

Alcohol, drugs and sexual health: Tackling under-18 conceptions

Key Messages

- The majority of young women who conceive under the age of 18 have not planned to do so, and young mothers and their children face significant disadvantages.
- Alcohol and drug use and sexual risk-taking are intimately linked.
- Attachment to school and high educational expectations and aspirations are a strong protective factor against young motherhood.
- Young people are let down by PSHE education which is limited in scope and delivery and which does not explore the links between alcohol and drug use and sexual health.

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

Sexual health, young parenthood, and alcohol and drug use

While in policy-making, alcohol, drugs and sexual health are too often treated as separate issues, it is clear that in practice they are closely linked. Early regular alcohol consumption is associated with an early onset of sexual activity, especially for girls.¹ One simple explanation is that sex, particularly unplanned sex, is more likely when drunk. For example, in a survey of young people in Rochdale, a fifth of 14-15 year old girls reported going 'further than intended' sexually when drunk.² More complex factors also lie behind early adoption of 'risky' or 'adult' behaviours, such as peer influence, deprivation, family background and attachment to school.

Young people may deliberately drink to increase their confidence in a situation where they might go on to have sex.² The flip side of this is increased vulnerability. Alcohol consumption is linked with young people having regretted sex.³ In a sample of over 2000 15-16-year-olds from the UK, 11% had had sex under the influence of alcohol and regretted it.⁴ There is also an association between drinking in young people, especially binge drinking, and increased risk of forced sex.³

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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For younger teenagers, and those having sex for the first time, alcohol increases the probability of not using a condom.¹ In general, sex before the age of 16 is associated with greater levels of regret for young women, poorer contraceptive use and higher rates of teenage pregnancy compared with those who have sex after the age of 16.⁵ Condom use is not only important for preventing pregnancy: young people under 25 are the age group with the highest rates of sexually transmitted infections.⁶

Overall, alcohol consumption by young people, especially binge drinking, is associated with an increased risk of becoming pregnant (or getting someone pregnant).³ This is borne out by analysis of local data. Independent of deprivation, areas with higher alcohol-related hospital admissions among young people were found to have higher rates of teenage conception. Those areas in which teenage conceptions increased between 2006 and 2007 had a much greater increase in alcohol-related hospital admissions in young people.³

Young people who misuse alcohol and engage in risky behaviours are more likely to: be in a lower socio-economic group and experience deprivation; live in areas where heavy drinking is a cultural norm and where teenage pregnancy rates are high; have low self esteem; and poor mental and emotional health; not attend school regularly; have low aspirations and expectations; and experience less communication and connectedness in their families.⁷

Under 18 conceptions

In 2010, over 34,600 young women under 18 became pregnant in England (a rate of 35.4 out of every 1000 15-17 year olds). Although this has fallen, from 46.6 per 1000 in 1998, it still represents one in every 30 girls of this age getting pregnant each year.⁸

A small proportion of these pregnancies are planned (with a larger proportion of young women being ambivalent about pregnancy). For some young women, having a child at a young age can provide a sense of purpose and positive change of direction in their lives.⁹ However, around half of teenage pregnancies end in an abortion, and of those who keep their baby, a significant proportion may do so for negative reasons related to abortion, rather than because they actively want a baby at that time. The Millennium Cohort Study found only 15% of teenage mothers said they planned their pregnancy, while 28% were unhappy or very unhappy about the pregnancy nine months after the birth of their child.¹⁰

Teenage mothers tend to experience poor outcomes in terms of education, employment and income.

However, this is not entirely caused by having children at a young age. It is worth bearing in mind longitudinal studies which suggest that there is little difference between the long-term outcomes for pregnant young women who miscarry, and those who carry their babies to term,¹¹ implying that to a large extent, disadvantage precedes early childbearing.

There are increased risks for young mothers and their babies, particularly younger teenagers. Young mothers are likely to start receiving antenatal care much later in pregnancy than older women, which can affect their health and that of their developing child. Their children experience higher rates of infant mortality and low birth weight. Teenage mothers are at increased risk of postnatal depression and poor mental health in the three years following birth, and are disproportionately likely to suffer relationship breakdown.¹⁴

Support for young parents is vital to help them overcome disadvantage. However, this briefing paper focuses on support, information and advice pre-conception. Teenagers continue to have unprotected sex when they are fully aware of the possible consequences, and when they do not want to become pregnant. Linking support around sexual health and substance use, and considering common risk and protective factors can help enable young people to take control of their sexual health, relationships and fertility, avoiding risky behaviour and enabling positive aspirations.

Expectations and aspirations

A review of qualitative studies of young mothers found three main themes associated with early parenthood: dislike of school; poor material circumstances and unhappy childhood; and low expectations for the future.¹² Teenage motherhood is consistently linked in longitudinal studies to low educational expectations and disliking or missing school.¹³

Variations in teenage pregnancy rates between areas are highly correlated with levels of deprivation. However, there is also a link with educational achievement. On average, deprived wards with poor levels of educational attainment had an under-18 conception rate twice as high as that of similarly deprived wards with better levels of educational attainment.¹⁴

Similarly, risk factors for drug and alcohol misuse include low commitment to school and school failure, and the protective factors include successful school experiences.¹⁵

Education

At the most basic level, education can help young people separate facts from myths. For example, girls may believe that if they have had unprotected sex more than once without becoming pregnant they are likely to be infertile, or that having an abortion makes you infertile.¹⁶ Young people may have heard of 'units' of alcohol, but underestimate the amount they are drinking, or believe that drinking alcohol is only harmful if you drink so much that you are sick.

There is also a more subtle myth among young people: the idea that 'everyone else is doing it', whether that be having sex, drinking alcohol, or smoking cannabis. Perceptions of social norms shape behaviour, and confronting young people with actual statistics about their peer group, as well as helping them think more critically about media messages, can help them take responsibility for their own decisions.

For both sex and relationships education, and drug and alcohol education, development of interpersonal skills is important, for example allowing young people to practise negotiation. Young people need time to explore their own and others' attitudes and values, and think about real-life situations, for example the links between alcohol, sex and decision-making.

NICE recommendations for effective sexual health education include: using participatory, inclusive teaching methods; the development of interpersonal skills, such as negotiating and refusal skills, and allowing young people to practise these; and using interventions and programmes based on theory-driven approaches, with clear behavioural goals and outcomes.¹⁷

These recommendations clearly go beyond what can appropriately be covered in a science curriculum, demonstrating the importance of PSHE education. However, PSHE education is a non-statutory subject which is often given a low priority by schools. Ofsted's most recent subject inspection found that a quarter of schools visited, particularly secondary schools, failed to give enough time to the subject. This meant that some areas were not covered properly, including aspects of sex and relationships education, and education about drugs, including alcohol.¹⁸ In a third of secondary schools visited, pupils had not discussed managing risks, saying no or negotiation in relationships; and in half, students' knowledge about the effects of alcohol was 'rudimentary'.

Family interventions

Children and young people want information from their parents and carers about both sex and relationships, and alcohol use. Three-quarters of 11-15 year olds think parents are a helpful source of information about alcohol,²¹ while a separate survey found that three-quarters of 11-14 year olds want, but currently find it difficult, to talk about sex and relationships with their parents.²²

A review for NICE found that programmes and interventions delivered to families and parents appeared to be effective in increasing parent-child communication about alcohol use and sexual health. Such programmes can be well-received by parents (for example Speakeasy). Parents are often unaware of the role that alcohol can play in young people's risky sexual behaviour.²³

Children in care

Evidence suggests that looked after children are more likely to start using substances earlier and at higher levels than their peers,²⁴ are more likely to have sex at an early age, and that young women in care are at a higher risk of early pregnancy and childbearing.²⁵

Ultimately, problematic substance use and risky sexual behaviour among looked after children and young people cannot be solved without addressing underlying factors that damage their wellbeing, such as a lack of consistent, positive adult support, frequent moves, low educational attainment and limited attachment to school, and traumatic past experiences.

However, it is also essential that these young people have access to appropriate life skills education to help them navigate issues around substance use and relationships; and confidential advice services and contraceptive provision. The adults in their lives should also have access to support and training to deal with these issues. This includes not just foster carers and staff in children's homes but also kinship carers, who often struggle to meet the needs of children and young people whose parents misuse drugs or alcohol.

Access to services

It is important that basic services are easily accessible. Young people value access to confidential sexual health services highly. Higher local investment in sexual health provision through

Brief interventions

The Place clinic in Glasgow for young people piloted a brief intervention for alcohol use after a needs assessment of young people using their sexual health service. Over a third (35%) said that their alcohol use was linked to unprotected sex, and 26% that alcohol had been linked to sex they later regretted, while 12% had been in hospital, and 25% in trouble with the police as a result of alcohol use. A drugs and alcohol worker carried out screening and delivered a brief intervention in the clinic. Three-fifths of those screened as eligible agreed to take part in the intervention, almost all of these finding it helpful, and almost half saying they felt they should cut down on drinking.²⁰

the teenage pregnancy strategy was found to be associated with greater reductions in the teenage conception rate.¹⁹ The need for confidential services for alcohol and drug misuse may easily be overlooked, but comprehensive support accessible to young people through schools can provide a trusted and unstigmatising source of advice.

Resources

- Claire Cairns Associates Ltd (2010) Young people – Alcohol & sexual risk taking project in the North East: [Quality Standards](#)
- NICE [Public health draft guidance](#): School, college and community-based personal, social, health and economic education focusing on sex and relationships and alcohol education
- Sullivan, C. (2010) [Making the links between alcohol and sexual health](#)
- Department of Health (2011) [You're Welcome - Quality criteria for young people friendly health services](#)
- Mentor (2012) [Kinship Care Guide](#)

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