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Alcohol Concern's Quarterly Information and Research Bulletin

Young People's Drinking

Introduction

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. Rising levels of alcohol-related mortality and illness in adults also raises the question of whether problematic drinking by teenagers is a precursor for misuse in adulthood.

This article looks at the existing evidence on young people's drinking in the United Kingdom showing the prevalence of drinking, trends in drinking patterns and highlights alcohol-related problems that are specific to young people. Overall teenagers in the UK are drinking more frequently, levels of consumption are on the increase, as is binge-drinking. Increased drinking among adolescent girls is a particular matter for concern.

The focus is on young people between eleven and seventeen and aims to capture a picture of 'normal' teenage drinking behaviour.

Drinking patterns and trends

While the proportion of 11-15-year-olds who drink at all has remained at about 60% since 1988, some disturbing trends have emerged in recent years.

- Among 11-15-year-olds who do drink, the average weekly consumption has doubled from 5.3 units in 1990 to 10.5 units in 2005.
- Frequency of drinking has increased. The proportion of young people drinking at least once a week rose from 13% in 1990 to 17% in 2005.
- The gap between young male adolescents and female adolescents has narrowed over recent years. For example the proportion of girls drinking at least once a week has risen from 12% in 1990 to 16% in 2005 compared to the proportion of boys drinking at least once a week, which rose from 15% to 17%. In addition the increase in mean consumption in girls is fractionally higher than in boys though boys still drink more.

(The Information Centre, 2006)

- Binge-drinking is common among young people in the UK. The European Schools Project survey from 2003 found that proportion of UK teenagers aged 15-16 years drinking at this level is one of the highest in Europe, with only Ireland (32%) and the Netherlands (28%) exceeding UK teenagers. Comparisons with earlier surveys in this project show that the proportion of young people who binge in the UK increased from 22% in 1995, to 30% in 1999 and then dropped back to 27% in 2004. Figures from this study also show that binge-drinking among girls overtook binge-drinking among boys with 29% of girls reporting binge-drinking 3 or more times in the last 30 days compared to 26% of boys.
- UK teenagers also report some of the highest levels of life-time drunkenness - 27% report having been drunk 20 times or more in their life time. In addition 36% report being drunk at age of 13 years and they are the third highest on this scale. (Hibell, 2004)

Drinking styles

Determining styles of drinking for this age range is difficult as this is a period of transition between childhood and early adulthood. The quantitative definitions of 'hazardous' (over 21 units a week for

Figure 1: Current statistics on drinking (pupils aged 11-15 years)

In 2005

- 58% reported ever having an alcoholic drink. The prevalence of drinking increases with age with 22% of eleven-year-olds reporting that they drank compared to 86% of 15-year-olds
- 22% reported drinking in the last week
- 17% said they drank at least once a week. Frequency increases with age - 37% of 15-year-olds report drinking once a week.
- Among those who drink, mean alcohol consumption is 10.5 unit per week (approx.) including an average of 8.2 units among 11-year-olds and 11.8 units among 15-year-olds.

(The Information Centre, 2006)

- 4% of 15-16 year olds report having drunk more than 5 drinks on a single occasion in the last 30 days
- 27% of this age group reported this level of drinking 3 or more times in the last 30 days.

(Hibell, 2004)

men and 14 units for women) and harmful drinking (over 50 units a week for men and 35 units a week for women) do not apply to teenagers and aggregate figures on consumption levels only partially describe drinking behaviour. The clearest trends in drinking patterns related to increase frequency of drinking and increased bouts of intoxication. Frequency of drinking increases with age with 2% of 12-year-olds drinking about twice a week compared to 16% of 15-year-olds. The Youth Life styles study from 1998 also found a striking increase in bouts of intoxication across ages with 22% of 12-15-year-olds reporting being very drunk in the last year compared to 63% of 16-17-year-olds. Drinking levels then tend to peak in the next age range of 16-24 years.

Newburn and Shiner in their 2001 literature review identified several stages in young people's drinking behaviour which change with increasing age:

- 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 move on from experimentation to seeing 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 similarly to 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.

(Newburn and Shiner, 2001)

What young people drink

Many young people drink more than one type of drink and their preferences have changed slightly

over the last decade

- The proportion of teenagers drinking spirits and alcopops has increased over the last 10 years
- There are also distinct gender differences in drink preferences, with boys more likely to drink beer, lager and cider than girls (89% of boys compared with 56% of girls). Girls are more likely to drink wine (54% compared with 33%) and alcopops (71% compared to 59%). (Information Centre, 2006)

Where young people drink

It is illegal for young people under the age of 18 to purchase alcohol and generally they cannot consume alcohol on licensed premises. However, it is not illegal for them to drink alcohol in private homes and young people are clearly able to obtain alcohol. Figure 3 shows the mostly likely drinking venues for young people.

Obtaining alcohol

The DoH 2004 survey of young people's drinking introduced a number of new questions about how young people obtained alcohol given that it is illegal for them to purchase alcohol. It found that among those who ever drank alcohol, the most common sources were parents (27%), friends (27%) bought on their behalf (20%) taken from home (18%). Stealing was rare with only 6% ever stealing from home and 1% stealing from external sources. (Bates et al., 2005)

Purchasing alcohol was unusual with 6% buying from shops (supermarkets and off-licenses) and 5% purchasing from pubs, bars or clubs. However, those who did try to purchase alcohol were often successful. The survey found that 87% of 11-15-year-olds who had tried to purchase alcohol at a pub or bar were successful as were 73% who tried to buy from a shop. Older teenagers were more successful than younger ones so 95% of 15-year-olds successfully bought alcohol compared to 64% of 11-13-year-olds. (Bates et al., 2005) The Schools Health Education Unit survey which also charts young people's

Figure 2: Types of alcohol drunk in the last seven days 1992-2002 - percentage of young people drinking a particular type of drink in the last week.

Type of drink	1994	1996	1998	2000	2002	2004	2005
	%	%	%	%	%	%	
Beer, lager, cider	76	74	71	75	71	71	73
Wine	48	40	51	44	43	41	43
Spirits	39	45	54	59	61	63	65
Alco pops	●	55	37	62	68	65	63

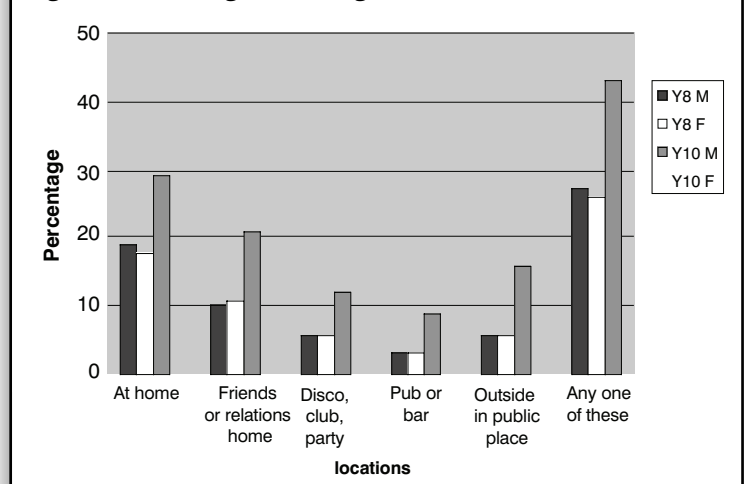
Figure 2 (● alcopops were first introduced in 1996 survey) (Information Centre, 2006)

behaviour, estimated that around 17% of 15-year-olds regularly purchased alcohol in 2004, with 50% being able to drink alcohol

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. (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

Figure 3: Teenage drinking locations



between 13 and 14 years old when they had their first whole alcoholic drinking without their parents knowing. (Boys, A., Farrell, M. et al., 2001)

Figure 4: The laws relating to young people and alcohol

Over 5 years	May consume alcohol eg in private homes	
Under 16 years	It is an offence to allow children under 16 onto relevant premises (premises to which a license or temporary event notice has been given) exclusively for the supply of alcohol, if they are not accompanied by an adult (aged 18 or over). Note that this includes every part of the premises including terraces and beer gardens.	Licensing Act 2003
Under 18 years	<p>The legal age for purchasing alcohol is 18 years.</p> <p>It is an offence for:</p> <ul style="list-style-type: none"> • for any person to supply alcohol to children anywhere, not just on licensed premises eg supplying smuggled alcohol from vans or car boots. • to sell alcohol to a child unless the person charged believed he/she was 18 or over or took reasonable steps to establish the purchaser's age ie asked for proof of age identification. • It will be an offence for a child to buy or attempt to buy alcohol; • It will be offence for a child knowingly to consume alcohol on relevant premises (see above) <p>Exceptions: Children aged 16-17 may drink beer, wine or cider at a table meal if they are accompanied by an adult.</p>	Licensing Act 2003
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	when a child has been asked to test-purchase alcohol from a relevant premises by a police officer or a trading standards officer. In these cases, the child will not be committing an offence.	Licensing Act 2003

Why do young people drink? Motivations and influences

A recent study on young risky drinking by the Joseph Rowntree Foundation (JRF) found that the young people they interviewed cited 3 main reasons for drinking:

- **Social facilitation.** This was the most often-quoted motivation for drinking linking excess drinking with increased enjoyment and comfort in social situations.
- **Individual benefits.** These were diverse and included "escapism", getting a "buzz" or "something to do".
- **Social norms and influences.** Drinking and drinking to excess was seen as part of a wider social norm and this was linked to peer influence and one's image among peers.

(Coleman and Cater, 2005)

Although this study was specifically about risky drinking patterns, the authors found that the reasons given were similar to those given in studies of more general populations of young people. (Newcombe et al. 1995, Harnett et al. 2000, Engineer et al. 2003, Brain et al. 2000) The authors argue that general samples contain a significant proportion of young people that do drink to get drunk and this is pattern of hedonistic consumption is widespread. However, they also noted some significant differences in emphasis given to individual motivation. These will be picked up in the section on problems association with alcohol misuse.

Influencing factors

Young people's attitudes and behaviour around drinking are influenced by their immediate circle of family, friends, and an increasing awareness of the place of alcohol in society. The most significant factors include:

- **Parental attitude and behaviour.** 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. (Cabinet Office, Strategy Unit, 2003) Moderate levels support and control and attitudes that support sensible drinking are thought to provide a setting that is conducive to the development of "socially competent drinking behaviour" in a young person. Conversely low parental support and control combined with heavy parental drinking and attitudes that condone heavy drinking are associated with excess drinking by young people. (Newburn and Shiner, 2001)
- **Peer group pressure.** Teenage years are a time when family influences wane and the importance of external friends increases so peer pressure is often accepted as a major factor influencing drinking behaviour. However, 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. (May, 1993)

- **Advertising.** Young people are thought to be particularly susceptible to drinks advertising. Studies show that the more appreciative they are of advertising, the more likely they are to drink now and in the future. In addition econometric studies in the US have found that higher levels of local advertising were associated with increased binge-drinking. (Cabinet Office Strategy Unit, 2003)
- **Drinks retailing and marketing.** Concern has been 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. (Newburn and Shiner, 2001) Branding is a key influence and popular "youth" brands are heavily advertised, for example £7.2 million was spent advertising Barcardi Breezer in 2002. (Cabinet Office Strategy Unit, 2003)
- **Price and availability.** Although it is unusual for 11-15-year-olds to buy their own alcohol, survey data shows that by the age of 15 years 20% of those who drink buy alcohol from shops and 17% buy from pubs. Ease of purchase increases between the ages of 15 and 18. Despite the Home Office Alcohol Misuse Enforcement Campaign of targeted test purchasing across England and Wales, 29% of on-licensees, 21% of off-licensees and 18% of supermarkets are selling to under-18-year-olds. (Home Office, 2006)
- With the improvement in household incomes over the last 30 years, alcohol has become progressively more affordable so teenagers with jobs or allowances can now purchase alcohol more easily. Research studies in the North West of England show that teenagers with a weekly income of £30 a week are twice as likely as those with £10 per week to drink frequently and in public places. (Bellis et al. 2006) As young people are sensitive to price changes there are increasing calls to either increase the real cost of alcohol, eg through taxation as proposed by Patricia Hewitt, Secretary for Health (BBC Online, 2000) in October 2006 or for parents to regulate their children's spending more rigorously. (Bellis et al 2006)

The impact of alcohol misuse on young people

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. (British Medical Association,

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 adolescents, going through a period of rapid growth and physical change, 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. (Royal College of Physicians, 1995)

Researchers in the UK have challenged assumptions among US commentators that teenage drinking in itself is necessarily problematic and most argue that:

"adolescent drinking in Britain is essentially normal behaviour, which is part of the process of socialization and reflects adult norms and drinking practices within a wider cultural setting" (Newburn and Shine, 2001)

For most UK researchers/commentators, teenage drinking is perceived as a form of consumption across the whole population age group rather than abuse by a damaged or delinquent sub group. However, drinking to excess or drinking in unsafe circumstances can, potentially, have problematic outcomes for young drinkers.

Young people drink less often than adults, but when they drink, they tend to drink in large amounts. The ESPAD report shows that 30% of 15-16-year-olds report binge-drinking in the previous month. (Hibell, 2004) So for those young people who drink intoxication or drunkenness is not uncommon. Many of the alcohol problems young people face are acute and result from associated behaviour such as impulsivity, risk taking or involvement in arguments or accidents. The outcomes can be both health-related or put personal safety and well-being at risk.

Health problems

The consequences of young people's drinking are more likely to be linked to intoxication than long-term health risks.

Hospital admissions

A recent report asserts that the health burden caused by intoxication is particularly heavy among teenagers and young adults. (Academy of Medical Sciences, 2004) Around one thousand young people under the age of 15 need emergency treatment for alcohol poisoning each year. (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. (Balding, 1996)

In 2004/2005 7,579 under 18 year-olds were admitted to hospital in Britain with a primary and secondary diagnosis relating to the ill-effects of alcohol. These

figures included individuals admitted for a primary alcohol-related condition eg alcohol poisoning and those with other primary diagnoses, for example facial injuries, combined with a secondary alcohol-related diagnosis. In these latter cases the effect of alcohol was a contributory factor and the injury was likely to have occurred when the person was intoxicated. The figures represent a 21% increase from 2000/2001 when 6,288 were admitted hospital and indicate a worrying trend that needs to be monitored. (BBC, 2006)

While young people would be unlikely to be admitted for chronic alcohol-related illness, intoxication puts them at risk of accidents and assaults, both due to inexperience of the effects of intoxication and the fact that drinking often takes place in secret, in locations with higher risk potential. (Newburn and Shiner, 2001)

Deaths

Fortunately, deaths directly caused by alcohol in this age group are rare. In 2002, there were 9 deaths. (ONS, 2003) However, older teenagers are far more likely to die from the indirect effects of alcohol than from its direct effects. It's estimated that alcohol is a factor in 20-30% of all accidents. (Honkanen, 1993) Accidents, suicide and violence are significant causes of death in the 16-25 age group, and alcohol is often implicated in all three. (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. (Chikritzh, 2001)

Intoxication

The UK has some of the highest levels of drunkenness among young people in Europe. In 2003 68% of 15-16-year-olds in the UK report having been drunk at least once in the last year and 24% report having been drunk 10 times or more. (Hibell, 2004) Only the most severely intoxicated children need hospital treatment. For others, the health effects may range from the unpleasant (hangovers, headaches, minor accidents and falls) to the more serious. Note around 35% of UK teenagers report being drunk at 13. (Hibell, 2004) Coleman and Cater in their study of risky teenager drinkers particularly noted that drunken episodes rather than consumption of alcohol *"appears to mark a crucial transition to repeated episodes of excessive drinking"* and recommend a greater understanding of the *"process triggering the transition from first ever alcohol to first drunkenness"* (Coleman and Cater, 2003)

Long term health effects

There is little evidence that adolescent experience the more serious chronic disorders associated with alcohol dependence such as liver cirrhosis,

gastritis and pancreatitis. However, a few studies of adolescent humans and adolescent rats indicate that heavy drinking can impact on liver, bones and endocrine development. There are signs that it can also affect brain development. Figure 5 lists the key findings on the physiological effects of alcohol on adolescents.

More research is needed to establish what level of consumption is required to produce these physiological changes. In particular, it is not clear if the threshold for incurring alcohol-related health problems is substantially lower for adolescents than it is for adults (3 to 4 units per day for adult men and 2 to 3 units per day for adult women). There is also a question of whether this alcohol-induced damage is a straight cumulative process that starts in adolescence and culminates in adult as a result of chronic heavy drinking or whether serious alcohol-related health problems can emerge during adolescence. (Alcohol research and health, 2004/2005)

Dependence

It is extremely difficult to establish levels of dependency for teenagers below the age of 16 years with national surveys of alcohol dependency focusing 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. (Office for National Statistics, 2001) Although the great majority of these are only mildly dependent, it is a matter of concern that their dependence may have developed as a result of earlier drinking patterns. Alcohol dependence results from chronic alcohol misuse so the proportion of dependent teenagers under 16 is likely to be considerably smaller.

The Advisory Council on the Misuse of Drugs describe the onset of alcohol dependence as a complex interaction of psychological, neuro-biological factors combined with an individual's genetic make-up and social background. Use of a psycho-active drug such as alcohol changes the normal release of dopamine in the brain. This change strengthens the neural connections associated with the experience of 'reward'; reinforcing the behaviour that led to the reward and increasing the incentive to re-use the drug. This process is called 'sensitisation'. (Advisory Council on the Misuse of Drugs, 2006)

There is considerable debate over the issue of whether early onset of drinking leads to alcohol dependence in later life. Although some studies have suggested that early onset of alcohol use is a marker for later dependency, other have indicated that combined age of onset and intensity of use are more accurate indicators of later dependency. However, research shows that by age 30 earlier initiators who drank heavily in adolescence do not necessarily become dependent. This mirrors findings from studies of other life-course-persistence problem behaviours. (ed. Heather et al. 2001) Not all young people who drink heavily will therefore become dependent. The research evidence to date identifies a number of moderating factors that account for the differences in outcome including a history of alcohol misuse within the adolescent's family, gender, age of onset of heavy drinking, drinking patterns, periods of abstinence, use of other drugs, co-occurrence of other psychiatric disorders. (Tapert, et al. 2004/2005)

Personal outcomes

Studies of young people show that they have various expectancies on outcomes of their drinking. Many are positive as reflected in the reasons they give for drinking. However, they also recognise problems that result from their drinking. Students in a general sample from the ESPAD study identified a range of problems in ascending order with damage to possessions as the most common problem see figure 6a. Interestingly the researchers noted that many of the countries where students reported high expectations of positive experiences were also at the top of list of countries with student reporting problems. (Hibell, 2004)

A recent study of a sample of 'risky drinkers' aged 14-17 (ie a high proportion reported experience of heavy drinking sessions in unsupervised locations) provides a slightly different list of outcomes but with some clear overlap. See figure 6b. For this group the most common experiences were regretted sex (39 interviewees), injury (31 interviewees), walking home alone (21 interviewees), daring behaviour (18 interviewees). Experience of drug taking or problems with the police were more unusual and of a minor nature. However, the researchers found that the majority of the sample had experienced harmful outcomes from

Figure 5: Physiological effect of alcohol on adolescents

	Findings
Liver	<ul style="list-style-type: none"> Levels of enzymes indicating liver damage are higher in students with alcohol use disorders Enzymes levels are higher in obese adolescents who drink more moderate amounts
Endocrine system	<ul style="list-style-type: none"> Drinking can lower estrogen levels in adolescent girls Drinking can lower luteinizing hormone and testosterone levels in adolescent boys
Bone density	<ul style="list-style-type: none"> Increased alcohol is linked with lower bone mineral density in adolescent males
Brain	<ul style="list-style-type: none"> A history of alcohol misuse or dependence in adolescents is associated with reduced hippocampal volume (<i>impedes memory and learning of new information</i>) and small changes in the structure of white matter in the corpus callosum (<i>made up of nerve cell connections</i>)

their drinking which reflected the nature of the sample group. They also noted that motivation was linked to the outcome. Interviewees that said that their main motivation for getting drunk was to get a 'buzz' generally reported more occasions of harm and for those for whom social facilitation was the main motivation, reported less harm.

Findings from these different groups would appear to confirm the profile of "hedonistic/functional consumption" outlined by researchers such as Brain et al, (2000) and Parker (2003) in which teenagers knowingly use alcohol for the 'buzz' it gives while recognising the potential problems it might cause.

Societal concerns over outcomes

Young people, alcohol and sex. With the UK having one of the highest rates of teenage pregnancies in Europe there is serious concern around the link between drinking alcohol before sexual activity and not using contraception. This 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. (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 (Wight, 2000). In one survey of 14-20-year-olds alcohol was identified as the main reason for first sexual experiences in 20% of young men and 13% of young women. (Ingham 2001) 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.

Risky unsupervised drinking. A number of recent studies and reviews have noted the pattern of excess unsupervised drinking in public places and the potential problems this causes for young people in terms of accidents, fights and assaults. This is particularly the case for younger drinkers that cannot consume alcohol in the relative safety of pubs and bars where there is a measure of control over young people's drunken behaviour. Proposals have been put forward for competitively priced alternative activities for young people in the evenings and holiday periods. (Bellis et al, 2006) There have also been some controversial proposals but these run counter to current licensing legislation.

Alcohol use as a gateway to illicit drug-use. Earlier studies by Parker and Measham on substance misuse by young people show a clear link between regular drinking and use of illicit drugs. One study found that over half of 'weekly drinkers' reported

Figure 6a: Alcohol-related problems (Hibell, 2004)

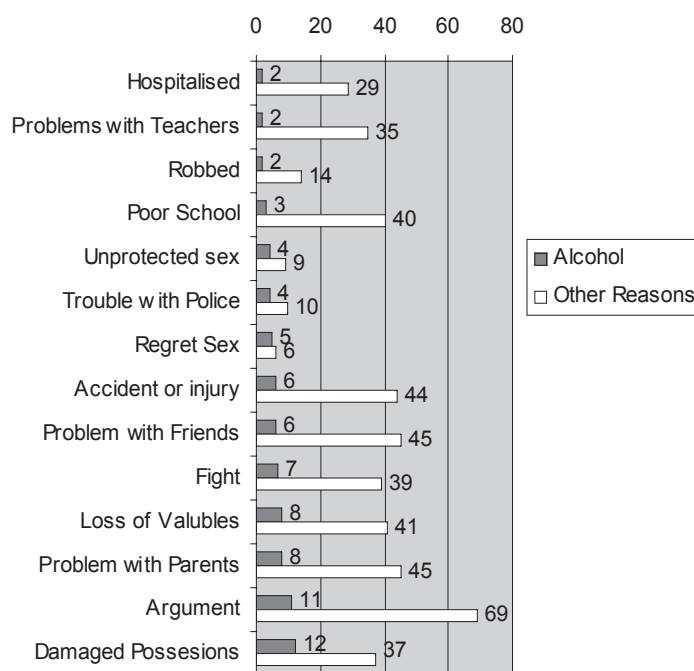


Figure 6b: Outcomes of drinking alcohol among a sample of 'risky' drinkers. (Coleman and Cater 2003)

Health outcomes

Including regretted sexual experience, injury, fighting, intoxication and drug use

Safety outcomes

Including walking home alone, daring behaviour and pranks, dangerous driving

Legal outcomes

Including trouble with the police

having used an illicit drug compared to one in 15 non-drinkers and two fifths had used a drug in the past month compared with one in 25 non-drinkers. (Newburn and Shiner, 2001) The latest national survey of drug use, smoking and drinking, showed that recent alcohol use was the strongest predictor of recent cannabis use. The survey also noted that the most important factor in predicting whether teenagers aged 11-15 used any of these substances, is whether they do at least *one other* of these. (Information Centre, 2006) However, the recent report by the Advisory Council on the Misuse of Drugs points to the lack of reliable information on concurrent use of alcohol, illicit drugs and tobacco and recommends that future surveys question about frequency of use of these substances. (Advisory Council on the Misuse of Drugs, 2006)

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. In addition evidence suggests that the culture of heavy drinking in university is carried on into working life. 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.

Risk and protective factors for problem drinking among young people

So far this paper has tried to create a picture of normal teenage drinking behaviour. However, the evidence suggests a continuum of behavioural patterns from infrequent moderate consumption to risky episodic drinking. However, there is evidence that certain subgroups have serious problems with alcohol. There is a large body of evidence on risk factors that dispose young people to problematic use of alcohol and other drugs. The Communities that Care Report (Beinart, 2002) lists a number of risk and protective factors for problem drinking, derived from longitudinal research studies - see figure 7.

Both the identified risk and protective factors cover the areas of family, school, community and friends - see figure 7.

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. UK studies of young people with alcohol problems such as the Avon Longitudinal study of Parents and Children (ALSPAC) generally show that these are a vulnerable group with pre-existing problems such as early family adversity, parental drug use and poor academic performance. Within this small sample there was evidence of smoking and drinking at a very young age (8-10 years) and that this was associated with an increased likelihood of smoking cannabis at age 12 years. (Advisory Council on the Misuse of Drugs, 2006) Another study of teenager drinkers, the Edinburgh Study of Youth Transitions and Crime, showed that up to the age of 15 respondents who regularly drank, or smoked or took illicit drugs, were more likely than others to report delinquency such as vandalism, shop lifting, assault, carrying weapons, or disorderly behaviour. (Advisory Council on the Misuse of Drugs, 2006)

For these groups of young people alcohol misuse can have a serious adverse affect on their lives, further marginalising them in society. Particularly in relation to school exclusion and early involvement in crime.

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. (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. (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 (Wright, 1999). Evidence indicates that alcohol is a contributory factor in many incidences of crime and antisocial behaviour. (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 increased risk of assault.

Figure 7: Risk and protective factors for problem drinking among young people

Risk factors	Protective factors
<ul style="list-style-type: none"> • poor parental supervision and discipline • truancy from school • disadvantaged neighbourhood • early involvement in problem behaviour 	<ul style="list-style-type: none"> • 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.

- 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. (Youth Justice Board 2003)
- The peak age for arrests for drunkenness is 18 years. (Wright 1999).
- 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. (British Crime Survey, 2000)
- 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. (Honess, Seymour and Webster 2000)
- 4% of 15-16-year-olds report having been in trouble with the police as a result of drinking. (Hibell, 2004)

Response to teenage drinking

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. The National Alcohol Harm Reduction Strategy, published in March 2004 focuses very much on education and law enforcement as the main tools to prevent misuse of alcohol in young people. While acknowledging the value of this approach, Alcohol Concern recommends a more 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 and other educational settings 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. Education programmes should also to aim to establish ideas of social norms around drinking that do not position drunkenness as a norm. 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.
- Training for generic youth providers to help identify and intervene when young people show signs of alcohol problems.

- The development and evaluation of local education and diversionary activities. Emerging good practice in this area needs to be shared.
- Increased range of alcohol treatment services for young people with alcohol misuse problems.
- 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.

(Note that many of these proposals are picked up in the recent report "Pathways to Problems by the Advisory Council on the Misuse of Drugs see Straight Talk article on page 4).

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