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Young people's drinking: health harms and NHS burden

Key Messages

- Young people's drinking carries immediate risks to their health: underage drinkers are significant users of A&E and ambulance services
- Starting drinking at a young age also increases the risk of alcohol dependency or abuse in later life.
- Youth drinking has fallen recently, but chronic alcohol harms are becoming more common among under-30s.
- Alcohol prevention programmes in the classroom can help young people think about their attitudes towards alcohol, develop social skills and challenge misperceptions about peer norms.
- Parents' attitudes to alcohol and strong family relationships are important in protecting young people.

Mentor: Thinking Prevention

Mentor works to identify and promote the best means of protecting young people from alcohol and drug harms. These clearly cannot be separated from other facets of young people's physical, social and emotional wellbeing. This briefing paper is one of a series of five which explore public health issues including underage conception, smoking, crime and anti-social behaviour, alcohol harms and disengagement from school. We can't afford to wait until adulthood to tackle these problems, so it is vital to understand prevention approaches that can be effective with children and young people

The papers are available from www.mentoruk.org.uk/publichealth

Health impacts of alcohol

Alcohol is a social lubricant widely used among most cultures in the UK, and young people grow up surrounded by alcohol advertising and for most, a norm of social drinking in their families and neighbourhoods. While small quantities can be metabolised by the liver with no ill-effects, larger amounts carry significant short and long-term health risks. Among the general population, alcohol misuse is the third-greatest overall contributor to ill health, after smoking and raised blood pressure.

For adults, risks can be minimised by keeping within the recommended guidelines for drinking. However, there is no 'safe' amount which has been determined for under 18s. Risk-taking behaviour under the influence of alcohol can result in injury or assault, while excessive consumption by inexperienced drinkers can require urgent medical attention.

About Mentor

Mentor is the UK's leading charity dedicated to protecting young people from drug and alcohol harms. We review research from around

the world, test promising approaches and work to translate best policy and practice into evidence based national and local services.



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It may not be as apparent, but young people are also vulnerable to long-term damage from alcohol. Younger teenagers are particularly vulnerable since their brains and bodies are still developing. Early drinking can also influence later habits, and is known to be linked to an increased risk of alcohol misuse and dependency in adulthood. Addressing underage alcohol consumption is therefore an essential component in reducing the societal harms of alcohol.

Immediate risks

Children's inexperience of the effects of alcohol intoxication, and the fact that they are more likely to consume alcohol in risky environments brings with it an increased risk of accidents and injuries leading to the need for hospitalisation.

Adolescents who drink alcohol are more likely to sustain an injury, often as a result of an assault. Young people who drink and drive, or allow themselves to be carried by a drunk driver, are more likely to be involved in a car accident.¹

Statistics for alcohol-related ambulance call-outs are not nationally or consistently recorded. However, Alcohol Concern obtained figures for alcohol-related calls-outs involving under 18 year olds for three ambulance services during 2009/10 (West Midlands, 1,296; London, 2,286; North East, 945). Based on these, they estimated that in total, ambulance services in England and Wales would have responded to 16,387 incidents related to underage drinking, at a cost of over £3.2 million.²

Analysis from 2003 suggested that during peak times in Accident and Emergency Departments 40% of all attendees have a raised blood alcohol level, 14% are intoxicated and 43% are problematic drinkers. Common reasons for alcohol-related attendance at A&E Departments include violent assault, road traffic accidents, psychiatric emergencies and deliberate self harm.³

Despite this significant caseload, alcohol-related emergency department attendance is also not consistently recorded, so it is not possible to get an accurate regional or national picture of alcohol-related attendance among under-18s.³

In 2010/11 there were 12,300 hospital admissions for under-18s⁵ and 3,100 for under-16s⁴ (for under-16s only conditions known to be directly caused by alcohol are included).*

Long-term harms

Young people who misuse alcohol have been found to experience significantly more medical symptoms, including appetite changes, weight loss, eczema, headaches, and sleep disturbance.¹ While the relationship between adolescent alcohol use and mental health problems is complex, it seems that alcohol may increase feelings of depression.¹ Because young people's brains are still developing, alcohol abuse can affect memory and learning in adolescents. It is not clear what the impact of intermittent low level use might be.¹

While not inevitable, frequent drinking and binge drinking in adolescence increases the risk of alcohol problems, including dependence, in adulthood. Academic studies suggest that between 30% and 40% of moderate/heavy teenage alcohol users would develop alcohol misuse problems as adults.⁶

Chronic diseases associated with continuing over-consumption of alcohol can take a decade or more to emerge. Alcohol-related deaths have risen from 5,476 in 2001 to 6,669 in 2010. Almost two-thirds of the deaths were from alcoholic liver disease. Among under 35 year olds (around four percent of this total) the causes are mainly acute consequences such as intentional self-harm and road traffic accidents.⁷

* Figures include both primary and secondary diagnoses

How many hospital admissions can be attributed to alcohol?

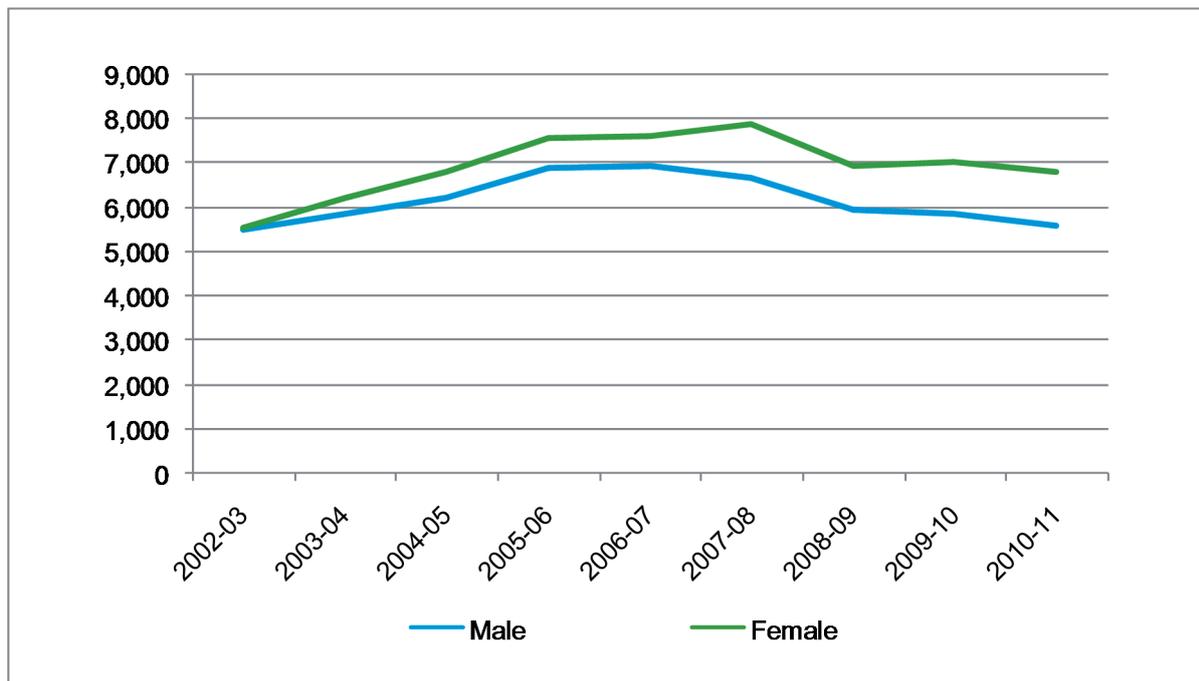
Measuring the number of hospital admissions which are attributable to alcohol is complex. Some conditions are only ever caused by alcohol (for under-16s these are the only ones which are included in the figures).

However, the risk of contracting other diseases, such as cancers, is increased by alcohol consumption, but not all occurrences are due to alcohol. Some of these cases are included in the figures for alcohol-attributable hospital admissions for adults (a proportion calculated by using the known risk at different levels of alcohol consumption).

There is then a further decision, because patients often have a primary diagnosis and one or more secondary diagnoses. The *narrow measure* only counts admissions where the patient's primary diagnosis is attributable to the consumption of alcohol. This figure has been consistently rising, from 142,000 in England in 2002/03 to 198,900 in 2010/11.

There is a much larger number of admissions where an alcohol-related condition is recorded as a secondary or accompanying factor. Including these gives the *broad measure*, which counts all admissions where either the primary one of the secondary diagnoses is alcohol-related. This was 1,168,300 in 2010/11.⁴

Trends in alcohol-related admissions to hospital for under-18s⁵



Current alcohol consumption among young people

The good news is that some measures of harmful drinking among young people have been falling. In 2001, around one in four 11-15 year olds surveyed said they had drunk alcohol in the past week, whereas by 2011 this had halved to around one in eight.⁸ Similarly, binge drinking by 16-24 year olds fell by around a third between 2000 and 2010.⁴

However, there is still a worrying minority who drink regularly. In the most recent survey of young people, 17% of 15 year olds, 9% of 14 year olds and 3% of 13 year olds said that they drank at least once a week. The quantities drunk can be significant: 15 year olds who had drunk alcohol in the previous week consumed 11.7 units on average, and 14 year olds 9.4 units.⁸

Risk and protective factors

We know something about the factors that help young people avoid damaging patterns of drinking (drinking earlier, more often and binge drinking) and those which increase their risk.⁴

First exposure

When alcohol is first consumed at a young age, this may increase the risk of problematic drinking in adolescence. However the circumstances of first drinking also seem to be significant. Children who first use alcohol in a home environment and learn about its effects from parents are less likely to misuse alcohol than those who begin drinking outside the home and experiment with peers.

Expectations

Children start to form their ideas about alcohol early: what its effects are and what is 'normal' drinking behaviour. The alcohol consumption of parents, siblings and other family members is important.

Media portrayals of alcohol also seem to have an impact on children's attitudes towards and expectations of alcohol, influencing their subsequent behaviour.

Opportunity

Spending multiple evenings a week out with friends increases the likelihood of drinking, and unsurprisingly, young people are more likely to drink if their friends do. Time spent unsupervised is therefore a risk factor. So is young people having very easy access to alcohol.

Drinking to cope or to fit in

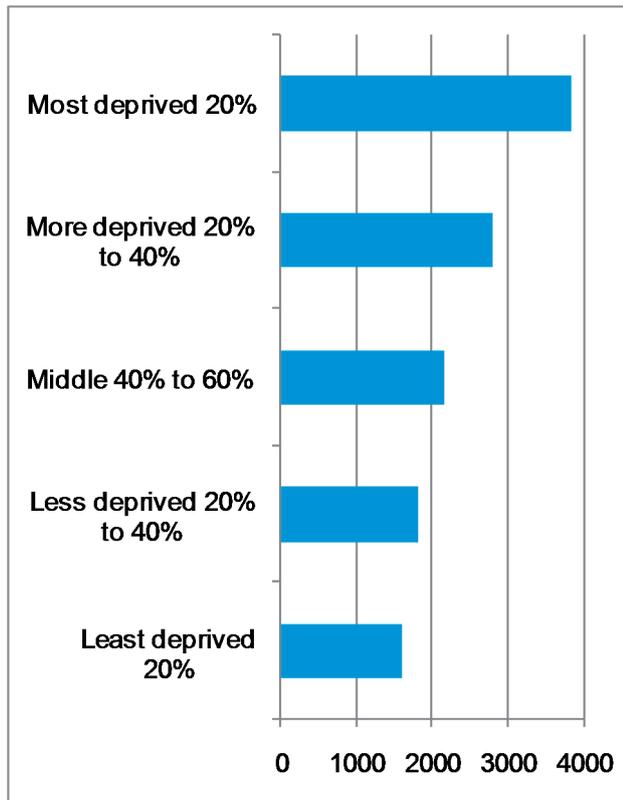
Heavy and binge drinking by young people can be a mechanism for coping with stress or anxiety. Some studies have also shown that having been bullied is a significant risk factor for drinking. This could be because of increased stress levels or concerns about image among peers. In contrast, supportive family relationships are protective: if young people can talk to their parents, not just about alcohol, but also about their anxieties and fears, they are less likely to drink to excess.

Personality

Children and young people who are sensation-seeking or have impulsive personality types may drink in large quantities. Children with behaviour problems are more likely to develop alcohol problems in adolescence.

The relationships between the factors identified above can be complex. However, the graph opposite illustrates clearly that the risks of alcohol are not evenly distributed among young people.

Alcohol-related admissions to hospital among under-18s by socioeconomic group.⁵



Education

Young people need to understand basic information about alcohol and its effects, and it is concerning that not all schools are successfully teaching this.⁹ Unfortunately, knowledge alone does little to change behaviour. In particular, scare tactics can backfire because the messages are not perceived by young people as credible or relevant. What is more important is young people's attitudes to alcohol and whether they feel confident that they can negotiate social situations, choosing not to drink, or to drink less than others if they wish.

It has been generally found that young people tend to believe the frequency and amount of drinking among peers is much higher than the actual level. A normative approach to alcohol education uses information focused on the positive behaviour of the majority to correct these misperceptions and influence behaviour. Harm

reduction messages (drinking less, getting home safely) are important. However, it is important not to lose sight of the fact that around a third of 16-24 year olds do not drink or drink lightly (less than one unit a week).⁴ Young non-drinkers interviewed in a recent study felt that school alcohol education assumed all young people would drink, with little or no consideration given to not drinking as an equally valid choice.¹⁰

Rigorous evaluation of the research base, for example through Cochrane reviews (a gold standard in public health research), shows that developmental programmes in schools can have a measurable impact, reducing harmful drinking, smoking, and cannabis use. A 2011 Cochrane review of universal alcohol prevention programmes in schools concluded "*Current evidence suggests that certain generic psychosocial and developmental prevention programs can be effective and could be considered as policy and practice options. These include the Life Skills Training Program, the Unplugged program, and the Good Behaviour Game.*"¹¹

Life Skills Training and Unplugged have a similar approach, often described as life skills. They are interactive and teach interpersonal skills to help handle realistic situations where alcohol or drugs are available, and to improve resilience in pupils. They provide information about drugs and alcohol, in particular correcting misperceptions about how common and acceptable substance misuse is among the young people's peer group, in line with the normative approach described above.

Interventions which are not alcohol-specific but focus on children and young people's attachment to school can also be effective in reducing substance misuse. The Good Behaviour Game (GBG) is one example, where work with young children has been shown to reduce both school drop-out and drug and alcohol misuse in adolescence.¹²

Parents

The Chief Medical Officer's guidance for parents and children recommends an alcohol-free childhood as the healthiest and best option. If children drink alcohol, it shouldn't be before they reach 15 years of age, and for those aged 15–17, alcohol consumption should be infrequent and should always be with the guidance of a parent or carer, in a supervised environment.¹³

Several important risk and protective factors relate to a young person's family environment. There are a range of ways in which schools and other services can help parents to deal with these issues, from simple information leaflets to courses focusing on parenting skills. Each of these can have a different function, and may be appropriate at different stages.

Programmes that work with parents need to equip parents with three sorts of skills:¹⁴

- parenting skills, giving parents the skills to develop family cohesion, clear communication channels, high-quality supervision and the ability to resolve conflicts;
- alcohol-related skills, providing parents with accurate information and highlighting the need to model the attitudes and behaviours they wish to impart; and
- confidence skills, to enable parents to communicate with their children about alcohol.

Messages for parents

- Having a 'big talk' about alcohol and drugs isn't the best way – make it a continual conversation and listen to your children too.
- Begin young, before they start experimenting.
- Be prepared to set rules.
- Get to know their friends' parents if you can, so you can present a united front.
- Make sure you know the basic facts – about alcohol units, for example
- Make sure you are setting a good example of sensible decision-making.

Brief interventions

For young people whose drinking may already cause concern, 'brief interventions' may be a cost-effective way of getting them to rethink risky behaviour. These have been shown to be effective in motivating both young people and adults to cut back on harmful drinking,¹⁵ despite the fact that, as the name suggests, they can consist of just one brief session, and also that they may be delivered by professionals who are not substance misuse specialists. The key elements for effectiveness appear to be: affirming the participant's autonomy and personal responsibility for their decisions; helping them find their own motivations for reducing drinking; and avoiding resistance through a non-confrontational approach.

Brief interventions for young people could be triggered through alcohol-related attendance at A&E (an 'alarm bell moment'), in primary care settings, or delivered by youth workers, including in outreach around underage public drinking. Police Community Support Officers could help reduce alcohol-related harm in children and young people by through local partnerships with substance misuse and youth agencies. It is crucial that youth drinking is seen as a health issue as well as a public order one.

Community interventions

Community Alcohol Partnerships have had success in reducing underage public drinking by local education and health authorities working together with police, retailers and trading standards.¹⁶ They may involve a range of interventions. It is important that these are evaluated, and that they are selected with reference to previous evidence of impact. A more rigorous, if initially expensive, approach is Communities that Care. This model developed in the US for surveying local need and selecting from a menu of evidence-based programmes has been shown to be effective.¹⁷

Impact of prevention measures

Alcohol prevention programmes have had a low profile in this country. They cannot 'cure' alcohol problems alone, any more than environmental measures, such as raising the price of alcohol, can. However, programmes with a modest impact can still be a cost-effective public health intervention. Studies have estimated that the probability of alcohol dependence can be reduced by 10% for each year drinking onset is delayed in adolescence.¹⁸ A study on cost-effectiveness by the US Department of Health and Human Services concluded that national implementation of an effective programme which cost \$220 per pupil could in the long term save \$18 for every \$1 invested.¹⁹

Developing an effective prevention base in the UK depends on improving our knowledge about what works and how. This includes tracking local and national data, for example on young people's drinking and associated emergency health needs. It also means selecting programmes with a convincing or promising evidence base in trials, and seeing impact measurement as an essential part of implementation.

Resources

- Donaldson, L. (2009) [Guidance on the consumption of alcohol by children and young people](#). Department of Health
- Alcohol Concern online tool – Alcohol Harm Map <http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map>
- http://parentingstrategies.net/guidelines_introduction/ - detailed guidelines for parents on alcohol produced by Australian experts in the field.
- Alcohol Concern (2010) [Right time, right place. Alcohol-harm reduction strategies with children and young people](#). Alcohol Concern
- The South West Alcohol Improvement Programme and Alcohol Concern (2010) [Alcohol & young people: a toolkit. Supporting vulnerable young people at risk of alcohol related harm](#).
- James, C. (2012) [Engaging parents in drug education](#). Drug Education Forum
- James, C. (2012) [Beyond the lesson plan: Drug prevention and early intervention](#). Drug Education Forum
- James, C. (2012) [Learning from life skills programmes in drug education](#). Drug Education Forum
- [The Alcohol Learning Centre](#) – Children and Young People topic

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