
USE OF ALCOHOL AMONG CHILDREN AND YOUNG PEOPLE

The Central Office of Information

Background

- This summary focuses on findings of a qualitative research project into the use of alcohol amongst children and young people. The overall objective of the research was to *provide insight into the influences and motivations for alcohol consumption in young people and to understand barriers that exist to alcohol avoidance in order to inform the design of interventions (messaging and/or other activity) aimed at young people and parents.*
- The research encompassed two clear phases and employed a mixed methodology of individual and paired interviews, small discussion groups, large workshops and observation. These different methods were held across a variety of settings (in home, in other venue, in shops and drinking locations, in conference halls and Interactive Galleries).
- The sample included some 380+ respondents, and covered a range of regions and socio-economic groups:

Stakeholders and Experts: 2 group discussions and 10 individual depth interviews representing a range of roles in Phase 1; and additional 12 individual depth interviews in the Interactive Galleries in Phase 2.

Parents and Carers (PC): 66 respondents interviewed in either conference workshops, through individual depth interviews in home, and during 'accompanied shopping' trips in Phase 1; and a further 28 respondents interviewed as either individuals or in pairs (with their CYP) in the Interactive Galleries in Phase 2.

Children and Young People (CYP) aged 10-18: 223 respondents interviewed in either conference workshops, through individual depth interviews (either in home or in very close proximity to a young person's drinking experience), and during accompanied shopping trips¹ in Phase 1; and a further 30 respondents interviewed as either individuals or in pairs (with another parent or their CYP) in the Interactive Galleries in Phase 2. CYP respondents represented a range of levels of current drinking behaviour.

Overview of Findings

- Overall, there was a high level of consistency across audiences (stakeholders, parents and carers (PC), children and young people (CYP)) in terms of current attitudes towards and perceptions of the "issue" of underage drinking. This consistency reflects a *high degree of stasis and personal dissociation* from the problem.

- Some CYP are interested in further information and assistance in learning to manage alcohol effectively or stay away from drinking. However, for most, the high level of dissociation from a problem alongside the high level of enjoyment from drinking itself, means communication and information about underage drinking is of low/very low interest. There is certainly a role for communications and information aimed at CYP but impact is likely to be limited without work elsewhere.
- PCs are a critical audience. While there is wide variation in parenting approach/style and levels of own drinking; it was clear from this study that many parents and carers are key to facilitating and even overtly encouraging, underage drinking. There is similarly, however, low interest amongst PCs currently. They are often not connected to the nature of their own role within the issue and lack information about the negative impact of alcohol on CYP.
- While CYP and PC clearly have their own communication and information needs, the issue of stasis is so entrenched that an additional, broader communications strand is also required. Specifically, there is a need to frame where alcohol sits in today's society and a *new* requirement to reconsider how it is managed.
- To be taken seriously, this messaging will need to come from those with health authority/expertise, but must also demonstrate some level of sponsorship and commitment by government.
- Specifically, for *adults in a parenting mindset*, different key reasons from elsewhere were believed to underpin the issue, e.g. a 'youth culture in crisis', role modelling by celebrity culture, a legal/sales framework which facilitates drinking, etc. There was some latent acknowledgement that alcohol is a drug which needs to be controlled/managed but this leads to under-claiming, careful rationalisation and denial about own beliefs and behaviour rather than embracing of a problem.
- For *all respondents* (adults and CYP), a raft of 'myths' were used to justify their own *safe* position. Overarching myths include:
 - Alcohol is not a drug:* There is a widespread vested interest in a social myth that alcohol is *not really* a drug as the reality is unpalatable. However, a reminder not to forget this fact can prompt some to reflect and re-appraise if other information is closely supportive.
 - Alcohol 'lite' is fine:* For CYP in particular, there is a perception of graduated 'manageability' of alcohol (as one grows in experience, and against type of drink). This particular mapping of the market results in a perception of low risk/no damage or dependency issues at the beginner end, but also a desire for some to move from beginner level to more mature levels quickly.
 - You learn by your own mistakes:* This myth is a strong driver to drink early and to excess. Both PCs and CYP assume drinking in this way leads to control being gained. For PCs, this leads to a resigned response to early negative effects in YPs ('at least they'll know now'). To counter this, all negative events need to be reframed as damaging, as impact at cellular and at psychological level is currently ignored.
 - I am not at risk:* The overall perception of control generated by the above myths gives rise to this specific belief. Nature and type of risk needs defining to create a different, credible sense of risk.

Key Findings

1. Current Audience Dissociation from the Problem

- Across this research, underage drinking was recognised as an 'issue'. Respondents claimed to see visible evidence of harm arising from underage drinking (social nuisance, accidents) and were aware of the frequency of media reports about the UK's binge-drinking youth.
- However, across the sample, underage drinking was *not* considered to be a problem for themselves. Social and practical problems arising from the issue were largely felt to belong to 'other' people. Responsibility for the issue was also felt to rest with others.
- Personal defence against the problem was *easy* and *natural* for respondents, since they found justification and explanation for their own drinking behaviours and attitudes everywhere.
- These beliefs are compounded by further supporting myths, including:
 - a belief that all CYP will drink to excess (it is a right of passage);

a belief that 'over-parenting' is a problem in itself and can make matters worse;

a belief that the worst that can happen is vomiting and embarrassment (other risks – stranger danger, accidents, alcoholism, unwanted pregnancy/STIs - are recognised but easily dissociated from);

a perception that harmful drugs would not be allowed to be branded and sold to the public without regulation by pharmacist or doctor;

and a perception by the majority that they know their 'own limits' and know where to stop before 'harm' (whatever the self definition is – usually vulnerability to abuse by others or accident – is done).

- There is also evidence of historical and current social acceptance of alcohol in UK to be found everywhere.
- Overall, reasons to connect *personally* to the issue of Underage Drinking, and to consider the issue *consciously*, are currently missing.

2. Encouraging Audience Connection to the Problem: The Way in?

- When problem outcomes from underage drinking are brought to light to create a 'bigger picture', this *can* motivate interest. Long term effects and outcomes for CYP, however, are more interesting for PCs than CYP themselves (most of whom, by reason of age, find it hard to consider a distant future of health problems).
- That said, the territory is so difficult to get an aerial view of, or to navigate, that it is hard for even the most motivated PCs and CYP to engage for long and with focus.
- It is of primary importance, therefore, to offer a simple reason for respondents to try (hard) to reconsider and be open to 'new' information about risk. This could come from Government or from another high status and serious source (independent Health Watchdog/NHS/Cross-organisation Review Body or similar).
- Critically, there is no current perception of a Government 'standpoint' on the subject or any considered strategy to deal with the substance and its impact. Importantly, there is evidence to suggest the contrary: that the

Government is not taking a stand to manage the issue of alcohol in society.

- Therefore, without a Government voice sponsoring the message, any invitation to reconsider behaviour is likely to be lost ('what's the point?', 'can it be true?') and current habits/momentum likely to be retained.

3. Encouraging Audience Connection to the Problem: A Reason to Believe?

- These findings indicate that the audience in England suspects – but doesn't want to believe – that alcohol is a *drug-like substance*. The implications (if that is true) are extremely uncomfortable and even unthinkable for most:
- Indeed, there is a strong struggle to reject this categorisation as:

admitting involvement and relevance is admitting both (extreme) personal failure (to self and/or children), as well as personal contribution to a social ill;

and any attempt to blame the consumer (me, 'drug-taker') is potentially offensive and sparks anger and rebellion.

- However, potential for harm is undeniable (from own knowledge, evidence around them and from media) and potentially extreme (physical, psychological, emotional and social). As such, they do wish to avoid it.
- The lingering suspicion (that alcohol *is* a drug) is therefore an important lever: it helps the audience to connect with the bigger picture of risk and need for action.
- There are indications that considering the underage drinking issue as arising from involvement with a substance (which is dangerous but not part of an illegal drugs category) like tobacco is likely to be slightly more palatable: *the language around smoking (active and passive) also includes everyone in a (legal) societal habit that we (now) want to change in light of more information.*
- Considering the issue of active and passive drinking in an evolved environment (the trappings of modern society) allows two critical things:

the issue is a national one that affects everyone and therefore has to be relevant to me and mine; everyone also has a role in terms of their active or passive engagement and encouragement/facilitation;

it also allows the 'drug' issue to be presented as a series of negative effects on the person (rather than as a series of personal choices that labels the individual as weak or unwholesome).

- There remains an issue of blame allocation which will need to be considered, but defences are significantly lowered if it is 'not me' alone.

4. Primary Communications Requirements

- The *over-arching* communications (and/or intervention) requirement therefore appears to cover two equally important – and complementary – themes targeted at least initially at *everyone* to prevent dis-association:

The need to keep up with the times: a changed environment (recognised and being considered/acted upon by Government) needs consideration from you too;

There are benefits to you (from doing things differently).

- The task is extensive and complex but whole audience attention will indicate a legitimate campaign that merits attention.
- Specific work around Alcohol Units provides the third overarching piece by giving a 'how to' to the target audience.
- There is also, however, *important support work* to dismantle and unpick the current raft of justifications for current behaviour (the defences and myths).
- While these highest order communication needs are overarching in scope, the target audiences are not homogenous:
 - there are specific levers to motivate certain sub-segments;
 - there are specific tune-in points that engage sub-segments more easily.
- There are therefore also opportunities for igniting change with certain sub-groups within both the PC and CYP audiences.

Additional Information

The full report can be accessed at www.dcsf.gov.uk/research/

Further information about this research can be obtained from Sara Jones, 8th Floor, DCSF, Sanctuary Buildings, Great Smith Street, London SW1P 3BT.

Email: sara.jones@dcsf.gsi.gov.uk

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Children, Schools and Families.