

Reducing young people's drinking

The conditions in which people are born, grow, live, work and age can lead to health inequalities – the unfair and avoidable differences in health status.

Actions to tackle health inequalities demand the efforts of government, statutory organisations, and community, voluntary and private sectors. This Good Practice Guide to reducing young people's drinking is one of a series designed to capture information about health inequalities and highlight evidence-based interventions and key actions for improvement across sectors.

Other Good Practice Guides in this series can be accessed at: www.publichealth.hscni.net/publications/good-practice-guides

Why do it?

Alcohol use among children and young people causes widespread problems and is a growing concern. Alcohol is the most socially acceptable, least regulated and most heavily marketed drug in society. For the purpose of this guide, 'young people' refers to those aged 17 and under.

Health and social context

Over half (55%) of young people in Northern Ireland between the ages of 11 and 16 have taken an alcoholic drink (not just a taste or sip). Among boys prevalence has declined (from 60% to 55%), but has increased among girls (from 54% to 56%). Prevalence also increases with age – latest prevalence for 11–12 year olds was 28%, which rises to 81% for 16 year olds. In 2007, the average age of first taking an alcoholic drink was 12 years. We also know that young people are having their first drink at an earlier age, with the average age of first drink for 16 year olds being 13 years and for young people aged 11 and 12, 10.3 years.¹

Evidence confirms and suggests that children and young people who use or misuse alcohol may be at increased risk of:

- physical side-effects including appetite changes, weight loss, eczema, headaches and sleep disturbance;

- chronic disease and conditions associated with excess alcohol consumption in adults, for example liver damage;
- damaging brain function and long-term memory, as adolescence is a particularly sensitive time for brain development;
- increased feelings of depression;
- poor educational performance and/or attendance;
- using other drugs such as tobacco or cannabis compared to those who do not drink alcohol;
- becoming a victim of crime or sustaining an injury, often as a result of an assault;
- being involved in a car accident by driving or being driven by someone else under the influence of alcohol;
- having sex at a younger age, not using a condom during first sexual encounter, unprotected sex, teenage pregnancy and contracting STIs.²

Factors that increase the risk of early use and misuse of alcohol by young people include:

- early exposure to drinking alcohol;
- behavioural patterns of alcohol consumption of parents, grandparents and siblings;
- a family history of alcohol problems;
- physical and/or sexual abuse in childhood;
- early behavioural problems in childhood including antisocial behaviour and interpersonal problems;
- family conflict or inconsistent parenting;
- living with a single parent, step parent, or being homeless (however, family demographic factors seem to be less important than family interaction).^{2,3,4}

Protective factors that reduce the risk of alcohol misuse in children and young people include:

- a delay in the age of initiation into drinking;
- strong bonds with family, friends and teachers;
- healthy standards set by parents, teachers and community, including appropriate levels of support and control;
- informed and supportive parental guidance about alcohol.^{3,5}

Policy context

The 2006 cross-departmental strategy *New strategic direction for alcohol and drugs* (NSD) identifies a range of key priorities including: developing young people's services, promoting alcohol and drug-related education and prevention, targeting those at risk and vulnerable, addressing underage drinking, addressing binge drinking, and promoting harm reduction approaches.⁶ An action plan has been developed to address these issues at both regional and local levels.⁷ A regional *Hidden harm* action plan has also been developed to respond to the needs of children living with parental alcohol and drug misuse.⁸

The chief medical officers of England, Wales and Northern Ireland launched draft guidance in January 2009 recommending that children, parents and carers are advised that an alcohol-free childhood is the healthiest and best option. If children drink alcohol, it should not be until at least the age of 15 years.⁹

What works?

For individuals/families

For individuals, there is evidence to suggest that motivational interviewing and brief interventions can have a short-term (one to six months) effect on the use of alcohol.¹⁰

For families, support for parents, for example parental skills training or school-based interventions that focus on parental skills training, can work. Evidence from the Adolescent Transitions Program (ATP), a prevention strategy focusing on parenting practices and delivered according to the needs of the family identified, shows decreases in overall substance use by young people and significant long-term reductions in overall alcohol, tobacco and cannabis use.¹⁰

For communities/settings

Prenatal and infancy programmes, access to early childhood education, access to after-school recreation.¹¹

For schools, while there is currently a lack of evidence for the effectiveness of school-based education programmes in preventing and reducing alcohol use among young people, some evidence from systematic reviews suggests that the following programmes provide promise:

- Strengthening families and Botvin's life skills training (LST) produces long-term reductions in alcohol use (more than three years).
- Interventions using the life skills approach or focusing on harm reduction through skills based activities like the School Health and Alcohol Harm Reduction Project (SHAHRP) provide reductions in alcohol use, in particular risky drinking behaviours such as drunkenness and binge drinking.
- The Seattle Social Development Project (SSDP) and Linking the Interests of Families and Teachers (LIFT), which target a range of problem behaviours, including alcohol use, have long-term effects (more than three years) on heavy and patterned drinking behaviours.²

At policy level

There is strong evidence for the effectiveness of policies that regulate the alcohol market, including:

- increasing pricing/taxation, as cheaper drinks increase accessibility for young drinkers;
- managing the availability of alcohol by restrictions on hours and days of sale, and on the number and density of outlets, and by raising the minimum drinking age and training bar staff (requires reinforcement with refresher courses);
- enforcement of penalties for sales to underage drinkers;
- reducing alcohol price promotion, as point of purchase promotions are likely to affect the overall consumption of underage drinkers;
- action on alcohol advertising, as there is evidence of small but consistent effects of advertising on the consumption of alcohol by young people.^{12,13,14,15}

Restrictions should first have the support of communities to ensure effectiveness.

Measures for which evidence is lacking or unclear

- Evidence is still unclear around the potential for parents to have a positive role in the initiation of alcohol use.
- There is little evidence on the use of incentives to encourage positive behaviours among young people with regard to alcohol.¹⁶
- There is little evidence on the effectiveness of public information/media campaigns that target young people's drinking.

What can we do?

Key actions for health improvement

A new multi-agency action plan, available at www.dhsspsni.gov.uk/dhs74109_web_pdf.pdf outlines the long, medium and short-term outcomes in three areas:

- reducing demand through health promotion activities and initiatives;
- restricting supply through accessibility and enforcement;
- providing interventions, treatment and support for those at risk.⁷

Key actions can only be achieved effectively through the development of multi-agency partnership working to include relevant government departments (Department of Health, Social Services and Public Safety; Department of Social Development; Department of the Environment; Department of Education; Northern Ireland Office), local councils, statutory agencies (Public Health Agency, Health and Social Care structures, Police Service of Northern Ireland), the alcohol industry and local voluntary/ community groups.

Policy

- Cross-departmental consideration of a range of measures to reduce access to alcohol, including promotion and sales, and minimum unit pricing.

Enforcement

- Checks for sales to underage drinkers – role of police, council and retailers.

Community in partnership with statutory agencies

- Establish healthy beliefs and clear standards for all (not just children or young people) in families, schools and communities.
- Build bonds, attachment and commitment to families, schools, communities and peer groups by providing opportunities, skills and recognition.
- Find ways to consult with families about initiatives to reduce alcohol use and to involve them in these initiatives.
- Young people should be advised and supported to rely less on alcohol during social integration with their peers and to develop more constructive peer group relationships. Local communities, in partnership with statutory agencies, should identify and develop support diversionary activities where young people's drinking is identified as an issue. Adult norms and examples should be addressed as part of this.

Health and education

- Parents are keen for advice on how to positively initiate alcohol use with their children.¹⁷ However, parents' own knowledge about alcohol limits and harms suggests that they may be misinforming their children. Awareness work with adults needs to continue. Parents should be made aware of the chief medical officer guidance and the leaflet *You, your child and alcohol*.^{9,18}
- Where appropriate, parents/carers should be offered information about how they can develop their parenting skills.
- Support alcohol education in schools – ensure school interventions on alcohol use are integrated with community activities.
- Identify young people 'at risk' and enhance the protective factors for these young people.
- Those who work with young people, in particular those working with vulnerable groups, should have access to appropriate training, information and referral information.
- Continued evaluation of programmes is necessary to strengthen the evidence base and determine initiatives or components that can be most effective in reducing young people's drinking.

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