insight into the drinking habits of young people, as well has how patterns of drinking have changed over time.

The publicly available data also helps to illuminate how alcohol consumption differs among different groups of young people, the factors that might be associated with young people's drinking and how helpful young people view the information they receive at school about alcohol.

This data annexe presents further discussion about the data currently available on young people's alcohol consumption. It provides:

- A summary of the search strategy for identifying data.
- An overview of the nature and scope of the data that was found, with a brief commentary on the quality of this data, and any gaps that have been identified.
- Data charts on the prevalence and frequency of drinking among young people, the characteristics of young people who drink regularly and young people's views on the information they receive at school about alcohol.

A summary table of the data sources of readily available, published data relating to targeted youth support at a national, regional and/or local authority level is presented in appendix four.

Data search strategy

There are a number of archival databases in the UK, such as the National Digital Archive of Datasets (NDAD) and the UK data archive, some of which have services that facilitate searching or access to macro and micro datasets, including ESDS International. Even so, searching for current and recently published data cannot yet be conducted in the same way as searching for published research findings. Access to newly published data is not supported by comprehensive searchable databases in the same way that literature searches are supported.

Data for this annexe was obtained by a combination of search methods including obtaining online access to known government publications, such as the Statistical First Releases from the Department for Children, Families and Schools (DCSF)), access to data published by the Office of National Statistics, the Department of Health and other government departments, data published by the NHS and other national, regional and local bodies, and online searches following leads emerging from these publications, research funding council summaries and other literature searches. It should be noted that links to statistical sources that were live at the time of searching may not remain live after publication.

Nature and scope of the data

Publicly available data on the extent and frequency of drinking alcohol among young people can be found in the following surveys:

- *Smoking, drinking and drug use among young people in England 2008* (Fuller 2009)
- *Health survey for England* (The Health and Social Care Information Centre 2009)
- *Tellus4 (*Chamberlain *et al* 2010)

The *Smoking, drinking and drug use among young people in England* survey (Fuller 2009) offers the most comprehensive information of these, as it contains the most detailed analyses of young people's frequency and patterns of alcohol consumption, as well as the factors that are associated with it. We have mainly used data from this source to create the charts presented in this annexe.

The *Smoking, drinking and drug use among young people in England* survey has been published yearly since 2000 (data was also collected prior to the annual survey) and is a survey of young people aged 11-15 in secondary schools in England. It asks them about their smoking, drinking and drug use. In 2008, data was collected from 7,798 pupils from 264 schools. The survey is self-report and young people complete the survey in the classroom rather than at home, which the authors argue is likely to result in more honest answers. Although self-report data on alcohol

use might be subject to memory errors or dishonesty among respondents, it is an efficient way of collecting data on a large number of young people.

The Tellus survey was carried out annually by the Department for Children, Schools and Families (DCSF 2010), and contains questions on many aspects of young people's lives, including health behaviours such as drinking alcohol. The last year for which data is available is 2009/10.[3].

Tellus was a self-report survey which was completed by children and young people in Years 6, 8 and 10 at school. It asked them whether they have ever tried drinking alcohol, the frequency with which they get drunk and how useful they have found information from their school about alcohol. It also measured performance against the national indicator (NI) 115: Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances. Performance for this NI is broken down by government office region and local authority area.

The Health survey for England (The Health and Social Care Information Centre 2009) is carried out annually and collects information on a wide range of health issues among adults, young people and children. Data is collected by interview and through a nurse visit to households. It is a good source of trend information about how alcohol consumption has changed over time.

These data sources offer plenty of insight into young people's drinking patterns and the characteristics of young people who drink regularly. In terms of the latter, there is much information on gender and age differences and some information on how family attitudes and drinking behaviours are associated with young people's drinking. However, we did not find any information in these datasets about how poverty or coming from a more disadvantaged background may relate to young people's alcohol consumption. Furthermore, while the data available offers insights into which groups of young people may drink alcohol, it does not tell us much about what triggers young people to begin drinking in the first place. There is also little data available that details how consumption of alcohol affects young people's health, safety and wellbeing, although data on the numbers of young people who are in treatment due to alcohol misuse is published by The National Treatment Agency for Substance Misuse (2010).

Charts showing data on young people's alcohol consumption

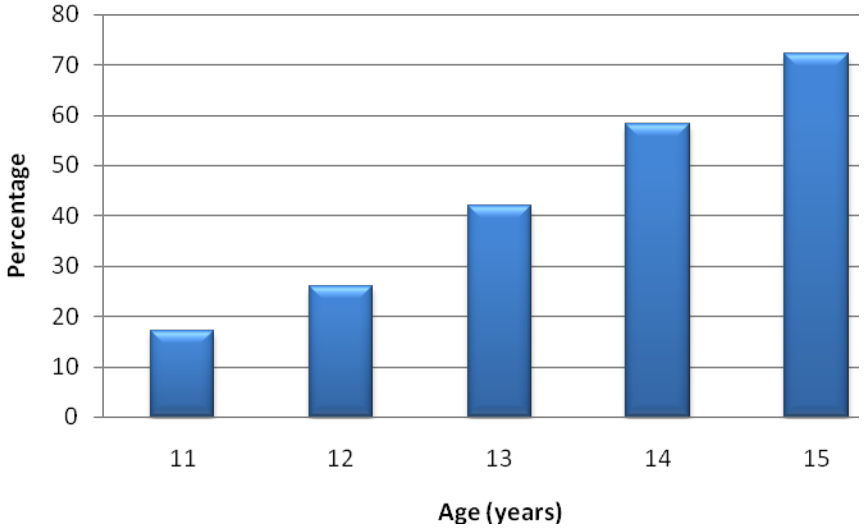
This section contains information about young people's experiences and frequency of drinking alcohol, the characteristics of young people who drink regularly and how helpful young people view the information they receive at school about alcohol. Trend data showing changes in young people's alcohol consumption over time is also presented.

[3] For further information please see http://www.tellussurvey.org.uk/

Young people's self-reported experiences and frequency of drinking alcohol

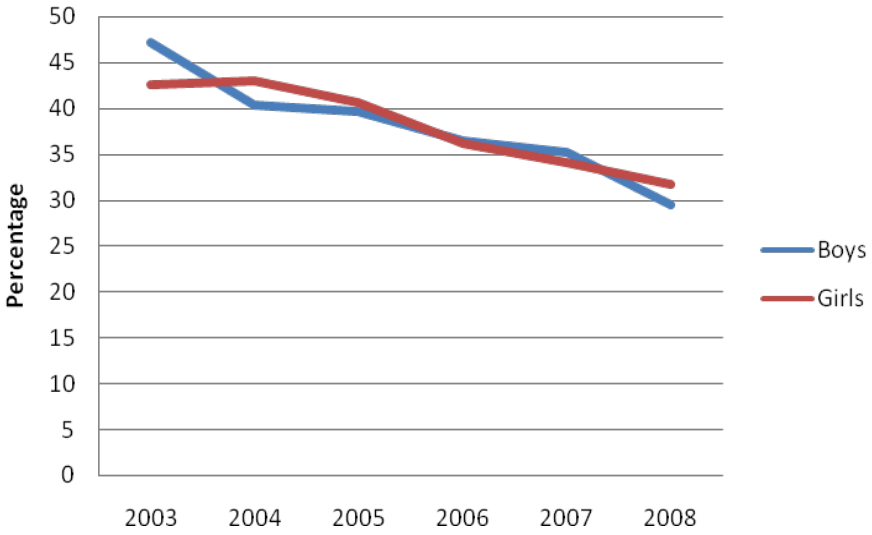
In 2008, just under a third (31 per cent) of all children aged eight to 15 stated that they had ever drunk an alcoholic drink (The Health and Social Care Information Centre 2009). As figure 1 shows, the proportion who had had an alcoholic drink increased incrementally with age, with around seven in ten (72 per cent) young people aged 15 saying that they had done so at some point. The proportion of young people reporting that they have ever drunk alcohol has steadily reduced since 2003, however, and was at its lowest level in this five year period in 2008 – this was the case for both boys and girls (see figure 2). We do not know from this data, though, why fewer young people may have tried alcohol in recent years.

Figure 1: Proportion of young people reporting that they have ever had a proper alcoholic drink, 2008: by age



Source: The Health and Social Care Information Centre 2009

Figure 2: Proportion of 8 to 15 year olds reporting that they have ever had a proper alcoholic drink, 2003 to 2008: by gender

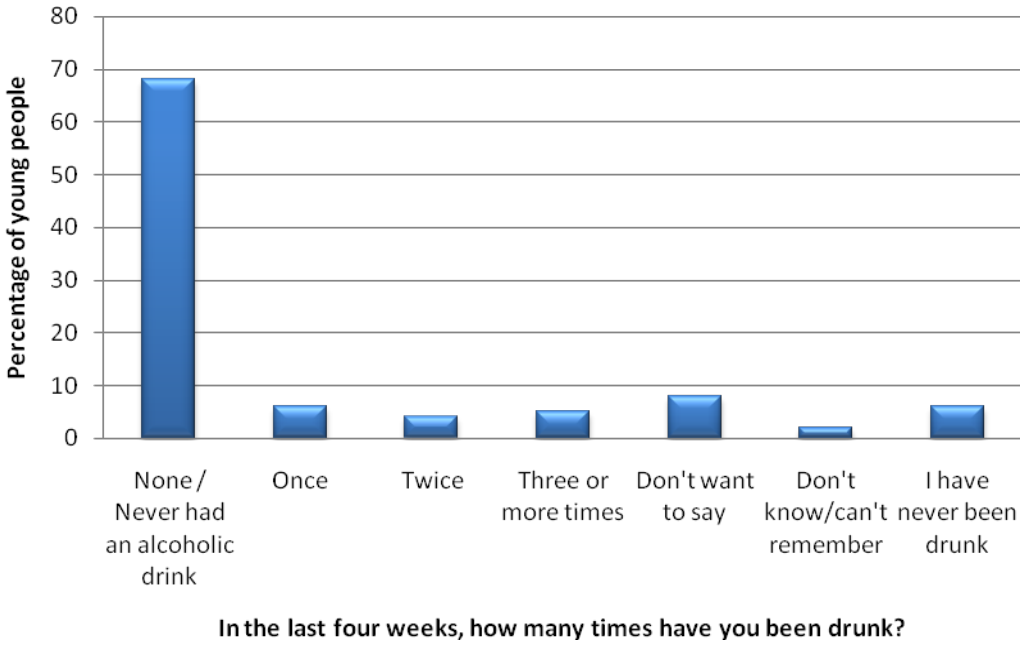


Source: The Health and Social Care Information Centre 2009

While data on the proportion of young people sampling alcohol is of interest in its own right, it offers little insight into how often some young people may be consuming alcohol. In the Tellus4 survey (DCSF 2010) in 2009, 15 per cent of children and young people in years 6, 8 and 10 reported that they had been drunk once, twice or three or more times in the last four weeks (see figure 3). We do not know whether the majority of these children are in older year groups, as the data was not available in this level of detail at the time of writing.

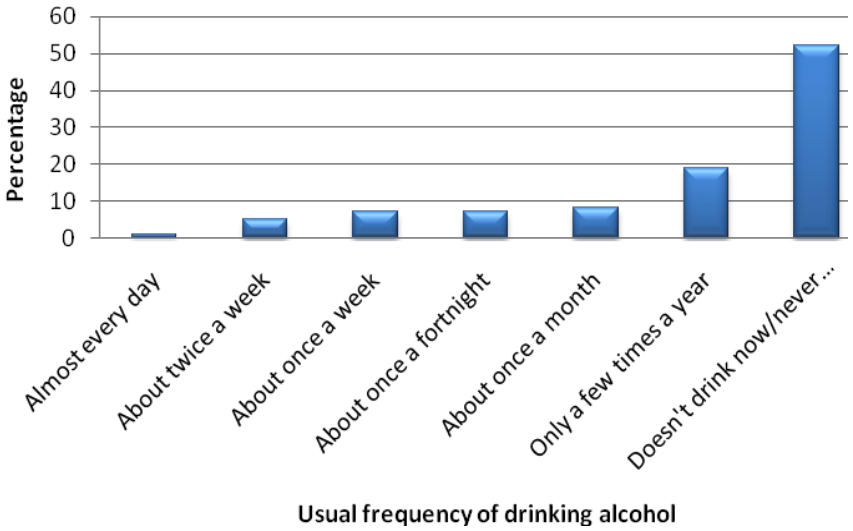
The Tellus4 survey only asks about frequency of getting drunk rather than all consumption of alcohol over a month. The *Smoking, drinking and drug use among young people in England* survey (Fuller 2009) asked young people how often they usually drank alcohol; in this survey, over a quarter (28 per cent) of young people aged 11 to 15 reported drinking at least once a month, with around one in ten (13 per cent) reporting that they did so once a week or more (see figure 4).

Figure 3: The number of times children and young people in years 6, 8 and 10 reported being drunk within the previous four weeks



Source: DCSF 2010

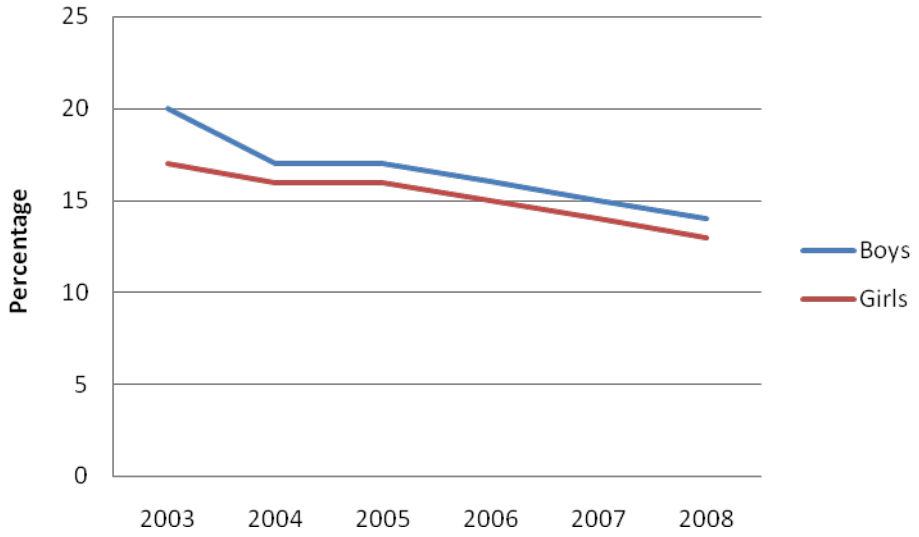
Figure 4: Self-reported frequency of drinking alcohol among young people aged 11 to 15 in 2008



Source: Fuller 2009

In line with the reduction over time in the proportion of young people reporting they have ever tried a proper alcoholic drink, the proportion of young people reporting that they drink at least once a week has steadily decreased since 2003 for both genders (see figure 5). Taken together, these data suggest that fewer young people were drinking alcohol in 2008 than five years before.

Figure 5: Trends in the proportion of young people reporting that they usually drink alcohol once a week or more, 2003 to 2008: by gender

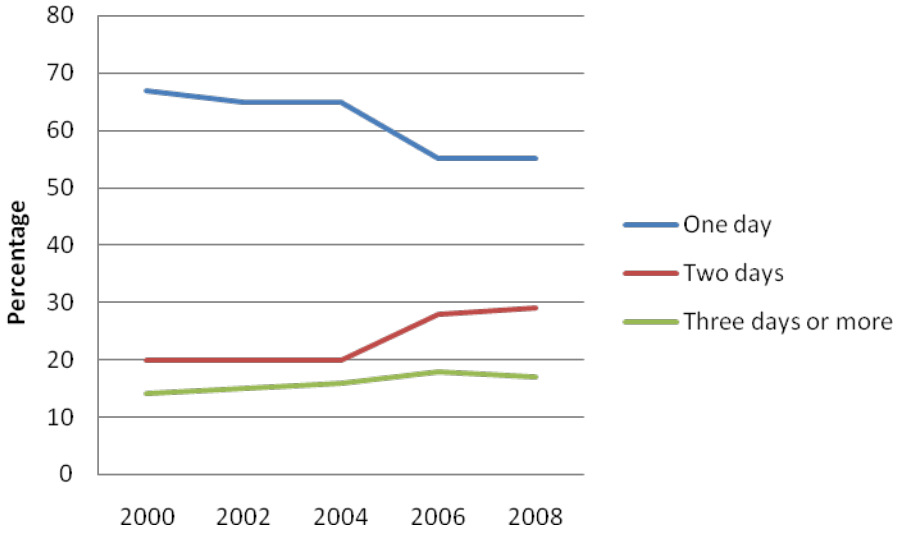


Source: Fuller 2009

While the proportion of young people drinking alcohol on a regular basis has reduced since 2003, young people who were drinking regularly in 2008 were doing so on more days of the week than similar young people in 2004 (see figure 6). Among those who reported drinking in the last week, the proportion drinking alcohol twice a week increased by nine percentage points over this period. Despite this, though, the number of reported units consumed within the last week by these young people had remained stable during this period (9.5 units in 2003 and 9.2 units in 2007[4]) (Fuller 2009), meaning that while they were drinking on more days of the week, they were not consuming greater quantities of alcohol. It is worth noting, though, that during all years in the 2000s young people reported consuming a higher number of units of alcohol in a week than their counterparts did at the beginning of the 1990s, so the quantity of alcohol young people consume has generally increased across the past two decades.

[4] *Data not available for 2008.*

Figure 6: Number of drinking days reported by young people who drank in the last week, 2000 to 2008



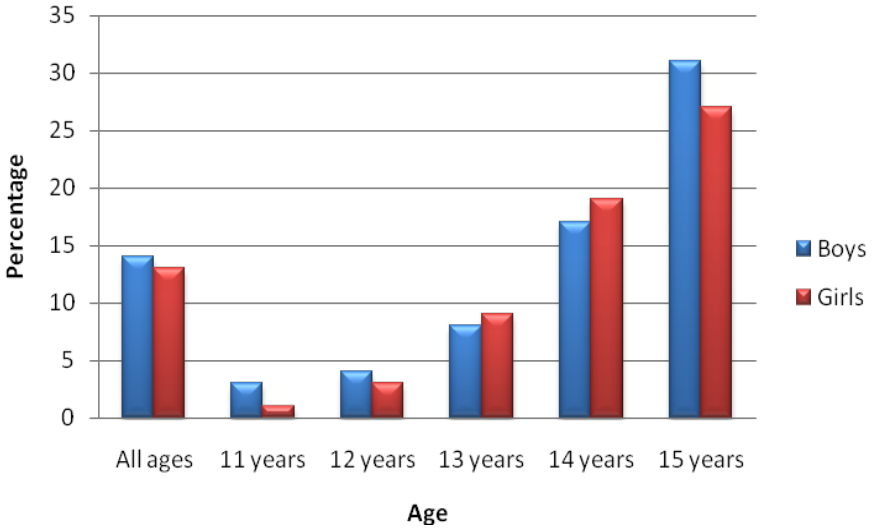
Source: Fuller 2009

Characteristics of young people who drink alcohol regularly

In addition to the frequency with which all young people were drinking alcohol, the data offer insights into the characteristics of young people who drink on a regular basis.

The proportion of young people reporting that they usually drink alcohol once a week or more increased with age (see figure 7). Fewer than one in twenty five 12 year olds stated that they drank this often, and it was also relatively rare in 11 year olds. By age 13, however, nearly one in ten (nine per cent) young people said they drank once a week and by age 15 nearly a third (29 per cent) said they did so. Up until 15 years, there were also few differences between boys' and girls' consumption, but by age 15 a slightly greater proportion of boys (31 per cent) than girls (27 per cent) reported drinking this frequently.

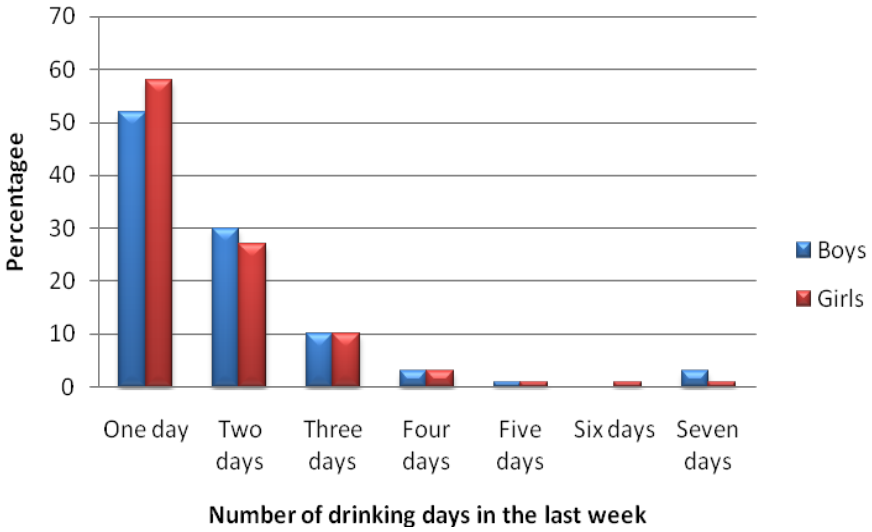
Figure 7: Proportion of young people reporting that they usually drink alcohol once a week or more, 2008: by age and gender



Source: Fuller 2009

Among those who had had a drink in the last week, a slightly greater proportion of boys (47 per cent) than girls (43 per cent) also said that they had had a drink on two or more days of that week (see figure 8). This suggests that boys may drink slightly more frequently than girls.

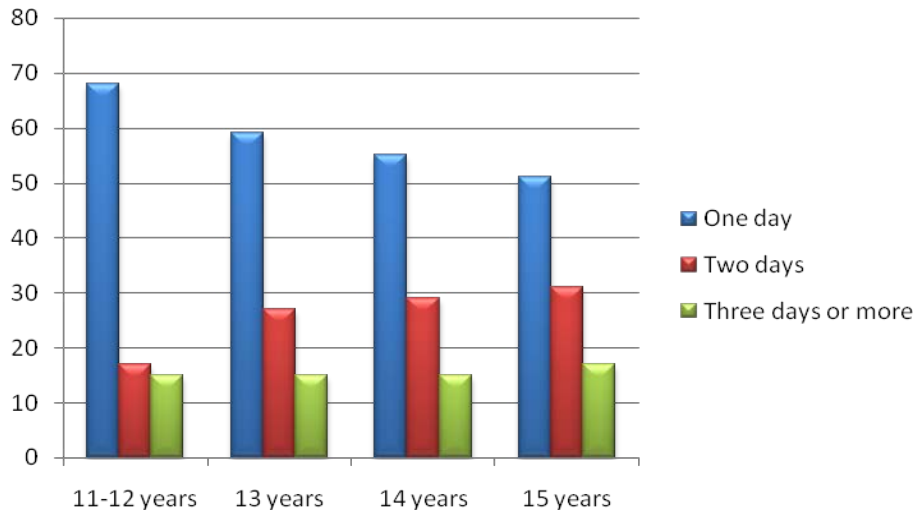
Figure 8: Number of drinking days in the last week among young people reporting drinking in the last week: by gender



Source: Fuller 2009

Across all ages, among the young people reporting that they had had a drink in the last week, the majority had only drunk on one day (figure 9). However, older children were more likely than younger children to drink alcohol on two or more days of the week. The number of days of consumption increased with age. 44 per cent of 14year olds and 48 per cent of 15 year olds said that they had had a drink on two or more days in the last week.

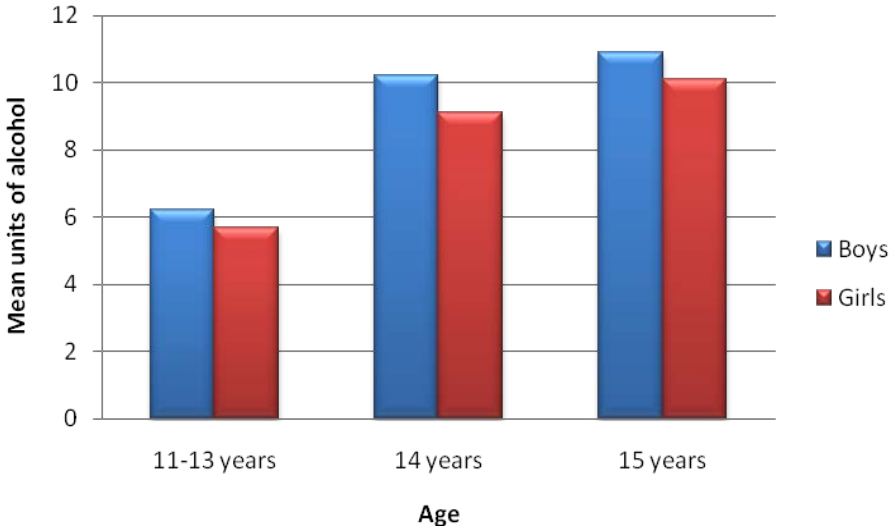
Figure 9: Number of drinking days in the last week among young people reporting drinking in the last week: by age



Source: Fuller 2009

The mean number of units of alcohol consumed by young people reporting having a drink in the last week in 2007[5] also increased with age (see figure 10). The 15 year-olds reported drinking on average 10.5 units. Up to the age of 14, boys reported drinking more units of alcohol on average than girls. However, at age 15, boys and girls had drunk a similar amount in the last week (10.9 and 10.1 units, respectively).

Figure 10: Mean units of alcohol drunk by those reporting they had had a drink in the last week, 2007: by age and gender

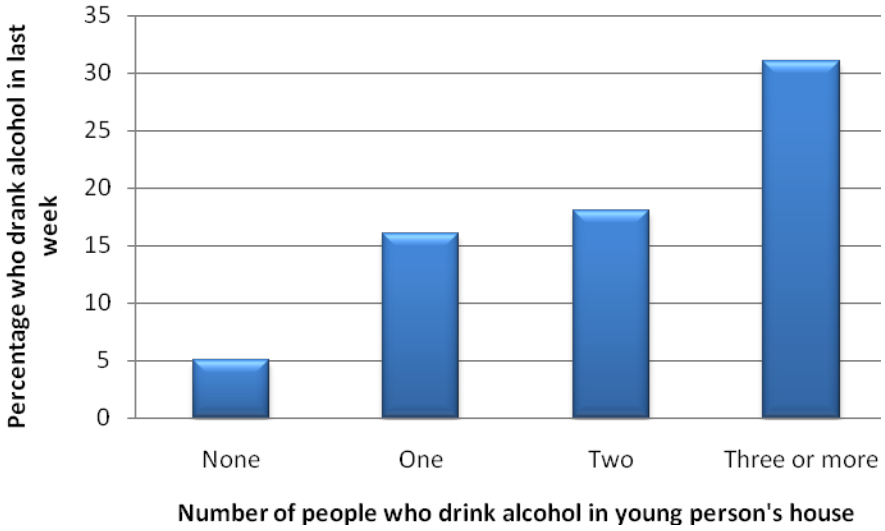


Source: Fuller 2009

[5] Data for 2008 is not available.

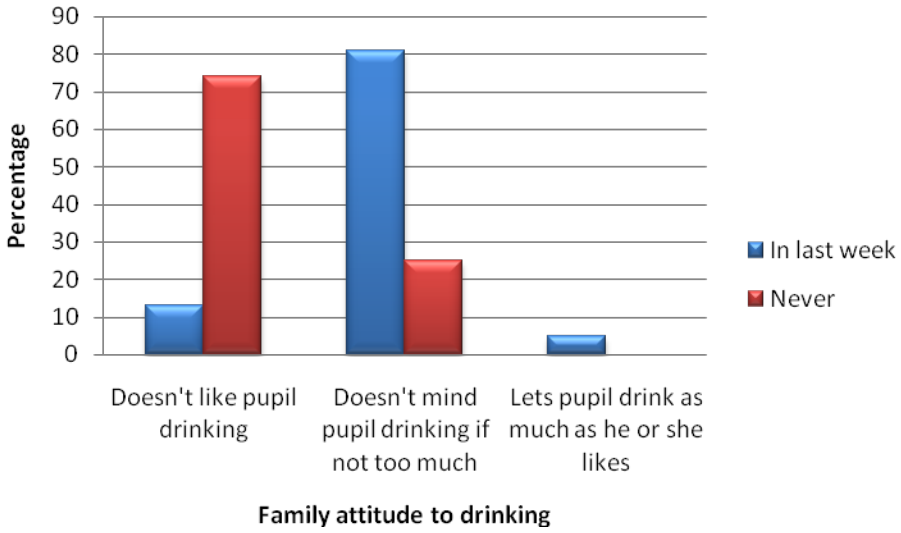
Figures 11 and 12 show that the attitudes and drinking behaviours of young people's families were associated with the frequency with which young people drank. Only one in twenty (five per cent) young people who lived in a house where no-one drank reported having a drink in the last week compared with nearly a third (31 per cent) of young people living with three of more people who drank alcohol. Similarly, nearly three quarters (74 per cent) of young people who had never had an alcoholic drink reported that their parents did not like them drinking, compared with only 13 per cent of young people who had had a drink in the last week. These data suggest that family attitudes and behaviours towards alcohol may influence young people's own drinking behaviour.

Figure 11: Proportion of young people who live in houses where no-one or others drink alcohol who drank in the last week



Source: Fuller 2009

Figure 12: Family attitudes to alcohol: by when young person last drank

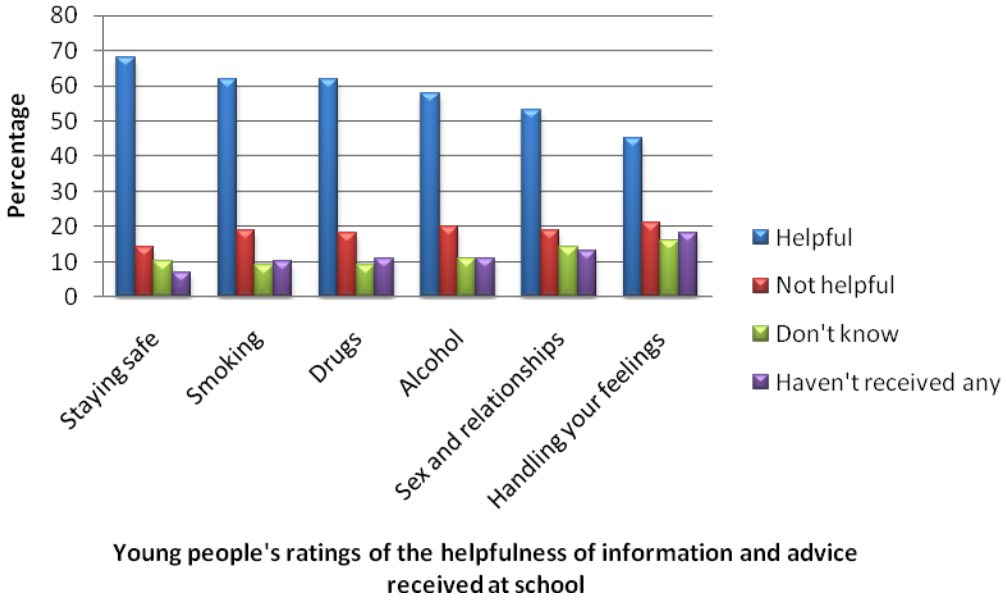


Source: Fuller 2009

Helpfulness of information about alcohol

Figure 13 shows young people's ratings of the helpfulness of the information and advice they have received at school about alcohol in comparison to other health and wellbeing issues. The majority (58 per cent) of young people had found information at school about alcohol helpful, but they had found information on staying safe, smoking and drugs more helpful. Around one in ten (11 per cent) young people stated that they had not received any information from school about alcohol. This suggests that while schools' efforts to educate young people may be effective for some young people, some schools could improve this.

Figure 13: Young people's ratings of the helpfulness of information and advice received at school about alcohol in comparison to other aspects of health and wellbeing



Source: DCSF 2010

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Appendix 1: Research review methods

The review includes literature identified by a C4EO scoping study (Lorenc *et al*, 2010) as being relevant to the review questions. The scoping study used systematic searching of key databases and other sources to identify literature which was then screened and coded (see appendices 2 and 3). Apart from reference harvesting, no further searching for material other than that located by the scoping review was undertaken for this review. However, stakeholders and reviewers suggested a few further studies that might be included in the review and these have been used (in the context and background section or the main body of the review) as appropriate.

The review team used a 'best evidence' approach to select literature of the greatest relevance and quality for the review. This entailed identifying:

1. The items of greatest relevance to the review questions.
2. The items that came closest to providing an ideal design to answer the review questions.
3. The quality of the research methods, execution and reporting.

The team reviewed all priority items and summarised their findings in relation to the review questions. The reviewer also assessed the quality of the evidence in each case. In judging the quality of studies, the team was guided by principles established to assess quantitative research (Farrington *et al* 2002) and qualitative studies (Spencer *et al* 2003).

Internal quality assurance processes were put in place to check the interpretation of items included in the review. This involved a close review of five items by the two review authors (IW and IK). These items were reports of studies which used particular quantitative evaluation and review methods and which required specialist interpretation. In addition, an initial draft of the review was sent to an external reader, Lorna Templeton, who had recently completed a review of young people and alcohol use for DCSF (Templeton, 2009).[6] The external reader stated that the review appeared to summarise accurately the key issues contained in the review items and that no discrepancies were identified with regard to other reviews recently conducted in this field.

[6] *At the time of the review, Lorna was Senior Researcher, Mental Health Research and Development Unit, University of Bath.*

Appendix 2: Scoping study process

The first stage in the scoping study process was for the theme lead to identify the areas of interest and for the NFER to devise the review questions and search parameters in agreement with the Theme Advisory Group (see Appendix 3 for the full set of parameters).

Search terms were developed by information specialists at King's College London in consultation with C4EO's information specialists. These terms comprised terms for young people, terms for alcohol consumption and terms for key outcomes such as health and wellbeing. The keywords were adhered to as far as possible for all bibliographic databases, with closest alternatives selected where necessary.

The database searches were conducted by information specialists at King's College London working with Matrix Evidence. The records returned by the searches were then loaded into the EPPI-Reviewer database, and duplicates were removed. The scoping team members screened each abstract against the inclusion criteria. Included abstracts were coded according to characteristics such as the type of literature, country of origin and relevance to the review questions. Ten per cent of the included studies were coded by two members of the team, and any divergences resolved through discussion and consensus.

The numbers of items found by the initial search, and subsequently selected, can be found in the following table. The two columns represent:

- items found in the searches.
- Items whose abstracts met all the inclusion criteria for the review.

Table 2.1 Overview of searches

Source	Items found	Items identified as relevant to this study
Databases	**3, 031**	**219**
Applied Social Sciences Index and Abstracts (ASSIA)	637	19
British Education Index (BEI)	31	8
Social Policy and Practice (SPP)	330	64
IBSS	132	12
PsycINFO	910	41
AEI	61	0
ERIC	683	46
Alcohol Concern database	34	13
HMIC	123	14
OAister	90	2

Search strategy

Database Name	Social Policy and Practice (SPP)
Database Host	OVID
Strategy Applied	((young person OR young people OR adolescents OR underage OR under age OR students OR pupils OR teens OR school age OR juveniles OR minors OR youths OR early adulthood OR older child OR sixth form OR apprentices OR young man OR young men OR young woman OR young women OR young males OR young females OR young adult AND alcohol or binges or drinks) AND health or well being or safety or harm or injury AND interventions or outcomes or multi or education or price or programmes or controls or antisocial behaviour order or ASBO NOT (women or men or adults or elderly or older people)
Number of Hits	364

Database Name	International Bibliography of the Social Sciences (IBSS)
Database Host	EBSCO
Strategy Applied	((young person OR young people OR adolescent OR underage OR under age OR student OR pupil OR teen OR school age OR juvenile OR minor OR youth OR early adulthood OR older child OR sixth form OR apprentice OR young man OR young men OR young woman OR young women OR young male OR young female OR young adult AND alcohol or binge or drink AND health or well being or safety or harm or injury AND intervention or outcome or multi or education or price or programme or control* or Antisocial behaviour order or ASBO NOT women or men or adults or elderly or older people
Number of Hits	138

Database Name	British Education Index (BEI)
Database Host	Dialog
Strategy Applied	young person OR young people OR adolescent OR underage OR under age OR student OR pupils OR teens OR school age OR juveniles OR minor OR youths OR early adulthood OR older child OR sixth forms OR apprentices OR young man OR young men OR young woman OR young women OR young males OR young females OR young adult AND alcohol or binges or drinks AND health or well being or safety or harm or injury AND interventions or outcomes or multi or education or price or programmes or controls or Antisocial behaviour order or ASBO

Number of Hits	38
Database Name	**Australian Education Index (AEI)**
Database Host	Dialog
Strategy Applied	young person OR young people OR adolescent OR underage OR under age OR students OR pupils OR teens OR school age OR juveniles OR minor OR youths OR early adulthood OR older child OR sixth forms OR apprentices OR young man OR young men OR young woman OR young women OR young males OR young females OR young adult AND alcohol or binge or drinks AND health or well being or safety or harm or injury AND interventions or outcomes or multi or education or price or programs or controls or Antisocial behaviour order or ASBO
Number of Hits	61

Database Name	**Educational Resources Information Center (ERIC)**
Database Host	Dialog
Strategy Applied	young person OR young people OR adolescent OR underage OR under ages OR students OR pupils OR teens OR school age OR juveniles OR minor OR youths OR early adulthood OR older child OR sixth forms OR apprentices OR young man OR young men OR young woman OR young women OR young males OR young females OR young adult AND alcohol or binges or drinks) AND (health or well being or safety or harm or injury) AND (interventions or outcomes or multi or education or price or programs or controls or Antisocial behaviour order or ASBO
Number of Hits	764

Database Name	**Applied Social Sciences Index and Abstracts (ASSIA)**
Database Host	Cambridge Scientific Abstracts (CSA)
Strategy Applied	young person OR young people OR adolescent OR underage OR under age OR student OR pupil OR teen OR school age OR juvenile OR minor OR youth OR early adulthood OR older child OR sixth form OR apprentice OR young man OR young men OR young woman OR young women OR young male OR young female OR young adult AND alcohol or binge or drink) AND health or well being or safety or harm or injury AND intervention or outcome or multi or education or price or program or control or Antisocial behaviour order or ASBO
Number of Hits	822

Database Name	**Alcohol Concern Database**
Database Host	http://www.alcoholconcern.org.uk/servlets/home
Strategy Applied	This resource could not handle a full strategy. Searching applied as if hand-searching
Number of Hits	46

Database Name	**Health Management Information Consortium (HMIC)**
Database Host	OVID
Strategy Applied	young person OR young people OR adolescent OR underage OR under age OR students OR pupils OR teens OR school age OR juveniles OR minor OR youths OR early adulthood OR older child OR sixth forms OR apprentices OR young man OR young men OR young woman OR young women OR young males OR young females OR young adult AND alcohol or binges or drinks) AND health or well being or safety or harm or injury AND interventions or outcomes or multi or education or price or programs or controls or Antisocial behaviour order or ASBO NOT (women or men or adults or elderly or older people)
Number of Hits	155

Database Name	**OAister**
Database Host	
Strategy Applied	This resource could not handle a full strategy. Searching applied as if hand-searching
Number of Hits	93

Database Name	**PsycINFO**
Database Host	OVID
Strategy Applied	young person OR young people OR adolescent OR underage OR under ages OR students OR pupils OR teens OR school age OR juveniles OR minor OR youths OR early adulthood OR older child OR sixth forms OR apprentices OR young man OR young men OR young woman OR young women OR young males OR young females OR young adult AND alcohol or binges or drinks) AND health or well being or safety or harm or injury AND interventions or outcomes or multi or education or price or programs or controls or Antisocial behaviour order or ASBO NOT (women or men or adults or elderly or older people)
Number of Hits	1340

Appendix 3: Parameters document

1.C4EO Theme: Youth

2.Priority: Reducing the alcohol consumption by young people and so improve their health, safety and wellbeing

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3.Context for this priority

The level of alcohol consumption amongst those who report drinking has risen. There is also some evidence that there is greater polarisation of drinking patterns amongst young people and binge-drinking, unsupervised drinking in public places, and the under-age purchasing of alcohol and violent/criminal/antisocial behaviour associated with drinking are all problems of growing concern. Consumption by younger children doubled in the 1990s and has now plateaued at these increased levels.

Research over the last few years has given us a reasonable understanding of the risk factors associated with the excessive and unhealthy consumption of alcohol by young people. However, we have a poorer understanding of why interventions with young people exhibiting the same risk factors sometimes lead to positive outcomes while at other times seem to have little effect.

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4. Main review questions [7]to be addressed in this scoping study (no more than five; preferably fewer)

The context of the review should outline the characteristics of young people who do and do not consume alcohol and the patterns of consumption.

1. How and why do levels and patterns of consumption vary between different groups of young people?

2. What are the causes of alcohol consumption (particularly binge drinking) in young people, and what negative effects does it have on their health, safety and wellbeing?

- Perspectives of young people, parents, carers and providers on causes and effects of alcohol consumption
- To include impact on mental and sexual health

[7] See guidance note on setting review questions at the end of this form

3. What works at a local level in reducing alcohol consumption by young people and so improving their health, safety and wellbeing?

- To include, for example, multi-agency local alcohol strategies, alcohol education within schools and family-based interventions
- To consider the impact of pricing of alcohol, which though not controlled by local authorities, could potentially be influenced by them
- To consider whether there are local interventions where the effect has been reasonably well isolated as a causal factor as opposed to evidence of association where some other factor was responsible
- Cross cutting issues.

5. Which cross-cutting issues should be included? (Child poverty, equality and diversity, disability, integrated services, workforce development, change management, leadership, learning organisations)? Please specify the review questions for cross cutting issues in this scope

- Child poverty
- Integrated services
- Workforce development

6. Definitions for any terms used in the review questions[1]
'Wellbeing' means the state of being contented and healthy and able to:

- develop psychologically, emotionally, intellectually and spiritually
- initiate, develop and sustain mutually satisfying personal relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks and learn from them.

Alcohol consumption – all levels and types of alcohol consumption by 11-17 year olds are within the scope of this review.

7. What will be the likely geographical scope of the searches?
Work conducted in/including the following countries:

UK only

8. Age range for CYP: 11-17

9. Literature search dates
Start year 2003

10. Suggestions for key words to be used for searching the literature.
11. Suggestions for websites, databases, networks and experts to be searched or included as key sources. **Joseph Rowntree Foundation work programme on young people and alcohol consumption**
12. Any key texts/books/seminal works that you wish to see included?
13. Anything else that should be included or taken into account?

Appendix 4: Relevant national indicators and data sources

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
Be healthy							
NI 115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	*Smoking, drinking and drug use among young people, 2008*	National	Every two years until 1998 and then annually.	2008	1982 (under the name *Smoking among secondary school children* initially to provide national estimates of the proportion of secondary school children who smoked and to describe their smoking behavior)	http://www.ic.nhs.uk/pubs/sdd08fullreport
NI 115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	*Health survey for England* – 2008 Trend Tables	National	Annual	2008	1994	http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2008-trend-tables

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
NI 115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	Statistics on Alcohol, England 2009 [NS]	National	Unknown	2007	Unknown	http://www.ic.nhs.uk/pubs/alcohol09
NI 115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	MORI Youth Survey 2008: *Young people In mainstream education*	National and government office region level	Annual	2008	1999	http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=437andeP=
NI 115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	Getting to grips with substance misuse among young people: the data for 2007/08	National and government office region level	Annual	2007/08	2005/06	http://www.nta.nhs.uk/areas/young_people/Docs/NTA_young_peoples_report_2009.pdf
NI 115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	DCSF: Local Authority Measures for National Indicators Supported by the Tellus4 Survey 2009-10	National, government office region and local authority level	Annual	2009	2006	http://www.dcsf.gov.uk/rsgateway/DB/STR/d000908/index.shtml

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
NI 115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	Statistics from the National Drug Treatment Monitoring System (NDTMS): 1 April 2008 – 31 March 2009	National and government office region level	Annually	2008/09	2001 (data was previously collected by Regional Drug Misuse Databases and published in Department of Health statistical bulletins from 1993 to 2001)	http://www.nta.nhs.uk/uploads/ndtms_annual_report_200809_final.pdf
NI 120	All age all cause mortality rate	Mortality Statistics: Deaths Registered in 2008	National, government office region and health authority level	Annual	2008	2006 (previously data was presented in the annual DH1, DH2 and DH4 volumes)	http://www.statistics.gov.uk/downloads/theme_health/DR2008/DR_08.pdf http://www.statistics.gov.uk/statbase/product.asp?vlnk=15096
NI 39	Rate of hospital admission per 100,000 for alcohol related harm	Hospital activity (Hospital Episode Statistics - HES)	National and strategic health authority level	Annually (but provisional data is also published monthly)	2009	1989-90	http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics--hes

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
Additional indicators	Proportion of young people reporting that they have ever had a proper alcoholic drink	DCSF: *Youth cohort study (YCS)* and *Longitudinal study of young people in England (LSYPE): The activities and experiences of 16 year olds*: England 2007	National	Annual	2007	2004 (for LSYPE), and 1985 for YCS	http://www.dcsf.gov.uk/rsgateway/DB/SBU/b000795/index.shtml

SEPTEMBER 2010

Reducing alcohol consumption by young people and so improve their health, safety and wellbeing

This research review tells us, among other issues, what has worked to date with regard to reducing alcohol consumption among young people. It is based on a rapid review of the research literature involving systematic searching and analysis of key data. It summarises the best available evidence that will help service providers to improve services and, ultimately, outcomes for children, young people and their families.

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