



Alcohol ▲ Concern

ALCOHOL CONCERN

Young People's Drinking Factsheet 1: SUMMARY

ALCOHOL CONCERN is the national agency on alcohol misuse, working to reduce the level of alcohol misuse and to develop the range and quality of helping services available to problem drinkers and their families. We are England's primary source of information and comment on a wide range of alcohol-related matters.

The Alcohol Concern Information and Communications Team provides a range of services including: producing its research bulletin *Acquire* and the *Alcohol Magazine* and website, and collating and interpreting the latest research in order to produce factsheets. The team also provides a telephone information line and a unique library of alcohol related literature.

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- Young people are drinking more and drinking more often. The average amount drunk by 11-15 year olds in 1990 was 0.8 units per week rising to 1.6 units in 1998. Amongst 11-15 year olds who drink this rises from 5.3 units per week in 1990 to 10.5 units in 2001. In 2002, 18% of 11-15 year olds drank at least once a week.
- Young people drink mainly beer, cider, lager, wine and spirits. Alcopops remain popular, but consumption tends to decrease with age. Young people tend to choose stronger brands of beer, cider and lager.
- The age young people begin to drink unsupervised is probably more significant than the age they first try alcohol, as this signifies a shift to drinking with friends rather than parents. Statistics show that by the age of 13 young people who drink outnumber those who don't drink.
- Young people drink for a variety of reasons including: the wish to demonstrate their maturity, to have fun and to test their limits. Young people may start to drink with the consent of their parents as part of family life, or they may choose to drink secretly due to peer pressure.
- Although young people may at times drink in an uncontrolled way, most will not go on to develop serious problems. Common problems young people experience are the effects of severe intoxication and accidents.
- Studies suggest that young people combine alcohol and sex, especially prior to their first sexual experience and that there is a link between drinking before sexual activity and unsafe sex.
- There is also an association between alcohol and crime. 16% of school attenders who had committed crime stated that they had been under the influence of drink when committing the crime.
- Children of problem drinkers can suffer from emotional and psychological problems. But how a young person responds to a parent's drinking depends on factors such as the young person's personality, external support systems and family environment.

**This is a summary of the detailed factsheet which follows.
Factsheets on other topics are also available.**

Factsheet revised
March 2004

Alcohol Concern Factsheet 1: YOUNG PEOPLE'S DRINKING

Drinking among young people is a major issue of concern for parents and people working with the young, particularly in relation to the risks of excess drinking. This article looks at research into young people's drinking. It indicates the prevalence of drinking, trends in drinking patterns and highlights alcohol-related problems that are specific to young people. The focus is on young people under sixteen.

Recent trends

While the proportion of 11-15 year olds who don't drink at all has remained at about 40% since 1988, some disturbing trends have emerged in recent years.

- Young people are drinking larger amounts of alcohol. The average amount drunk by 11-15 year olds as a whole in 1990 was 0.8 units per week, rising to 1.6 units in 1998. (1 - *Goddard and Higgins 1999*). Amongst 11-15 year olds who do drink, the average rose from 5.3 units in 1990 to 10.5 units in 2002. (2 - *Boreham and McManus (eds.) 2003*)
- Binge drinking is common among young people in the UK, with 56% of 15-16 year olds having drunk more than 5 drinks on a single occasion in the last 30 days. 30% of this age group report this behaviour 3 or more times in the last 30 days. (3 - *Hibell, 2000*). Comparison with an earlier edition of this survey shows that the proportion of young people who binge has increased from 22% in 1995 to 30% in 1999.
- The proportion of 11-15 year olds who drink at least once a week has fluctuated over the last decade rising from 13% in 1990 to between 16 and 20% since 1994. In 2002, 18% of 11-15 year olds drank at least once a week. (2 - *Boreham and McManus (eds.) 2003*).
- There is a sharp increase in prevalence of drinking with age. In 2000 5% of all pupils aged 11 had drunk in the previous week compared to 47% of 15 year olds (2 - *Boreham and McManus (eds.) 2003*). Figure 1 (below) shows how often this age group drank in 2002. Note that a recent study published by the Schools Health Education Unit (4 - *Balding, 2003*) indicates that the proportion of students who drank at least one drink in the last week is as high as 21% of 10-11 year old boys and 13% of 10-11 year old girls. However, the proportion of 14-15 year olds drinking during the previous week is roughly similar to the figure given in the study published by the DoH. (2 - *Boreham and McManus (eds.) 2003*).

A comparative European study of drinking among 15-16 year olds (ESPAD) showed that UK figures for alcohol consumption were some of the highest in Europe alongside Ireland and Denmark:

- 94% of 15-16 year olds have consumed alcohol at least once, with 47% having drunk alcohol at least 40 times compared to 20% of 15-16 year olds in France and 15% of this age group in Portugal. (3- *Hibell, 2000*)
- The UK also comes near the top of the list where consumption in the last 30 days is concerned, with 16% of 15-16 year olds in the UK having drunk alcohol more than 10 times in the last 30 days. (3 - *Hibell, 2000*)

A 2002 survey of more than 14,000 students in secondary schools in England, Scotland and Wales, found that:

- Six out of 10 boys and 50% of girls aged 11-12 had tried at least one alcoholic drink
- Of this age group 9% of boys and 5% of girls described themselves as regular drinkers. This figure rises to 39% of boys and 33% of girls amongst 15-16 year olds
- Eight out of 10 students aged 15-16 had drunk alcohol in the previous month
- 43% of students aged 14-15 and 50% of 15-16 year olds had consumed five or more alcoholic drinks in a single session – binge drinking.
- More than 25% of students aged 15-16 reported 3 or more binge drinking sessions in the past month
- Over 60% of students reported that they had drunk alcohol before the age of 13 and 1 in 7 students said that they began drinking at least once a week.

(5 - *Beinart, S 2002*)

(There is a range of national and international surveys of young people's drinking behaviour employing different sampling methods and survey techniques. The majority of these surveys are based on self-reported consumption

patterns, but in the case of the DoH, the authors report that the young people's responses are generally truthful. Many of the statistics in this article are drawn from large-scale surveys to provide an indication of the current situation)

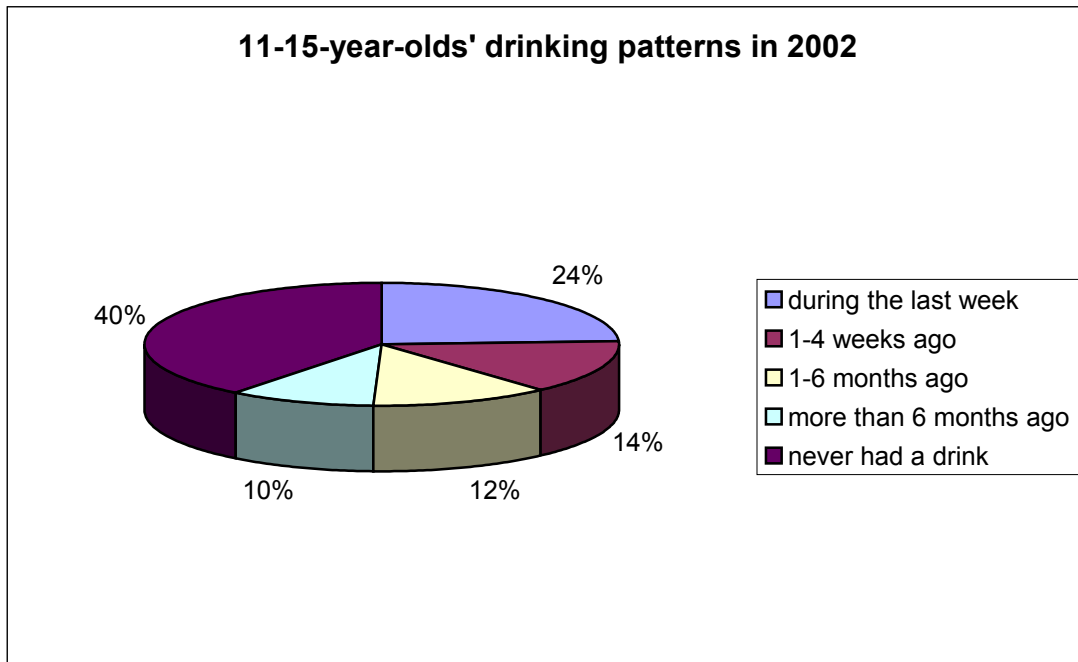


Figure 1 (2 - Boreham and McManus (eds.) 2003)

First drinks

It is not easy to pinpoint the actual age when young people generally first try alcohol. Recall of this event is usually vague and, as children get older, their definition of a proper drink changes. Drinkers start to outnumber non-drinkers from the age of twelve and by the age of 16 nearly all young people (94%) have tried alcohol (6 - Wright, 1999). Many in this age group drink only small amounts and only occasionally, often under parental supervision. More crucial than the first drink is the age young people start to drink unsupervised, signifying a shift to drinking with friends rather than parents, and in open spaces, clubs and pubs rather than at home. A survey by the National Addiction Centre found that 65% of pupils were between 13 and 14 years old when they had their first whole alcoholic drinking without their parents knowing. (7 - Boys, A., Farrell, M. et al., 2001). Studies show that the most popular locations in which to drink are friends' homes (69%), home (50%), parks/streets (34%) and pubs (30%) (7 - Boys, A., Farrell, M. et al 2001).

Why do young people drink?

A recent literature review classified young people's changing reasons for drinking as follows: (8 - Newburn & Shiner, 2001).

- 12-13 year olds start tentatively experimenting with alcohol, usually within the family environment. This reflects a desire, especially in boys, to move on from child status.
- 14-15 year olds prefer to drink outside the family environment and are more secretive, hiding their behaviour from their parents. This age group tends to drink to get drunk, with the aim of testing their limits and having fun.
- 16 17 year olds have moved on from experimentation and see themselves as more responsible drinkers, with an awareness of their own limits. They are more open with their parents about drinking and see their drinking behaviour as a sign of maturity and experience by drinking more like adults.
- Drinking is also linked to image and self-definition. Research suggests that the design, packaging and marketing of drinks appeals to young people at different ages with their different reasons for drinking.

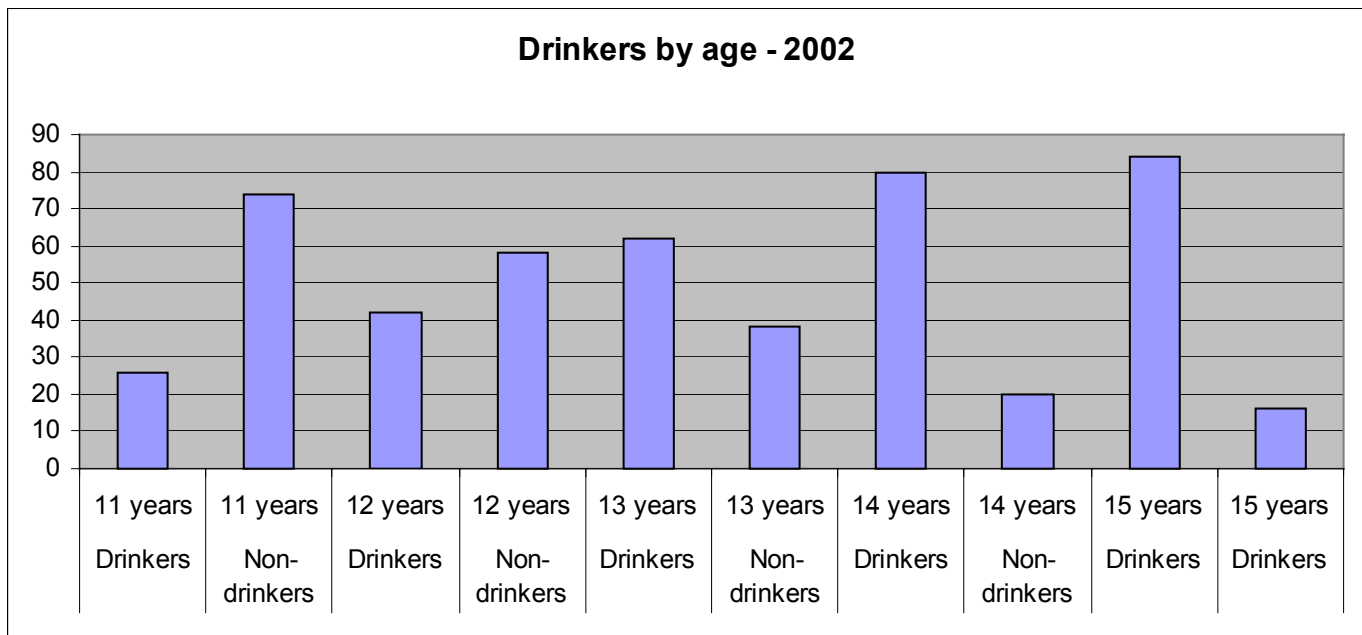


Figure 2 (2 - Boreham and McManus (eds.) 2003)

While peer group pressure is often accepted as a major factor, there is also evidence pointing to a reverse phenomenon, peer association: young people who are already experimenting with certain behaviours such as using alcohol are likely to choose as friends those who share similar interests (9 - May, 1993). Studies suggest that there exist 3 main categories of reasons for drinking based on an individual's response to alcohol, its role in socializing and peer influence on drinking.

Qualitative research suggests that young people can be defined as "high risk problem drinkers" and "low risk problem drinkers" based on their levels of drinking and behaviour linked to drinking. Young people in these two groups have very different perspectives on the role of alcohol in their lives, which greatly influences their pattern of drinking. Understanding of these factors should help in planning interventions (7- Boys 2001)

Parents' drinking

Children's attitudes and behaviours are initially shaped by families - both directly, in that parents act as role models, and indirectly, in that levels of family support, control and conflict are linked to teenage drinking. A sensible drinking example set by parents seems to be particularly important, as both abstainers and heavy drinkers are more likely to have heavy drinking children (10 - Strategy Unit, 2003). Living with a parent or parents with an alcohol problem can have a significant impact on a young person. Alcohol misuse can be the root cause of familial dysfunction and this break down of family function can extend outside the family unit and affect relationships with the wider community.

Significantly, the children of problem drinkers have more problems than children of non-problem drinkers. Under-achieving at school, emotional and psychological problems and anti-social behaviour are some of the difficulties that such young people can develop. At age 15 young people who have a parent with an alcohol problem have a higher risk of psychiatric disorder. Heavy drinkers themselves are twice as likely to have had a parent with an alcohol problem than the population in general. There is also evidence from some studies that children of problem drinkers have difficulties making the transition to adulthood, for example: greater involvement with drinking and illicit drug taking, difficulties in making friendships and a greater division between home lives and peer relationships. However, problem drinking in parents does not necessarily result in alcohol problems among their children. Velleman and Orford, in their study of how children of problem drinkers cope with parental drinking, suggest that resilience depends on multiple factors including the individual's personality, the presence of a harmonious family environment and the existence of a strong external support system such as school, church or other important adults. They found that family disharmony leading to childhood difficulties was a more influential factor than the fact of having a parent with a drinking problem (11 - Velleman and Orford, 1999). Other research has indicated that family structure influences children's social and health behaviour. For example, in families

where there has been a parental divorce, there is generally a detrimental effect on the well-being of children. (12 - Ledoux, S. et al 2002)

Types of drink

Many young people drink more than one kind of drink and what young people drink is changing. It is also the case that more young people are choosing stronger brands. The latest survey shows that 28% of young people who drink beer, cider or lager usually drink stronger brands rather than normal strength ones (2 Boreham, R. & McManus, S. (eds.) (2003).

Types of alcohol drunk in the last seven days 1992-2002

Type of drink	1992	1994	1996	1998	2000	2002
	%	%	%	%	%	%
Beer, lager, cider	76	76	74	71	75	72
Shandy	25	24	20	18	20	19
Wine	52	48	40	51	44	42
Fortified wine	17	15	15	20	19	15
Spirits	37	39	45	54	59	61
Alcopops	◇	◇	55	37	62	69

Figure 3 (◇ -alcopops were first introduced in 1996 survey)

Another survey by the SchoolsHealth Education Unit suggests that drinking preferences vary between age and gender. For example:

- 11% of females aged 12 to 13 years reported drinking wine in the previous week compared to 7% reporting drinking spirits. By the age of 14-15 years 19% reported drinking wine and 19% reported drinking spirits.
- The latest statistics indicate that the preference for beer amongst young males increases with age, with 10% of 12-13 year olds reporting drinking beer or lager in the previous week as did 26% of 14-15 year olds. (4 Balding 2003). This contrasts with the figures given in comparable survey in 2001 in which young males' preference for beer or lager remained more constant: 31% of 12-13 year olds reported drinking beer or lager in the previous week as did 32% of 14-15 year olds (13 -Balding 2001) Among young males the preference for spirits also increased with age with 7% of 14-15 year olds reporting they had drunk spirits in the previous week compared to 19% among those aged 12 to 13 years. (4 Balding 2003).
- In a review of the literature, concern was expressed over the way in which drinks are marketed to young people. After the first appearance of alcoholic lemonades and other 'alcopops' or 'ready to drink' (RTD) brands, the drinks industry focused a great deal of energy on the development of new 'designer drinks' due to their apparent appeal to the youth market. (8 -Newburn and Shiner, 2001). However, alcopops tend to become less popular as people grow older, but they are seen as an entry point into regular drinking, due to sweetness, and lack of a strongly alcoholic taste.

Note that methods for recording drinking behaviour and preferences vary between different surveys. The latest studies for the DoH and Schools Health Education Unit record the proportion of young people drinking a particular type of drink in the last week. These studies show the range of drinks young people will consume but do not provide an overall picture of consumption preferences.

The law relating to alcohol and young people

Age	Key points	Law
under 5	may not be given alcohol except on medical orders	Children and Young Person's Act 1933
5 and over	may consume alcohol, e.g. at home. It is only illegal for those aged 5-18 to drink alcohol on licensed premises	
under 14	may not be present in the bar of licensed premises unless accompanied by a person over 28, it is before 9pm and a children's certificate for the bar is in force	Licensing Act 1964 Deregulation and Contracting Out Act 1994
14 and over	may be in the bar of licensed premises during permitted hours at the licensee's discretion	Licensing Act 1964
under 16	may be present in a restaurant etc where alcohol is served with a meal and at the licensee's discretion may consume (but not purchase) alcohol bought by a parent or guardian	
16 and over	may purchase beer, porter, cider or perry with a meal in an eating area on licensed premises. (In Scotland wine can also be bought)	Licensing Act 1964
under 18	may not purchase or be supplied with or consume alcohol in a bar	
under 18	police have powers to confiscate alcohol from under-18s drinking in public and to contact their parents	Confiscation of Alcohol (Young Persons) Act 1997
under 18	Licensees and staff of licensed premises have a positive duty not to sell alcohol unless they are reasonably certain that the purchaser is not under the age of eighteen. The legal obstruction to test purchasing under the supervision of police or inspectors of weights and measures is removed.	Criminal Justice and Police Act 2001
16-18	may not be employed in a bar of a licensed premises, unless as part of a Modern Apprenticeship Scheme	Licensing Act 1997

Figure 4

NB. A revised Licensing Act was published in October 2003, but will not be implemented until January 2005 (14 - HMSO 2003)

Buying alcohol

Figures show that it is possible for young people to purchase alcohol illegally. Surveys show that 29% of 11-year-olds, 37% of 12 year olds, 41% of 13 year olds, 55% of 14 year olds and 67% of 15 year olds have bought alcohol. (2- *Boreham and McManus 2003*) However, the Youth Survey carried out by MORI for the Youth Justice board, found that 34 percent of children surveyed felt it was wrong to drink when below the legal age to buy alcohol, in any situation. The places to buy alcohol include licensed premises, supermarkets, off-licences and also from friends or relatives. (15 - *Youth Justice Board, 2003*) Wider use of proof of age cards should help licensees and staff of licensed premises to carry out their duty as outlined in the new Criminal Justice and Police Act 2001. (16 - *HMSO 2001*).

Problems with alcohol

A survey into adolescent health found that regular heavy drinking and binge drinking behaviours are associated with a whole range of problems including antisocial behaviour, violence, accidents, physical and mental health problems and poor school performance. (17 - *BMA 2003*).

For adults, guidelines warn of risks to health if men regularly drink four or more units a day or women three or more units a day. For young people, who come in all shapes and sizes, and whose bodies may still be developing, risk-free drinking does not exist. Not only sex, build and weight, but also physical tolerance, experience of drinking and the context in which it takes place are all crucial factors which affect young people's drinking experiences (18- *Royal College of Physicians, 1995*).

A significant number of young people drink more than the maximum amounts advised for adults. While most studies look at weekly consumption, a study in North West England asked 800 14-15 year olds how much they drank last time - over half had drunk more than 4 units, including 10% who had drunk more than 25 units (*19-Newcombe et al, 1995.*)

The consequences of young people's drinking are more likely to be related to intoxication rather than long-term health risks. Young people drink less often than adults, but when they drink, they tend to drink in large amounts (*20 - Lowe et al, 1993*). The ESPAD report shows that 30% of 15-16 year olds report binge drinking in the previous month (*3 - Hibell 2000*). Data from the Office for National Statistics indicate that in the next age range of 16-24 years, 36% of men and 26% of women report drinking more than 8 and 6 units respectively on at least one day in the previous week (*21 - ONS, 2002*). Young people aged 16-24 are more likely to report hazardous drinking patterns – the term 'hazardous' does not just refer to levels of drinking but also covers associated behaviour such as impulsivity, risk taking or becoming involved in arguments or having accidents.

Risk and protective factors

The Communities that Care Report (*5 - Beinart, S 2002*) lists a number of risk and protective factors for problem drinking, derived from longitudinal research studies. The risk factors identified cover the areas of family, school, community and friends. These include:

- poor parental supervision and discipline
- truancy from school
- disadvantaged neighbourhood
- early involvement in problem behaviour

However, there are protective factors which are linked to positive outcomes even when children are growing up in adverse circumstances and are heavily exposed to risk. These include:

- strong bonds with family friends and teachers
- healthy standards set by parents, teachers and community leaders
- opportunities for involvement in families, schools and the community
- social and learning skills to enable participation
- recognition and praise for positive behaviour.

The study finds that for every risk factor, an increased exposure to risk, as measured by the survey, was found to relate significantly to an increased likelihood of reported involvement in problem behaviour. Conversely, the more young people were exposed to protective factors, the less likely they were to report taking part in antisocial activities such as problem drinking.

Dependence

For young teenagers, there is nothing in between anecdotal and often sensationalist coverage in the media and incomplete official data. It is extremely difficult to establish levels of dependency for teenagers below the age of 16 years. Government figures for 2002-2003, reported 6,431 episodes of hospital admission for children under 16 being treated for the effects of non-dependent use of alcohol or drugs (*2 Boreham, R. & McManus, S. (eds.) (2003)*), however, the figure given for alcohol or drug dependency is a total for the 15-59 age range and does not specify a dependency total for under 16s.

National surveys of alcohol dependency focus on adults aged 16 years and upwards - a study of dependency in the adult population indicated that nearly 15% of those aged 16 to 24 years are dependent upon alcohol (*22 - National Statistics 2001*). Although the great majority of these are only mildly dependent, it is a matter of concern that one fifth of young men in this age group are affected. The proportion of dependent adults declines significantly among older people. However, the figures show that more serious levels of dependency tend to occur among people in their 30s and 40s.

Little is known about the longer-term impact of regular drinking on teenagers, or whether heavy drinking as a teenager increases the likelihood of developing problems in later life. Prolonged heavy drinking potentially places young people at risk of dependency.

Health

Hospital admissions

A recent report asserts that the health burden caused by intoxication is particularly heavy among teenagers and young adults. (*23 - Academy of Medical Sciences, 2004*) One thousand young people under the age of 15 need

emergency treatment for alcohol poisoning each year. (24 - *DoH, 2002*) Experimental drinking can lead to severe intoxication, which is more dangerous for children and adolescents than for adults, as they experience coma at lower blood alcohol levels and can develop hypoglycaemia (low levels of blood sugar), hypothermia and breathing difficulties (25- *Balding, 1996*).

In the early 1980s, hospital admissions for alcohol poisoning were calculated at about 1,000 a year (26 - *Beattie et al, 1986*). However, research from the Royal Liverpool Children's Hospital Accident and Emergency Department shows a ten-fold increase in such admissions between 1985 and 1996. In 1996, about 200 children under the influence of alcohol were brought into the department, ranging in age from 9 to 16. All either needed resuscitation from a large overdose or had injuries from accidents or assaults sustained while drunk. Most had drunk strong cider or vodka. The range of blood alcohol levels was 35 to 372 mg/100ml (27 - *Robson 1997*). Press reports and anecdotal evidence suggest this increase is not unique to Liverpool.

It is much more difficult to assess the number of admissions where alcohol is a contributory factor rather than a primary cause. While young people would be very unlikely to be admitted for chronic alcohol-related illness, intoxication puts them at risk of accidents, both due to inexperience of the effects of intoxication and the fact that drinking often takes place in secret, in locations with a higher risk potential. (8 - *Newburn and Shiner, 2003*) Statistics on alcohol-related accidents among young people are scarce, however, the ESPAD report indicated that 13% of 15-16 year olds had been involved in an accident or had been injured as a result of drinking. (3, *Hibell, 2001*)

Deaths

All these patients admitted to hospital need close observation for a few hours, many need admission and a few require intensive care. Fortunately, deaths in this age group are rare. In 1993, 17 people under the age of 25 died from direct effects of alcohol; in 1994 the figure was 12 and in 2002, there were 9 deaths (28 - *ONS, 2003*). However, older teenagers are far more likely to die from the indirect effects of alcohol than from its direct effects. Accidents, suicide and violence are significant causes of death in the 16-25 age group, and alcohol is often implicated in all three (29 - *Acheson 1998*). An Australian study found that deaths from acute alcohol conditions such as accidental injuries and assaults accounted for the greatest proportion (46%) of years of life lost compared to 33% for chronic alcohol-related diseases. The fact that most deaths from acute conditions usually occur among young people aged 15 to 29 years accounted for the high number of years of life lost (30 - *Chikritzhs 2001*).

Drunkenness

The UK has some of the highest levels of drunkenness among young people in Europe. 76% of 15-16 year olds report having been drunk at least once and 29% report having been drunk 20 times or more. 50% of 15-16 year olds report having been drunk during the last 30 days (3 - *Hibell, 2000*). Only the most severely intoxicated children need hospital treatment. For others, the effects may range from the unpleasant (hangovers, headaches, minor accidents and falls) to the more serious. Up to 8% of 14-15 year olds in one study experienced being ill enough to stay at home after drinking and 4% reported having problems at school as a result of drinking (19 - *Newcombe et al, 1995*).

Young people, alcohol and sex

Studies suggest a clear association between drinking alcohol before sexual activity and not using contraception, which has implications for both teenage unwanted pregnancies and for sexually transmitted diseases, including HIV. After drinking alcohol, one in seven 16-24 year olds has had unprotected sex (31 - *HEA, 1998*). There is also evidence that young people combine alcohol and sex, especially prior to their first sexual experience. Around 40% of 13 and 14 year olds were 'drunk or stoned' when they first experienced sexual intercourse (32 - *Wright, 2000*). In one survey of 14-20 year olds alcohol was identified as the main reason for first sexual experiences for 20% of young men and 13% of young women (33- *Ingham 2001*). The ESPAD survey found that 11-13% of girls in the UK sample report having had sex which they later regretted after drinking alcohol and 7-9% of girls and 8-11% of boys aged 15-16 report having had unsafe sex after drinking (3- *Hibell, 2000*).

However, it is not possible to identify a direct causal link between alcohol and unsafe sex. Studies suggest that some young people are 'risk takers'. They exhibit 'clusters of risk-taking behaviours such as risky sex but also smoking, using illicit drugs or fighting. Further research needs to be undertaken into the link between alcohol and risk-taking behaviour in general among young people.

School exclusion

Inappropriate use of alcohol by young people has been shown to have an impact on school performance. A Europe-wide study concluded that there is a strong relationship between alcohol consumption and school

performance, and that alcohol can be regarded as both the result and the cause of school failure. (34 - *Settertobulte et al, 2001*). Alcohol is a factor in many school exclusions and suspensions. Around 14% of pupils excluded from school were suspended for drinking alcohol at school. (15 - *Youth Justice Board, 2003*). In many cases, the fact that a pupil is not at school – with time on their hands, no adult supervision, and/or spending time with a heavy drinking peer group – can lead to increased levels of drinking. Alternatively high levels of drinking will have contributed to the exclusion since both heavy drinking and being drunk can bring about behavioural problems such as violence, verbal abuse and vandalism.

Crime

The relationship between alcohol and crime is complex. Although some crimes such as drink-driving and being drunk and disorderly are obviously caused by alcohol, there is also a range of crimes associated with alcohol but where alcohol is not the cause (6 - *Wright 1999*). Evidence indicates that alcohol is a contributory factor in many incidences of crime and antisocial behaviour. (35 - *Roberts & Fox, 2001*). (Unfortunately there are indications that for some young people early onset of drinking and delinquency are associated. In addition, regular socialising in pubs and bars puts young people at risk of assault.

- In 2003, 16% of school attenders who had committed crime stated that they had been under the influence of drink when committing the crime. This figure increases to 26% among young people who had been excluded from school (15 - *Youth Justice Board 2003*).
- The peak age for arrests for drunkenness is 18 years. (6 - *Wright 1999*).
- 47% of victims of violent crime (including assaults and muggings) perceived their offender as having been drinking (10 – *Strategy Unit 2003*).
- Young men are nearly five times as likely to become victims of violent crime, and regular visitors to pubs and clubs are twice as likely to become victims of violent crime (36 - *British Crime Survey 2000*).
- 19% of violent incidents take place in or near licensed premises (36 - *British Crime Survey 2000*). Around half of alcohol-related assaults take place around a pub, club or disco, with a third of these incidents taking place inside these venues (37 - *Budd 2003*).
- A Home Office survey found that 18% of 12-13 year olds and 28% of 14-15 year olds reported damaging or destroying things after drinking (38 - *Honess, Seymour and Webster 2000*).
- 10% of 15-16 year olds report having been in trouble with the police as a result of drinking (3- *Hibell, 2000*).

Problems as adults

Surprisingly little is known about whether teenagers who drink heavily become problem drinking adults. Men aged 16-24 are the heaviest drinking section of the population and for young women, consumption reaches its peak in the late teenage years. This is sometimes referred to as a “rite of passage” phase. It is widely accepted that consumption by both sexes declines with the formation of steady relationships, parenthood and increased financial responsibilities. However, changing social patterns such as women tending to work longer before having children or divorce/separation means that people are tending to drink and socialise more outside the home. Further research is needed to establish whether those people whose problems continue beyond the “rite of passage” phase are the ones who drank heavily in their early teens.

The way forward

Alcohol plays a significant part in our culture, society, economy and personal relationships. Given the potentially damaging impact of alcohol misuse, young people need support and education to make them aware of its pleasures and risks and help prepare them to make choices about using alcohol. For those young people to choose to drink, Alcohol Concern recommends a multi-faceted approach to ensure the transition from youthful experimental drinking to moderate enjoyment of alcohol in adulthood including:

- The effective delivery of alcohol education in schools about the risks of drinking and getting drunk, to reduce alcohol-related harm to young people. More research is needed on what approaches are most

effective. Teachers need to be trained to deliver alcohol education and to help them respond appropriately to pupils who disclose an alcohol-related problem, including problem drinking in the family.

- Increased awareness of parental drinking behaviour as model for young people. Parents need to be aware of the importance of their behaviour and attitudes towards alcohol in influencing their children. They should be involved in developing school education and local community initiatives and alcohol should be included in parental skills classes.
- The development and evaluation of local education and diversionary activities. Emerging good practice in this area needs to be shared.
- Without criminalizing young people unnecessarily, licensing laws and regulations should ensure that age restrictions are effectively enforced. Training should be provided to staff selling alcohol to help them deal with under-age drinkers.
- The establishment of codes, independent monitoring and adjudication arrangements to regulate the packaging and merchandising of alcohol with a view to protecting young people.

The National Alcohol Harm Reduction Strategy, published in March 2004, outlines the government's commitment to improving alcohol education in schools to ensure that such education "addresses attitudes and behaviour as well as providing information". The Strategy also promises action to reduce alcohol related crime and disorder, with aims including tackling sales to under-18s and ensuring full use is made of existing powers to deal with under-age drinking and anti-social behaviour. (39 - Strategy Unit, 2004).

Alcohol Concern initiatives

Alcohol Concern has worked jointly with Drugscope to produce "Alcohol: Support and Guidance for Schools" and "Opportunities for Drug and Alcohol Education in the School Curriculum", both published 2001 (contact the Alcohol Concern Information line - 020 7922 8667 - for prices and availability). Co-operation with DrugScope continues in the form of a project to develop the Drug Education and Prevention Information Service (DEPIS), a database of resources for professionals working with people under 18 and for the young people themselves.

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Updated March 2004