Department for Children, Schools and Families

Consultation on

Children, Young People and Alcohol

Response by
the Institute of Alcohol Studies (IAS)

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Introduction

1. The IAS welcomes the emphasis on promoting an alcohol-free childhood.

2. We believe that this message is easily understood and that it:
   - is protective of the health and wellbeing of future generations
   - is supportive of the desired change to drinking behaviour and culture
   - reinforces norms within families who deal with alcohol sensibly and moderately or who choose to abstain from alcohol

3. We welcome the affirmation of parental efficacy.

4. However, the consultation documents and draft information leaflets reinforce a culture of drinking by extolling the virtues of alcohol and its central role in our culture. This message takes a prominent place at the beginning of each document.

5. The proposed guidance contains no information about the properties of alcohol itself, as an addictive, psychoactive drug. This is a striking omission in a document whose purpose is to educate and inform young people and their parents about alcohol.

6. The directive term “should” may suggest to the reader the actions of a “nanny state”, which is likely to engender resistance to the message.

7. The advice to young people is not sufficiently age-specific nor gender-specific.

8. The guidance should give greater emphasis to situations where alcohol is specifically harmful, including driving and pregnancy.

9. We would welcome more emphasis on the potential involvement of youth organisations in disseminating these messages.

10. Information for parents should include information about government achievements in related areas of alcohol control policies in order to affirm the partnership between government and parents, again demonstrating a collective responsibility, in contrast to the idea of over-regulation.

11. We strongly encourage the creation of an independent website to serve as a central point for information and resources.
Question 1. Do you understand the five key points from the CMO guidance?

1.1 We welcome the emphasis on promoting an alcohol-free childhood. The guidance statements would be improved if the directive term “should” could be replaced, for example by:

“Point 1. An alcohol-free childhood is the healthiest option. Starting to drink alcohol before the age of 15 years is associated with an increased risk of injuries, violence, unprotected sex, use of illegal drugs and subsequent alcohol abuse problems and dependence.

Point 2. If young people aged 15 to 17 years consume alcohol, it is safer for them to do so under the supervision of a parent or carer. Drinking in parks, streets or other unsupervised settings is related to greater alcohol-related harms.

Point 3. Drinking, even at age 15 or older, is hazardous to health. If 15 to 17 year olds do consume alcohol, they should be aware that drinking more frequently than one day a week increases the risk of developing a dangerous habitual drinking pattern, and that drinking more than the recommended adult daily limits on any day increases a wide range of risks resulting from intoxication.

Point 4. Parents have substantial influence over whether or not their children drink and on how much they drink and their drinking behaviour, if they do drink. Parents who would like advice on how to respond to alcohol use by their children can find it…

This point needs to be accompanied by directions to a source of information and advice.

Point 5. Young people and their parents who are concerned that they may have alcohol related problems can find information about support services…”

As with the previous point, this needs to direct people to a good source of information. In their current form, both points 4 and 5 are directed towards the providers of information and services, not young people and their parents who may be seeking these.

1.2 For the purposes of the widest possible dissemination, the five guidance points need to be free-standing, as simple messages are more easily communicated. In some formats they will be accompanied by
supporting material, but they should not be reliant on this. In the case of points 4 and 5, the essential messages are ‘advice is available’ and ‘services are available’, but these are unsatisfactory on their own, so need to be accompanied (within the guidance points) by directions to further information about the advice and services.

**Question 2. Do you think the CMO guidance gives enough information to enable you to make informed decisions?**

2.1 We would like to make a general point about normalisation of the drinking culture. The aim of the guidance, as promised in ‘Safe. Sensible. Social.’ (though missing from the Youth Alcohol Action Plan), is to

“work to create a culture where it is socially acceptable for young people to choose not to drink and, if they do start drinking, do so later and more safely.”

The draft leaflet for parents and carers states that,

“TV images, stories about celebrities and pop music all present drinking and getting drunk as normal and even desirable,”

presenting this as an influence that will increase young people’s drinking. However, the guidance itself contributes to this normalisation of drinking. Both leaflets start by endorsing the role of alcohol in our national culture. Several sections in the young people’s leaflet start with ‘alcohol is good, but...’ This does not create a culture in which choosing not to drink is seen as acceptable.

2.2 We understand the desire to acknowledge the appeal of alcohol so as to avoid seeming detached from ‘the real world’, but feel strongly that this undermines the central aim of producing the guidance. Furthermore, it relates to only some sections of our society. In particular, whilst the increasing number of non-drinkers is referred to in several places, we would welcome more information about support for families who do not drink and who wish to bring up their children without any alcohol at all.

2.3 On a related point, the guidance treats all young people as a homogeneous group. As the most basic first step, separate sources of information should be produced for under 15 year-olds and for 15-17 year-olds. Combining the different messages for these age groups in a single leaflet results in contradictory and confusing messages. Beyond this, there needs to be an acknowledgement that some groups of young people are more at risk of alcohol problems than others. We know that differences between male and female physiology make young women more vulnerable to the effects of alcohol than young men. In addition, there is a hereditary element to alcohol misuse, so those who have relatives with alcohol problems need to be told that their experience of
drinking is likely to be different from that of their friends. This information and its mode of communication will need to be tailored to the relevant audiences.

Question 3. Are the evidence messages clear and effective?

3.1 We endorse the evidence messages, and recommend that the following be given most emphasis.

For parents and carers:

“You can make a difference.”

For young people:

“Most young people do not drink frequently or get drunk, with a growing number choosing not to drink at all.”

3.2 We have a few suggestions for changes to the wording of messages for young people.

3.3 Replace “how would you feel if you had fewer years to live?” (length of life is not a salient concern to young people) with “death from liver disease is slow and painful.”

3.4 In the statement, “Drinking too much makes you do things you later regret…” omit, “like being sick.” Young people may not consider this embarrassing, but have ample imagination for examples of embarrassing situations.

3.5 Omit the last statement, “Drinking is something you will have to make your own decisions about.” If young people accept this message, their decisions are likely to be in line with the drinking behaviour of their friends, rather than the exhortations of government advice.

3.6 The first message for parents and carers, “The way that young people drink nowadays has changed…” raises some difficulties. Whilst we appreciate the value of communicating this change to parents, this message contrasts with the message given elsewhere, that most young people are not drinking excessively. As an alternative, we suggest alerting parents and carers to changes in the availability of alcohol to young people.

Question 4. Are these advice messages useful and do they make sense?

4.1 There are two advice messages that we would like to see expanded and given more emphasis. The first is about drink-driving, especially in communications targeted at 17 year-olds.
4.2 The second is about alternative activities. Considerable work is needed to expand this list. We suggest that this might warrant a leaflet of its own.

4.3 In the message about drinking to cope with problems, “We can provide signposting…” is inadequate. This message needs to contain explicit information about sources of help (or directions to this information).

**Question 5. Are the practical messages effective enough to put into practice? Are they clear and workable?**

5.1 We are concerned that the advice given here presupposes that young people will drink. Again, this reinforces the message that drinking alcohol is central to our culture. There is no support offered to parents or young people who wish to avoid alcohol entirely. Practical advice on how to be a non-drinker in a drinking society would be very valuable here.

5.2 The final points in both parents and young people’s sections, “Information on…” appear to be memos written to those producing the guidance. These need to be replaced with actual information.

**Questions 6, 7 and 8. By whom, how and with relation to which campaigns should these messages be communicated?**

6.1 These messages need to be communicated by as many people, and through as many different channels, as possible if they are to make any impact at all on young people’s drinking culture. Changing culture is a huge challenge; to achieve this it will be necessary to conduct more research into the existing culture, examining young people’s reasons for drinking or not. Only with such an understanding will it be possible to formulate messages and modes of communication that will have any impact on the culture in question.

6.2 However, we can make the following suggestions for a framework for communication:

6.3 A website is essential as a central hub of information.

6.4 We believe that word-of-mouth is the most effective medium of communication for issues relating to parenting, so would recommend that the “many hard-working groups supporting parents and young people in local communities” be involved in disseminating information.

6.5 Schools must be part of a communication network for young people. The guidance points should form a central part of PSHE lessons on alcohol. Any implementation within schools should refer to and make use of the Children and Young People’s Plan.
6.6 Similarly, youth organisations should be involved in discussing the guidance with young people.

6.7 We would recommend employing experts in social marketing to conduct a widespread media campaign.

6.8 The central guidance points need to attain the ubiquity of the drink-drive message. In the same way that the latter is supported by enforcement of relevant laws, the new campaign needs to be supported by restrictions of advertising and availability of alcohol, and by increased enforcement of existing laws regarding underage sales and sales to those who are already intoxicated.