

Consultation on Children, Young People and Alcohol



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Ministerial Foreword



More young people today are choosing not to drink alcohol at all. But those who do drink are consuming more, starting to drink at earlier ages and drinking more regularly. We know that young people who drink too much alcohol are more likely to get involved in anti-social behaviour and contribute to crime, and there is also a strong link between young people's drinking and unprotected sex which can lead to unwanted pregnancies. However, until now there has been no official guidance on the health effects of drinking by young people.

When we published our Youth Alcohol Action Plan in June last year, we set out the action we are taking to tackle underage drinking in public places and to prevent the sale of alcohol to under-18s. But we also recognised that drinking by young people in the home is an important issue. Parents bring up children –

not government – and they are vital in shaping the way in which young people drink. They want to be able to help them understand the health risks of excessive drinking and to develop a safe and sensible approach to alcohol.

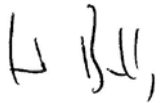
Parents and young people have told us that they want clearer, better information about the potential health effects of alcohol consumption on young people so they can make more informed decisions. That was why we asked the Chief Medical Officer, Sir Liam Donaldson, to develop the first ever medical guidance on this issue.

Over the past six months, the Chief Medical Officer has been working with alcohol experts, parents and young people themselves to consider the health implications of children and young people drinking alcohol, and how much it is sensible for them to drink without damaging their health and development. We are now publishing his medical guidance for consultation, alongside our own initial ideas for supporting advice for young people and to help parents discuss alcohol with their children.

Now we want to hear from parents, young people and those working with children in health and other services. We want their views on whether they understand the medical

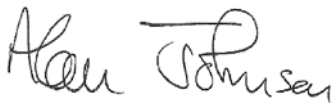
guidance; whether they think the advice will help them make good decisions and support their children to make healthy choices; what they think the key messages should be; and how these messages should be communicated to those who need to hear them.

We hope that as many people as possible will take the time to respond, because we want to give all parents the best possible support as they bring up their children and help them to make sensible decisions that protect their children's health and well-being.

A handwritten signature in black ink, appearing to read 'Ed Balls'.

Ed Balls

Secretary of State for Children,
Schools and Families

A handwritten signature in black ink, appearing to read 'Alan Johnson'.

Alan Johnson

Secretary of State for Health

Executive summary

1. Drinking alcohol plays a long-standing, generally positive role in British culture. Ultimately, whether people drink alcohol and how much they drink is down to **individual choice**. However, government has an important role to play in ensuring that people are able to make informed choices, and encouraging those that do drink to do so responsibly; in making sure that businesses sell alcohol responsibly; and that the individual choice to drink is never an excuse for causing harm to others. The Government is determined to reduce the harms associated with binge drinking, long-term alcohol consumption by adults at levels that exceed health guidelines, and drinking by children and young people.
2. Over the last few years, **the way that young people drink has been changing** and we are beginning to learn more about the risks associated with children, young people and alcohol – that it impairs their well-being, puts them at a number of immediate risks, and can impact on their health and future prospects.
3. Although fewer children and young people are choosing to drink at all, those that do are drinking more, more often, and starting at a younger age. The most common drinks that young people now consume are those that are cheaper and higher in alcohol content, such as spirits and alcopops. More young people drink outside in public places, such as parks and the high street. This type of unsupervised drinking is clearly linked with putting young people at immediate risk of ending up in hospital, having unsafe sex, being injured or getting involved in violent crime or anti-social behaviour.
4. Young people are harming themselves in the long term by drinking too much too often, and this is becoming ‘the norm’ among some groups, such as the 15% of 11–15-year-olds who usually drink at least once a week. They are putting themselves at a greater risk of liver damage, problems with brain development and memory, and depression. This is a serious issue, with more than 10,000 young people every year ending up in hospital due to drinking, as a result of acute alcohol poisoning or an alcohol-related accident.
5. **We want to reduce the damage** that young people, families and the community experience as a result of youth drinking, which is why we launched the Youth Alcohol Action Plan, in June 2008, in order to:

- stop the problem of young people drinking in public places by making it an offence for under-18s to persistently possess alcohol in a public place, which was announced in the Queen’s Speech in December 2008; and by ensuring the police, courts and other authorities have the enforcement powers they need to tackle this;
 - work with the alcohol retail industry, such as pubs, shops and off-licences, to strengthen their Social Responsibility Standards¹ with a view to making them mandatory. This has been subject to a public consultation² and in December 2008 the Government announced its intention to legislate to make the standards mandatory;
 - continue to tackle the instances of underage sales of alcohol by changing the offence for persistent underage alcohol sales from three to two instances in three months;
 - help young people to make sensible decision about drinking by creating a communications campaign about the risks of alcohol, aimed particularly at the 11–15-year-old age group; following our review of drug and alcohol education,³ we have also made Personal, Social and Health Education (PSHE) a statutory subject in all schools, ensuring that all young people will receive education on the risks of alcohol and important life skills to help minimise these risk; and
 - help parents to protect their children from the harms associated with early alcohol use by producing **Advice and Information** for parents, which will include the Chief Medical Officer’s (CMO) **Guidance**.
6. Those aged under 18 are not adults, but children and young people whose developing brains and bodies are more susceptible to damage from drinking, putting them at increased risk from what may seem like fairly small amounts of alcohol for an adult. We should all look at the way in which young people drink and ask ourselves the question, “Is it safe for them to do this?” The Government has a duty to determine the potential harms arising from the way that young people drink and has asked the Chief Medical Officer to assess whether it is safe for young people to drink alcohol.
 7. **Parents are vital in shaping the way in which young people drink**, with most 11–15-year-olds who have tried alcohol getting it from their parents, and drinking it at home. Young people learn from and copy their parents’ drinking behaviours.
 8. Young people want their parents to set boundaries around alcohol, and evidence shows that this really makes a difference in protecting children from alcohol-related harm. However, parents have told us that they are not overly concerned about their children drinking and that getting drunk is just a normal part of growing up. They have

1 www.dh.gov.uk/en/Consultations/Liveconsultations/DH_086412

2 www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_091369

3 DCSF (2008) *Government Response to the Report by the Advisory Group on Drug and Alcohol Education* – you can download this report from: www.teachernet.gov.uk/docbank/index.cfm?id=13033

also said that they do not know enough about the risks.

9. Parents raise children; government does not. **Parents and young people have asked for a clear message** on the health effects of alcohol consumption on young people and what the boundaries should be on when and how children could be introduced to alcohol. They have asked for more information on which to base their decisions and choices.
 10. **This consultation** is on two documents that are aimed at reaching all parents, children and young people under 18 as well as health, education and children's services professionals:
 - the **Chief Medical Officer's Guidance** on the consumption of alcohol by children and young people; and
 - our initial ideas for the supporting **Advice and Information** for parents and young people.
 11. This consultation aims to achieve a better understanding of the risks and harms by parents, children and young people, and ultimately to contribute towards reducing the numbers of young people ending up in hospital for drink-related reasons, being involved in alcohol-related street crime or disorder, and whose school work is suffering due to drinking.
 12. **This is your opportunity to get involved**, shape the messages that will go to parents and young people, and have your say on how they will be delivered. You can have an influence on how this campaign develops.
- We do not have all the answers, which is why we want to hear your thoughts and comments so that you can help to make this a success.
13. **The Chief Medical Officer advocates an alcohol-free childhood as the healthiest and best option**, because of the increased risks from drinking that young people face. He advises that those aged under 15 should not drink at all; and that those aged 15 to 17 should never exceed the daily limits for adults of 2–3 units for women and 3–4 units for men. For 15- to 17-year-olds drinking should be infrequent, and never be more than once a week.
 14. This is health advice based on a review of the evidence, providing a clear message that has been asked for by parents and young people. This document is not about the law on permitted ages for consumption or purchase of alcohol; this is **Guidance** for parents and young people to inform their choices.
 15. Some **initial thoughts on the Advice and Information** are set out here to give examples of the type of supporting materials that parents and young people will need in order to understand and implement the Chief Medical Officer's **Guidance** and reduce the risk of harm related to youth drinking.
 16. In order to make this a success, we want you to read this document and give us your feedback, helping us to tackle this important issue.

Chapter 1: Introduction

What this consultation is about

1.1 *This consultation allows you the opportunity to comment on the content and tone of:*

- *the Chief Medical Officer's new **Guidance**⁴ on the consumption of alcohol by children and young people; and*
- *our initial ideas for the **Advice and Information**⁵ that will support parents, carers, children and young people in understanding and using the **Guidance**.*

1.2 Although fewer young people are now drinking alcohol, those that are start at a younger age, drink larger quantities and more often, and many do not see their drinking as a problem. It is important to remember that most young people do not drink to excess or come to harm, but there is a significant minority who do and this is of great concern. We know that the public is worried about the violence and anti-social behaviour that is often associated with young people drinking, as well as the

damage caused to young people's health, education and safety. Government is committed to taking a range of actions to reduce these harms, which is why under-18s were made a priority in the **National Alcohol Strategy**⁶ and why we then published a **Youth Alcohol Action Plan**⁷ to continue to take this forward.

1.3 As part of this commitment, we established an Expert Panel to review the latest available evidence on the impact of alcohol on children and young people, to help us develop our initial ideas for **Advice and Information** for parents and young people, and we asked the Chief Medical Officer (CMO) to produce **Guidance** on the consumption of alcohol by children and young people.

1.4 We know that parents raise children, and that government does not. Parents and carers have told us that they do not want government to decide for them when or how their children are introduced to alcohol; however, they do want clear messages on

4 Chief Medical Officer (January 2009) *Guidance on the Consumption of Alcohol by Children and Young People* – you can download the full report from: www.dcsf.gov.uk/consultations

5 Draft examples of the **Advice and Information** for parents and young people can be downloaded from: www.dcsf.gov.uk/consultations

6 HM Government (2007) *Safe. Sensible. Social. The next steps in the National Alcohol Strategy* – you can download this document from: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_075218

7 Department for Children, Schools and Families, Department of Health and Home Office (2008) *Youth Alcohol Action Plan* – you can download this document from: <http://publications.dcsf.gov.uk>

what is safe and what is likely to cause harm. Our review of the evidence has shown us some worrying trends and a clearer picture of the risks that young people may be facing if they drink too much or too often.

A summary of this evidence is set out in this document.

- 1.5** We now want to consult with the people who can make a difference – parents, carers, children, young people and stakeholders such as teachers, health professionals, youth workers, peer educators and GPs – on how best to communicate the **CMO Guidance**, and on the content of the **Advice and Information** that will help people to understand and make sensible decisions. We are also planning a major campaign to communicate these messages to the people who need them. Before we create this campaign, we want to hear your views – this is your chance to shape the key messages and get involved.
- 1.6** This is just one part of our wider strategy; we are doing this now in order to reduce the risk to young people’s health, well-being and future prospects, and the problems that the public want to see stopped, such as violence and anti-social behaviour, that are linked to young people’s excessive drinking.

The problem as we see it

- 1.7** The effects from those young people who do drink are felt across society. Young people who drink are more likely to become victims of crime or engage in unsafe sexual behaviour. Their school work suffers, as do their relationships with family and friends. Local communities have to deal with anti-social behaviour and crime, and society as a

whole faces huge bills for health and policing as professionals deal with the fallout from problematic youth drinking, such as the numbers of alcohol-related hospital admissions of under-18s each year.

- 1.8** Alcohol is part of our national culture and, if managed responsibly, it can positively contribute to family, community and cultural life. However, when it is not managed responsibly, or causes harm to children, it is a problem and the public has told us that it wants it addressed. The Youth Alcohol Action Plan was developed to deal with this.

The wider strategy

- 1.9** Published in June 2008, the Youth Alcohol Action Plan set out a cross-government strategy to:
- tackle the problems of anti-social behaviour and violent crime associated with young people’s outdoor drinking by the introduction of a number of new initiatives through the Policing and Crime Bill announced in the Queen’s Speech in December 2008. Subject to Parliamentary approval, these would include the introduction of a new offence of persistently possessing alcohol in a public place by under-18s; increasing the penalty for the offence of consuming alcohol in a designated public place; ensuring that, when police confiscate alcohol from under-18s, they also take a record of their name and address and, if they are under 16, remove them to a place of safety; and lowering the age for police powers on direction to individuals who represent a risk of disorder, so that police can disperse groups of under-16s;

- reduce the availability of alcohol to under-18s through the Policing and Crime Bill, which would also introduce a mandatory code for the alcohol retail industry, including further action to reduce underage sales and promote responsible retailing among retailers of alcohol; and change the offence of selling alcohol to children from on three or more to two or more different occasions. The Home Office has provided funding to encourage greater take-up and acceptance of the Proof of Age Standards Scheme;
- ensure that parents are made to be responsible for their children's alcohol-related anti-social behaviour, with greater use of Acceptable Behaviour Contracts and Parenting Contracts;
- reduce the harms arising from young people's substance misuse, of which alcohol plays a part particularly with vulnerable young people, through actions set out in the drug strategy, *Drugs: protecting families and communities* (published in February 2008). These include improving the specialist treatment available to those under-18s with substance misuse problems, with alcohol dependency being the main factor in over one-third of all those currently being helped; ensuring a focus on identifying problems early through children's services, including where a child is affected by parental alcohol misuse; and supporting the most vulnerable young people through Targeted Youth Support and substance misuse workers in all Youth Offending Teams. To target families at risk, Family Intervention Pilots (FIPs) have been extended to reach a further 500 families affected by substance misuse including alcohol;
- offer viable alternatives to drinking by ensuring that all areas provide positive activities on Friday and Saturday nights as well as through the rest of the week;
- review drug and alcohol education; in response to the recommendations of the Advisory Group, in October 2008 the Government committed to review existing guidance on the subject and conduct an independent review of how its decision to make Personal, Social and Health Education (PSHE) statutory can be translated into a practical way forward; and
- ask the Chief Medical Officer to develop **Guidance** on alcohol consumption by children and young people, and commit to developing a social marketing campaign to provide better **Advice and Information** to parents and young people to support their understanding and use of the **Guidance**.

The CMO Guidance

- 1.10 The key role of the CMO is to provide, for the Government and the public, advice without fear or favour. The CMO seeks out the best scientific evidence and uses this as the basis not just for presenting the facts, but also for making well-founded policy recommendations. The **Guidance** specifically addresses the key points requested by government in the Youth Alcohol Action

Plan, namely: the age at which children and young people could safely be introduced to alcohol; how much is sensible for young people to drink; and how far parents or carers should supervise young people's drinking.

1.11 The Chief Medical Officer's new **Guidance** on the consumption of alcohol by children and young people is very detailed and comprehensive. This document provides an accessible summary in Chapter 3.

1.12 The key points from the CMO **Guidance** are:

(1) Children and their parents and carers are advised that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years.

(2) If young people aged 15 to 17 years consume alcohol it should always be with the guidance of a parent or carer or in a supervised environment.

(3) Parent and young people should be aware that drinking, even at age 15 or older, can be hazardous to health and that not drinking is the healthiest option for young people. If 15 to 17 year olds do consume alcohol they should do so infrequently and certainly on no more than one day a week. Young people aged 15 to 17 years should never exceed recommended adult daily limits and on days when they drink, consumption should usually be below such levels.

(4) The importance of parental influences on children's alcohol use should be communicated to parents, carers and professionals. Parents and carers require advice on how to respond to alcohol use and misuse by children.

(5) Support services must be available for children and young people who have alcohol-related problems and for their parents.

The Advice and Information

- 1.13 We are committed to getting this message right, and we asked a panel of experts to review the latest evidence in order to help develop some initial ideas for the **Advice and Information**. It is designed to help parents and young people to understand and act on the CMO **Guidance**. It is there to support parents in protecting their children, providing advice on monitoring and managing their approach to alcohol, and giving them the knowledge they need to talk to their children about drinking, establish boundaries and encourage their children in making healthy choices.
- 1.14 The **Advice and Information** also gives young people the facts and explains the consequences. It does not preach, but instead seeks to help young people to make sensible and informed decisions and counter pressure from friends or the media. Our initial thoughts on what messages this might contain are set out in Chapter 4 for you to comment on and help develop.
- 1.15 The **Advice and Information** and the CMO **Guidance** will form the basis for a country-wide campaign giving parents and young people the key messages to help to reduce alcohol-related harm.

Why it is important for parents, young people and stakeholders to have their say

- 1.16 Problematic youth drinking is a concern for individuals, families, communities and society. The Government is committed to tackling these problems, but we know we cannot do it alone. So, in addition to working with the alcohol industry, the police, health and youth services, we know that parents and young people must be involved if things are to change for the better. Parents know their children and have the greatest influence over their behaviour. Young people know about the issues related to youth drinking. You know what the problems and challenges are. You will have questions and important contributions to make – which is why we are asking for your help in order to make a real difference.
- 1.17 Throughout this consultation document we ask questions to aid your feedback to us. These questions are collated in Annex A, along with details of how to submit your comments.

Chapter 2: The Evidence

2.1 Government has conducted a number of pieces of research into young people and alcohol, which underpin the CMO **Guidance** and the **Advice and Information**. Although we must acknowledge that there are gaps in the evidence base, the message from what is known is clear: the risk of experiencing a number of significant health and social harms during childhood and the longer term is greatly increased the younger children start drinking alcohol, the more frequently they drink and the larger the quantities they consume.

2.2 The evidence in this chapter is based in particular on:

- the report by the Chief Medical Officer: *Guidance on the Consumption of Alcohol by Children and Young People*;
- the Systematic Review of Reviews⁸ by the University of Newcastle, commissioned by the Department for Children, Schools and Families (DCSF) and the alcohol Expert Panel;⁹

- evidence from the North West Public Health Observatory¹⁰, which takes a lead in England on alcohol-related health issues;
- large-scale national surveys of young people's drinking behaviour;^{11,12} and
- DCSF's research, where we have looked at how different groups deal with youth drinking, and listened to the ideas and experiences of young people and parents from different communities.¹³

When do children start to drink?

2.3 Unsurprisingly, **the likelihood of having tried alcohol rises with age**: 20% of 11-year-olds have ever had a whole alcoholic drink, but this increases to 54% of 13-year-olds and 81% of 15-year-olds.¹⁴ Across all ages, boys and girls are equally likely to have tried alcohol.

2.4 **More young people are choosing not to drink**. There has been a decrease in recent

8 Newbury-Birch, D et al (2008) *The Impact of Alcohol Consumption On Young People: A Review of Reviews*. University of Newcastle

9 Members of the DCSF Alcohol Expert Panel: Professor Mark Bellis, Professor Ilana Crome, Professor Ian Gilmore, Dr Eilish Gilvarry, Dr Matt Hickman, Dr Anne Lingford-Hughes, Professor Sir Michael Rutter, Dr Rachel Seabrook, Lorna Templeton, Dr Russell Viner.

10 North West Public Health Observatory, Centre for Public Health and Liverpool John Moores University (2008) *Indications of Public Health in the English Regions 8: Alcohol*

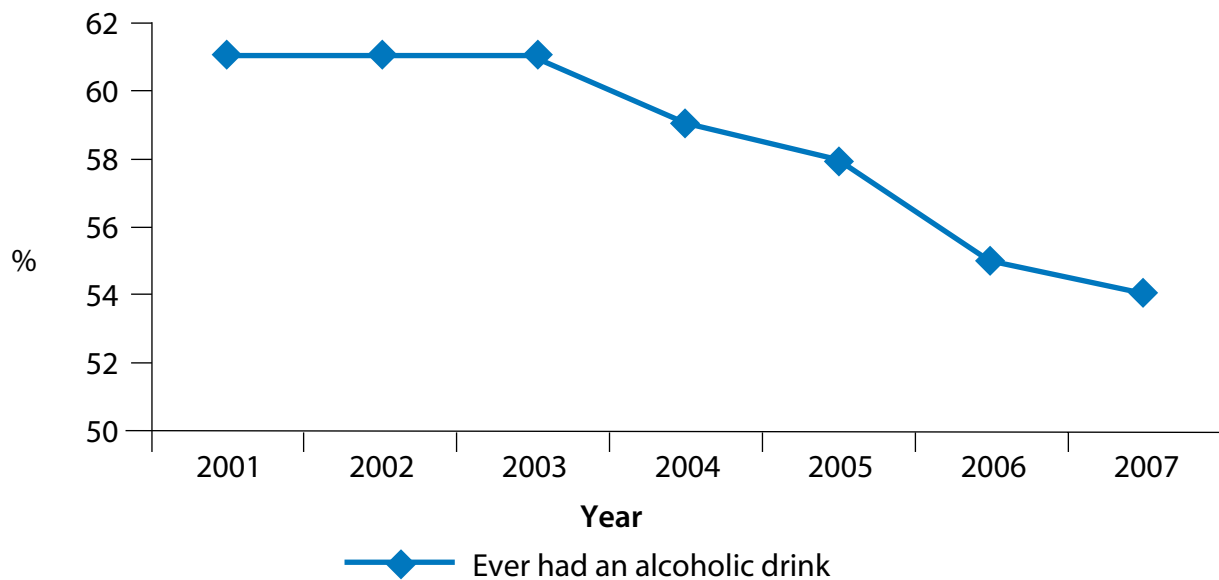
11 Ofsted (2008) *Tellus Survey of School Pupils*

12 Fuller, E (ed) (2008) *Drug Use, Smoking and Drinking among young people in England 2007*. NHS Information Centre

13 Define Research & Insight (2008) *Use of Alcohol among Children and Young People*

14 Fuller, E (ed) (2008) *Drug Use, Smoking and Drinking among young people in England 2007*. NHS Information Centre

Ever had an alcoholic drink (11-15-year-olds)



years in the numbers of young people who have ever tried alcohol, with the rate among 11–15-year-olds in England falling from 61% in 2003 to 54% in 2007.¹⁵

How often do children and young people drink?

2.5 An estimated 1.5 million children aged 11–17 in the UK drank alcohol in the last week (704,000 aged 11–15 and 752,000 aged 16–17), with 630,000 of them drinking more than once a week (240,000 aged 11–15 and 390,000 aged 16–17).¹⁶

2.6 Even at the age of 11, one in 50 children reported that they drank at least weekly. One in five 14-year-olds reported drinking at least weekly, and by age 15 this was nearly one-third of all young people.

How many children get drunk frequently or have ever been drunk?

2.7 An estimated 360,000 children aged 11–15 had been drunk in the last week. Surveys of 15-year-olds show that more than one in five say they first got drunk at age 13 or younger. By the age of 15, nearly one half of young people have got drunk at least twice, with more girls than boys reporting this.¹⁷

2.8 Some 14% of 15–16-year-olds reported getting drunk at least 20 times in the previous year, which works out at least once every two to three weeks. More than one in ten of those aged 15 and 16 had been drunk at least six times in the last month.¹⁸

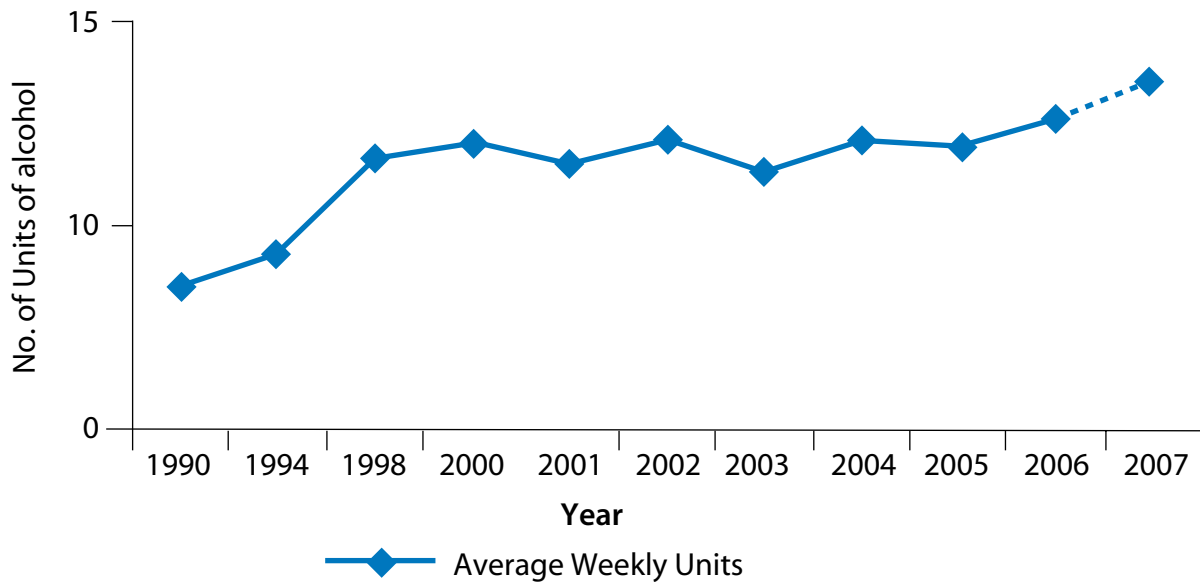
¹⁵ Ibid

¹⁶ Chief Medical Officer (December 2008) *Guidance on the Consumption of Alcohol by Children and Young People* – you can download the full report from: www.dcsf.gov.uk/consultations

¹⁷ Ibid

¹⁸ Ibid

Average weekly alcohol units consumed by those young people who had drunk during the last week (11-15-year-olds)¹⁹



How much do children drink?

2.9 Among young people who had drunk alcohol during the last week, the average amount consumed in a week by 11–15-year-olds has increased substantially in the last 17 years, for both boys and girls, rising from 5.3 units in 1990 to 12.7 units in 2007. The average level of consumption increases with age, from around 8 units per week for 11–13-year-olds to 15 units per week for those aged 15.²⁰ The tendency to consume beyond the guideline limit is dependent on age, with young people being most likely to exceed recommended limits.²¹

2.10 Young people are now regularly drinking higher strength drinks, with spirits and alcopops the most frequently consumed types (63% and 60% respectively).

What are the potential consequences of children and young people’s drinking? Health and well-being

2.11 Nearly 10,000 children aged 11–17 are admitted to hospital each year in the UK as a result of their alcohol consumption, with 6,000 of these being aged 11–15. The reasons include alcohol poisoning and injuries.

2.12 Research has shown that deaths from liver disease are now occurring at much younger ages than had previously been seen.²²

2.13 Frequent excessive alcohol use in adolescence can damage the brain and impair long-term memory.²³

19 Fuller, E (ed) (2008) *Drug Use, Smoking and Drinking among young people in England 2007*. NHS Information Centre
 20 Fuller, E (ed) (2008) *Drug Use, Smoking and Drinking among young people in England 2007*. NHS Information Centre
 21 SchHARR, University of Sheffield (2008) *Independent Review of the Effects of Alcohol Pricing and Promotion*
 22 Newbury-Birch, D et al (2008) *The Impact of Alcohol Consumption On Young People: A Review of Reviews*. University of Newcastle
 23 Ibid

Education

- 2.14** A recent study found that students who drank frequently were over three times more likely to say they were behind in school work than more moderate drinkers.²⁴
- 2.15** Alcohol is also linked to missing school, with 60% of pupils who had truanted in the last year having drunk alcohol in the last week compared with 17% of those who had never truanted.²⁵

Crime

- 2.16** Among 10–17-year-olds who drank at least once a week, 39% had committed a violent offence, compared to 11% of those who had not drunk in the last year. 10% of those who drank at least once a week had committed drug-related offences against less than 1% of those who had not drunk in the past 12 months. Reports of criminal damage (17%) and theft (34%) were also higher among those who drank at least once a week in comparison to those who drank less frequently or not at all.²⁶
- 2.17** Among young people who drank alcohol at least once a month, over one-quarter had an argument and more than one in ten got into a fight as a result.²⁷

Unsafe sex

- 2.18** Young people who drink are more likely than their peers to fail to use a condom; have sex at a younger age; become pregnant; and catch sexually transmitted infections.²⁸
- 2.19** In a survey of 15–16-year-olds, 9% of boys and 12% of girls said they had unprotected sex after drinking alcohol.²⁹
- 2.20** A survey of young people found that young women who drank heavily were nearly 10 times more likely to have had sex than the rest of their peers.³⁰

Negative consequences

- 2.21** Some 40% of the 13-year-olds and 58% of the 15-year-olds who had drunk alcohol recently reported that after drinking they had experienced at least one of the following negative consequences: had an argument or fight; visited an A&E department; been admitted to hospital overnight or had an injury that needed to be seen by a doctor; been taken home by the police or been in trouble with them; stayed off school; been sick (vomited); or tried an illegal drug.³¹

24 Perkins HW (2002) 'Surveying the damages: A review of research on consequences of alcohol misuse in college populations'. *Journal of Studies on Alcohol*. (Suppl. 14): 91–100

25 NHS (2008) Statistics on Alcohol. The Information Centre for Health and Social Care

26 Matthews S, Brasnett L and Smith J (2006) *Underage drinking: findings from the 2004 Offending, Crime and Justice survey*. London: Home Office

27 Chief Medical Officer (December 2008) *Guidance on the Consumption of Alcohol by Children and Young People*

28 Newbury-Birch, D et al (2008) *The Impact of Alcohol Consumption On Young People: A Review of Reviews*. University of Newcastle

29 Hibell B, Anderson B, Bjarnason T, Ahlstrom S, Balakireia O, Kokkeri A, Morgan M (2004) *The ESPAD Report 2003. Alcohol and Other Drug Use Among Students in 35 European Countries*. Stockholm, Sweden: Modintryckoffset AB

30 Redgrave, L and Limmer, M (2005) *"It makes you more up for it": School aged young people's perspectives on alcohol and sexual health*. Rochdale Teenage Pregnancy Strategy

31 British Market Research Bureau (BMRB) Social Research (2007) *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) National Report: Smoking, drinking and drug use among 13 and 15 year olds in Scotland in 2006*. Leamington Spa: BMRB Social Research

Vulnerable young people

- 2.22** The young people who may be at greatest risk of alcohol dependency are those whose parents abuse alcohol. One piece of research showed that parental alcohol misuse was identified as a factor in over half of child protection cases³². The children of parents who misuse alcohol are at a higher risk of mental ill-health, behavioural problems, involvement with the police, and substance and alcohol misuse. Parental alcohol misuse also raises the likelihood of having caring responsibilities at a young age, of poor educational attainment, and the likelihood of children witnessing domestic violence or experiencing parental relationship breakdown.³³
- 2.23** Vulnerable young people, such as those involved in offending, looked-after children, and those excluded from school are more likely than non-vulnerable peers to develop alcohol misuse problems.
- 2.24** Further research has shown that 45% of young people excluded from school had had an alcoholic drink in the last week, compared with 21% of those who had never been excluded from school.³⁴

What are young people's attitudes to drinking?

- 2.25** The majority of young people in one survey³⁵ associated alcohol consumption with positive consequences (71% overall). For example, most young people reported that

they associated alcohol consumption with having fun and feeling happy. Only one-quarter reported that they expected negative consequences from their drinking.

- 2.26** Another survey of 10–17-year-olds who drank at least once a month found that three out of every four young people said that drinking alcohol made them feel more friendly, outgoing and relaxed.
- 2.27** One study found that getting drunk was widely seen as normal and acceptable by 14–17-year-olds, and that the respect and image associated with getting drunk were an important reason why young people chose to drink.³⁶ Over one-third reported that they drank alcohol with the purpose of getting drunk, and more than one in ten thought that it was acceptable to get drunk every week.

What are parents' attitudes to their children drinking?

- 2.28** In our qualitative research with parents and young people we found, across the piece, that young people and adults are operating under a series of myths which mean that exposure to alcohol – early or late – is not properly supported by fact. With parents, we found that underage drinking was recognised as an issue: however it was usually not considered to be a problem for themselves, but something that was someone else's problem. Many parents felt that young people would learn by their own

32 Judith Harwin and Mary Ryan (2007) *The role of the court in cases concerning parental substance misuse and children at risk of harm*

33 Cabinet Office: Social Exclusion Taskforce (2008) *Reaching Out: Think Family. Analysis and themes from the Families At Risk Review*

34 Fuller, E (ed) (2008) *Drug Use, Smoking and Drinking among young people in England 2007*. NHS Information Centre

35 Hibell B, Anderson B, Bjarnason T et al (2004) *The ESPAD Report 2003. Alcohol and Other Drug Use Among Students in 35 European Countries*. Stockholm, Sweden: Modintryckoffset AB

36 Coleman and Cater (2005)

mistakes with drinking, with some parents providing alcohol and even encouraging drinking. Yet there is a lack of knowledge and clarity around current laws. There is also a widely held belief among parents that all young people will, at some point, rebel against authority and drink alcohol anyway, and there is very little that they can do about it. The majority of parents and young people were of the opinion that the risks relating to alcohol are mild, and that sticking to certain types of alcohol is “safe.” Alcohol is not seen as really a drug (and is legal so cannot be really bad for you). Indeed, most parents and young people believe they personally can manage alcohol themselves quite well.

How do children and young people get access to alcohol and where do they drink?

2.29 Among 10–17-year-olds, the main source of alcohol is from their parents (48%), with others getting it from friends (29%), and pubs and bars (22%).³⁷

2.30 At the age of 13, the most common place for young people to drink alcohol is at home (47%), while nearly one-third reported that they drank alcohol outdoors (32%), and others drank at someone else’s home (29%), or at parties (22%).³⁸

2.31 By the age of 15, young people were less likely to drink at home (38%), and more likely to drink outdoors or at someone else’s home (both 45%), or at a party (42%).³⁹

2.32 Where young people drink is linked to the level of alcohol consumed. Young people who had been drunk at least once were more likely to report that they drank outdoors.

What is the cost of young people’s drinking?

2.33 The cost to the taxpayer for the Criminal Justice System having to deal with alcohol-related crimes by under-18s is estimated at between £915 million and £1.15 billion. The overall cost to society from the problems caused by excessive alcohol consumption, related crime and anti-social behaviour (by both young people and adults) has been estimated at between £17.7 billion and £25.1 billion.⁴⁰

What is the relationship between adult and young people’s drinking?

2.34 More than 10 million adults (26% of the population) drink regularly at levels that exceed government health guidance.

2.35 There is evidence that parents’ own use of alcohol has a strong influence over how their children will drink, and where parents frequently drink to excess, this increases the likelihood that their children will experience alcohol-related harm.

³⁷ Matthews S, Brasnett L and Smith J (2006) *Underage drinking: findings from the 2004 Offending, Crime and Justice survey*. London: Home Office

³⁸ Ibid

³⁹ Ibid

⁴⁰ Home Office (2008) “Impact assessment for consultation on a mandatory code for the alcohol retail industry”

Chapter 3: The Chief Medical Officer's Guidance

3.1 The Government asked Sir Liam Donaldson, the Chief Medical Officer (CMO) for England and the UK's Chief Medical Adviser, to prepare **Guidance on the Consumption of Alcohol by Children and Young People**. The aim was to give clearer health information to parents and young people about how consumption of alcohol – particularly at an early age – can affect children and young people. The **Guidance** is intended to empower and thus help parents and carers to supervise and guide their children's alcohol consumption, and to ensure that any harms related to alcohol consumption are minimised.

3.2 The CMO is clear that:

“There is sufficient evidence of strong and consistent relationships between patterns of alcohol consumption and harms to children and young people. For example, the long term benefits of delaying drinking among young people can be demonstrated. Evidence also shows how parents can influence young people's alcohol use, by having strict rules on young people's drinking; through supervision and management; and through the closeness of their relationships with their children.”

3.3 The CMO has produced five evidence-based statements which form the basis of the **Guidance** on the consumption of alcohol by

children and young people. Each statement is based on the best evidence currently available. However, the evidence base for the consequences of drinking in childhood and adolescence is continually evolving and, in particular, a better understanding of relationships between cause (e.g. age of first drink, alcohol consumption, location of drinking etc.) and effect (e.g. unsafe sex, health harms) is still required.

Starting drinking

3.4 CMO Guidance Point 1:

“An alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years.”

3.5 The CMO explains that alcohol consumption during any stage of childhood can have a detrimental effect on development and, in particular, during teenage years is related to a wide range of health and social problems. Vulnerability to alcohol-related problems is greatest among young people who begin drinking before the age of 15. The safest option for children and young teenagers up to and including the age of 14 years is not to drink at all.

3.6 The CMO advice is that young people should delay the age they start drinking alcohol, because:

- children who begin drinking at a young age drink more frequently and in greater quantities than those who delay drinking. They are also more likely to drink to get drunk;
- the earlier they start drinking alcohol, the more they are at risk of alcohol-related injuries, involvement in violent behaviour and suicide attempts, having more sexual partners and a greater risk of pregnancy, using illegal drugs, experiencing employment problems and driving accidents;
- heavy drinking during adolescence may affect normal brain function during adulthood. Furthermore young people who drink heavily may also develop problems with the liver, bones, growth and endocrine development; and
- the earlier they start drinking alcohol the more likely they are to develop alcohol abuse problems or dependence in adolescence and adulthood.

Supervised drinking

3.7 CMO Guidance Point 2:

*“If young people aged 15 to 17 years consume alcohol it should always be with the **Guidance of a parent or carer or in a supervised environment.**”*

3.8 The CMO explains that while no alcohol consumption is the safest option for young

people, the reality is that by the age of 15 many children have already consumed alcohol and substantial numbers are drinking weekly. Young people’s levels of alcohol use are related to their ability to access alcohol, and drinking patterns also depend on the location in which alcohol is consumed. In a home or other supervised environment, parents can monitor the amounts of alcohol consumed, discuss the dangers associated with drinking and set boundaries for consumption. Drinking in parks, streets and other unsupervised settings is related to greater alcohol-related harms.

3.9 The CMO advice is that parents should set standards and rules, and monitor their children’s use of alcohol, because positive family relationships are important in delaying the age at which young people start drinking alcohol and young people will benefit from being prepared for an adult world of which alcohol is a part.

3.10 The CMO concludes that, while no alcohol consumption is the safest option for young people under 15, the reality is that by that age many children have already consumed alcohol and substantial numbers are drinking regularly. Therefore parents of children under the age of 15 should advocate no use of alcohol; however, if this is taking place, they should supervise any alcohol consumption, monitor the amounts of alcohol consumed, discuss the facts about the impact and consequences of drinking at a young age, and set boundaries for consumption.

3.11 For parents of those aged 15–17, it is advised that they should supervise any alcohol consumption by their children in addition to

setting boundaries and monitoring how much they drink.

Drinking levels

3.12 CMO Guidance Point 3:

“Parents and young people should be aware that drinking, even at age 15 or older, can be hazardous to health and that not drinking is the healthiest option for young people. If 15 to 17 year olds do consume alcohol they should do so infrequently and certainly on no more than one day a week. Young people aged 15 to 17 years should never exceed recommended adult daily limits and on days when they drink, consumption should usually be below such levels.”

3.13 The CMO explains that children and young people who drink frequently or binge drink are more likely to suffer alcohol-related consequences. While individuals vary in the way that they react to the consumption of alcohol, young people may have a greater vulnerability than adults to certain harmful effects of alcohol use. Young people also lack drinking experience and decision-making skills about the amount, strength and rate of drinking. Brain development continues throughout adolescence and into young adulthood, and drunkenness, binge drinking or exceeding the recommended maximum alcohol limits for adults should always be avoided.

3.14 The CMO advice is that frequent or excessive drinking by children and young people is particularly dangerous because:

- it presents particular risks in terms of health, unplanned and unprotected sexual activity and violent behaviour;

- it is more likely to lead to binge drinking and alcohol dependence in young adulthood; and
- it leads to a higher likelihood of involvement in illegal drug use, crime and lower educational attainment.

3.15 The CMO concludes that drunkenness, binge drinking or exceeding the recommended maximum alcohol limits for adults by children and young people should always be avoided.

The importance of parents

3.16 The CMO realises that parents face a difficult task, and that many may feel ill equipped to deal with their children’s current or future drinking, but they clearly say:

“Parents can influence their children’s alcohol use through having strict rules on young people’s drinking; supervision and management; and the closeness of their relationships with their children. It is important for parents and carers to talk to a young person about alcohol consumption and set realistic guidance and rules for them, so they can protect them from alcohol related harms.”

3.17 The CMO advises that parents play the key role in helping their children develop healthy and safe attitudes to alcohol, because:

- a permissive approach by parents to the use of alcohol by their children often leads to heavy and binge drinking in adolescence;

- family standards and rules, as well as parental monitoring, delay the age at which young people first drink;
- frequent or excessive drinking by parents increases the likelihood that children will also consume more alcohol and be at greater risk of harm; and
- warm and supportive parent–adolescent relationships lead to lower levels of adolescent alcohol use and misuse.

3.18 The CMO advises parents and carers to:

- set limits and determine the consequences for drinking behaviour;
- negotiate boundaries and rules for appropriate behaviour in relation to alcohol; and
- show disapproval of alcohol misuse, such as getting drunk, drinking when they have been told not to or getting into trouble after drinking.

Support services for young people and parents

3.19 CMO Guidance Point 4:

“The importance of parental influences on children’s alcohol use should be communicated to parents, carers and professionals. Parents and carers require advice on how to respond to alcohol use and misuse by their children.”

3.20 The CMO explains that parents’ and carers’ own drinking behaviour can influence their children’s alcohol use. This includes all

parents, from those with an alcohol problem to those who just drink in front of their children from time to time. Parents can also influence their children’s alcohol use through having strict rules on young people’s drinking; supervision and management; and the closeness of their relationships with their children. However, some parents and carers may feel ill equipped to respond to their children’s alcohol use and related concerns. Parents may be concerned about what the right age is to permit drinking and what level of alcohol use is normal during adolescence. It is important for parents and carers to talk to a young person about alcohol consumption and set realistic guidelines and rules for them, so they can protect them from alcohol-related harms.

3.21 CMO Guidance Point 5:

“Support services must be available for children and young people who have alcohol related problems and their parents.”

3.22 The CMO advice is that:

- professionals working in all children’s services need to be able to identify children and young people with alcohol-related problems and make appropriate referrals to support services;
- professionals from children’s services and all health, social care and criminal justice agencies need to be competent and confident in responding to alcohol-related concerns in children and young people, and among parents and carers; and

- professionals need to be supported by information, training and skills development, and resources such as screening tools and intervention toolkits.

You might want to comment on whether you think anything is missing and whether there is anything else you need to know in order to have confidence in using the Guidance. Should they be made into firmer guidelines? Do you think the guidance will help your decision making?

3.23 The National Institute for Health and Clinical Excellence (NICE) advises that schools should ensure that alcohol education is an integral part of the Personal, Social, Health and Economic (PSHE) education curricula, tailoring information for different age groups, offering support and advice to individuals if needed and referring for further support where appropriate. These messages are also set out in the government document *Drugs: Guidance for Schools*,⁴¹ and the recent review of Drug and Alcohol Education.⁴²

Annex A includes all the Consultation Questions and information on how to feed back your thoughts.

Consultation Questions

3.24 We believe that the new **Guidance** from the CMO is a vital part of the information needed by parents and young people in order to make informed choices.

Consultation Question 1: Do you understand the five key points from the CMO **Guidance**?

You might want to comment on which Guidance points are the most important to stress. Is the language right? Is the message clear enough? What works well/less well for you?

Consultation Question 2: Do you think the CMO **Guidance** gives you enough information to enable you to make informed decisions?

41 Department for Education and Skills (2005) *Drugs: Guidance for schools*

42 Department for Children, Schools and Families (2008) *Government Response to the report by the Advisory Group on Drug and Alcohol Education*

Chapter 4: Advice and Information for parents, carers, children and young people

4.1 This consultation is asking for your help in making sure the **Advice and Information** offered to parents, carers, children and young people is relevant, helpful and accessible.

4.2 This chapter sets out some initial ideas about how to support young people in making sensible decisions about alcohol use and assist parents in protecting their children – but we want your input on content and style. At the end of each section, there are questions that we would like you to answer. We can then use your feedback and ideas to make sure that this advice is effective and useful.

The key messages

4.3 There are three types of message that parents and young people need to hear, understand and be able to discuss:

- **evidence messages:** these set out the facts;
- **advice messages:** these outline things that can be done to reduce risks and harms; and
- **practical messages:** these provide tips and practical help in following the advice.

4.4 There are different messages for parents and carers and for children and young people.

4.5 It is important to note that these messages are **not** in their final form. Some messages might end up as poster slogans, headlines on a web page, or in an advert. The same message might appear with different wording in different places for different audiences. The messages here are the underlying ideas that we want parents and young people to understand and discuss.

You can see examples of an advice and information leaflet for parents and carers, and one for children and young people, at www.dcsf.gov.uk/consultations

Evidence messages

4.6 For parents and carers:

- **The way that young people drink nowadays has changed.** Although fewer young people now choose to drink, those that do are drinking at an earlier age, in greater quantities, and increasingly drinking to get drunk on higher strength drinks such as spirits and alcopops. Nearly a quarter of young people report getting drunk at 13 or younger.

- In some groups of young people and among adult role models, it is often seen as ‘the norm’ to drink frequently and to excess – this is putting young people under increasing pressure to drink.
- **You can make a difference.** Children do listen to their parents, do learn and copy drinking behaviour, and do want to talk to their parents about alcohol. Their decisions on alcohol are shaped by their parents’ attitudes and behaviour.
- Drinking by young people can be a mechanism for coping with stress or anxiety, and is associated with long-term and more severe harms.
- The harms caused by drinking during adolescence on the developing brain, health and well-being can potentially last well into adulthood.
- The location of a young person’s first drink may be important in reducing harm, with some evidence suggesting that children who first use alcohol in a home environment supervised by parents are less likely to misuse alcohol than those who begin drinking outside the home and in unsupervised environments.
- Drinking puts young people at risk of a range of both long- and short-term health and social problems
- The impact of drinking on brain development and memory can make it more difficult to do well at school and can worsen depression or behavioural problems.
- The age profile of those developing liver problems, such as cirrhosis, is getting younger – evidence suggests that this is linked to the large increase reported over the last 17 years in the amount of alcohol consumed by young people who drink.
- Drinking by young people is linked with a greater risk of being a victim of crime.
- Drinking increases the likelihood of having sex at a younger age and engaging in risky sexual behaviour such as unprotected sex, which can lead to pregnancy or contracting a sexually transmitted infection.

4.7 For children and young people:

- Most young people do not drink frequently or get drunk, with a growing number choosing not to drink at all.
- Drinking too much, too often, or in order to get drunk makes you more likely to damage your health and well-being, by:
 - affecting your brain and memory, making it more difficult to do well at school;
 - affecting your looks by damaging your skin, upsetting your sleep patterns, causing weight gain or weight loss through changes of appetite or by getting injured in a fight or accident;
 - making it more difficult to do sport; and
 - causing damage to your liver and heart, leading to an early death – how would you feel if you had fewer years to live?
- Drinking affects your relationships, leading to more arguments and fights with your family and friends.
- Drinking too much makes you do things you later regret or that make you look stupid in front of your friends, like being sick.
- Drinking puts you at greater risk of becoming a victim of crime or getting into dangerous situations.

- Drinking is something you will have to make your own decisions about.

Consultation Question

Consultation Question 3: Are the evidence messages clear and effective?

You might like to comment on which ones are the most effective and which are the least effective. Would statistics or case studies and examples make them work better? It would also be useful to know if these evidence messages would make you consider your drinking habits or your children's drinking habits.

Advice messages

4.8 For parents and carers

- The CMO advises that an alcohol free childhood is the healthiest and best option. Those aged 15–17 should not drink every week and certainly no more than once a week. They should never exceed the recommended daily limits for adults of 2–3 units for women and 3–4 units for men in a single day. If you do not know what a unit is have a look at the diagram below, or for further information look online at [units.nhs.uk](https://www.nhs.uk/units)



- Know where your children are – especially on Friday and Saturday nights.
- Set (or agree) clear boundaries and expectations with your child. You can discuss these with the parents of your child’s friends and agree that you will observe one another’s boundaries around alcohol if you are looking after one another’s children.
- Talk to your children about alcohol... and do this regularly.
- Do not be afraid to disapprove, but always keep lines of communication open.
- Know that delaying the age of your child’s first drink, and supervising any consumption of alcohol by them, can significantly reduce the risk of harm.

- Look at your own drinking and ask what example it sets.
- Know that you can make a difference and that being informed about alcohol, talking to your children and agreeing boundaries have all been shown to be important protective factors.

4.9 For children and young people

- The CMO advises that an alcohol free childhood is the healthiest and best option. Those aged 15–17 should not drink every week and certainly no more than once a week. Young people should never exceed the recommended daily limits for adults of 2–3 units for women and 3–4 units for men in a single day.
- Most young people are not drinking excessively and are looking after themselves, BUT some are drinking too much and risking their health and safety. Know what the facts and consequences are in order to keep yourself and your friends safe.
- Talk to your parents and negotiate or agree boundaries.
- Look out for your friends. Do not let them drink too much or get into risky situations, such as drinking and driving. Get help if they become ill or injured because of drinking too much.

- If you drink to help cope with your problems, know that drinking can make you feel worse and will not make the problem go away. We can provide signposting to where to find help to deal with these problems in a better way.
- There are better things to do than drinking, like sport, music, hobbies or interests.
- You can make a choice not to drink or not to get drunk if you do not want to. Plan your reasons in advance – it is your decision.

Consultation Question

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

Are they enough? What other questions do they raise, if any? Would you know what to do with them? You might like to comment on whether you think they are too general or too specific and whether they are likely to discourage or encourage parents and young people to consider their drinking habits. Do they go far enough?

Practical messages

4.10 For parents and carers

- Talk to your children about alcohol before they start drinking and at times in their lives when they are times or likely to be around alcohol. You could use media images of alcohol to start a conversation or discuss the CMO **Guidance** and what it means for them. Do not try and talk to your child about drinking when they are drunk or hung over.
- Negotiate/agree clear boundaries and rules with young people and stick to them, e.g. discourage involvement in drinking games which lead to higher levels of alcohol consumption, and don't be excessively critical of their drinking behaviour (which research shows may do more harm than good), or ask how much money they spend on alcohol or take with them on a night out.
- If your child is going to a place where they are likely to be around alcohol, make sure there is a responsible adult supervising at all times and that they know your agreed rules around your child and alcohol.
- Boundaries that you set around alcohol should take account of the fact that alcohol consumption in the evening may well affect a child's performance at school the following day.
- Make sure you know how much alcohol you keep in the house – would you notice if some of it went missing?

- Link your conversations about drink with other important conversations about drugs, sex, or coping with stresses such as exams or changing schools.
 - If you allow your child to drink, avoid drinks with a high alcohol content, such as spirits, and avoid large measures. Do not allow them to get drunk. Also provide food, as this will slow the rate of intoxication.
 - Support and congratulate your children if they take a stand against peer pressure.
 - Information on how to spot the warning signs of problematic or dangerous drinking and where to get help.
- make sure it is never more than the adult limits of 3–4 units of alcohol for men and 2–3 for women (for more information on units go to the Know Your Limits website [units.nhs.uk](https://www.nhs.uk/units));
 - eat something first;
 - take less money with you so you do not spend too much and drink more than you want to;
 - avoid drinking games as you may end up drinking more than you want to;
 - make sure you know how many units are in your drink (remember you can choose lower strength drinks and avoid spirits) and do not leave it unattended;
 - drink water or a soft drink between drinks; and
 - if you are out with friends, pick a non-drinker who can watch out for people and make sure you have a plan for getting home safely. Never drink and drive or get into a car with a driver who has been drinking.

4.11 For children and young people

- The CMO advises that you should not drink when you are young as it is linked to so many risks.
- If you decide not to drink or do not want to get drunk, practise ways of saying “No thanks”. Rehearse high-status reasons, such as “I’m playing football tomorrow”, “I’m saving my money for my holiday” or “I’m driving”.
- If you decide to drink:
 - if you are 15 or 17 do not drink every week and never on more than one day a week;
- Do not let alcohol make your decisions about whether or not to have sex. Think ahead. If you are likely to have sex, sort out your contraception beforehand – and always use a condom.
- Information on how to know when your drinking is causing you problems and where to get help or advice.

Consultation Question

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

You might like to comment on which groups the messages would work for and which they would not work for. You might also like to add your own practical tips or examples of other practical advice you have found helpful. What else would help?

Who should these messages come from?

4.12 We are very clear that parents raise children, and that government does not. We are equally clear that government can help to supply **Advice and Information** to parents and young people. The question is: who should communicate these messages? There are a number of possible messengers and we want to know what you think about who would be most effective and likely to be listened to.

4.13 The possible messengers could be the Government, local services or community organisations. You might think we need to use all three. We want to hear what you think will be most effective.

Government messengers

4.14 Our strategy for tackling problematic youth drinking crosses government departments, in particular the Department for Children, Schools and Families (DCSF), the Department of Health and the Home Office, as well as organisations such as the NHS. This approach has links to the existing campaigns on alcohol, such as the Know Your Limits Units campaign and the Binge-Drinking Campaign.

It is a cross-government initiative but we need to think about whose voice parents and young people would find most trusted, engaging and helpful.

Local messengers

4.15 As well as central government, there are other, more local, public bodies that could possibly act as messengers. Schools, colleges, peer educators or mentors, local authorities, health professionals, GPs, youth workers or the police might be effective in delivering useful and usable messages to parents and young people.

Community messengers

4.16 Communities and community organisations have been very successful in helping to deliver messages for other campaigns. Many think people are more likely to listen if they are being talked to by people in their own community. We are particularly aware that different religious and ethnic groups have different attitudes to drinking and ways of dealing with young people and alcohol. We want to make sure that our messages work for everyone. There are many hard-working groups supporting parents and young people in local communities; are they the best people to deliver the **Advice and Information** and follow it up?

Consultation Questions

Consultation Question 6: Who should be communicating these messages to parents and young people?

a. The Government? The NHS?

You might like to comment on whether other national government or voluntary

organisations such as charities would work well as the messenger.

b. Local public organisations?

You might like to comment on which organisations/groups will work best, and for which audience.

c. Local community groups?

You might like to comment on how we can help those organisations be more effective in getting the message across.

Consultation Question 7: What existing campaigns should this campaign work with?

*What else have you seen recently about alcohol that you think could link to these issues?
You might like to comment on how these campaigns could work effectively together.*

The ways and means

4.17 We can deliver the **Advice and Information** in various ways. We want to make sure that it reaches the right people and is in a form they can use. We need your help in thinking about how to deliver the messages. Possible ‘channels’ or ways of delivering the messages include the following.

Online

4.18 Online channels cover many things from static web resources, rather like an online library, through to interactive social networks such as Facebook, Bebo and MySpace. These could include websites for different audiences; downloadable materials; adverts on other websites; online games, quizzes or other interactive resources; videos on YouTube; and mobile phone information via

text message or messaging services, such as Twitter.

Print

4.19 For many people printed materials, such as leaflets and flyers, are more accessible and useful. We are committed to getting the **Advice and Information** to as many people as possible in ways they can use. We want to know what you think about using printed materials and how they should be distributed.

Face to face

4.20 Sometimes talking can be the best way of getting the message across and, importantly, enabling people to make use of that information and act on it. Perhaps running roadshows or local meetings would be a chance for parents and young people to get information and discuss ways of using it to manage their drinking, reduce risk and develop life skills that will protect them against harm. Perhaps we could help by training those who work with young people and parents to deliver this **Advice and Information** in ways that work. We want to know whether you think face to face is a good way of getting the message across and, if so, how?

Mass media

4.21 TV and radio are still massively popular and powerful. Similarly billboards and other adverts reach many people. These channels could be useful in reaching some parents and young people, but we want to know your thoughts.

Consultation Question

4.22 Consultation Question 8: What do you think would be the most effective ways of communicating these messages to young people and parents?

What would you like to see and where would you like to see it? You might like to comment on which communication channels you think should be used. What times of year do you think the messages should be concentrated? We would like you to comment on where the messages should be made available, for example, online, over the phone, from your GP etc. How should the advice take account of faith and cultural issues?

Annex A:

Full list of Consultation Questions

Guidance questions

Consultation Question 1: Do you understand the five key points from the CMO **Guidance**?

*You might want to comment on which **Guidance** points are the most important to stress. Is the language right? Is the message clear enough? What works well/less well for you?*

Consultation Question 2: Do you think the CMO **Guidance** gives you enough information to enable you to make informed decisions?

*You might want to comment on whether you think anything is missing and whether there is anything else you need to know in order to have confidence in using the **Guidance**. Should they be made into firmer guidelines? Do you think the Guidance will help your decision making?*

Evidence messages

Consultation Question 3: Are the evidence messages clear and effective?

You might like to comment on which ones are the most effective and which are the least effective. Would statistics or case studies and examples make them work better? It would also be useful to know if these evidence messages would make you consider your drinking habits or your children's drinking habits.

Advice messages

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

Are they enough? What other questions do they raise, if any? Would you know what to do with them? You might like to comment on whether you think they are too general or too specific and whether they are likely to discourage or encourage parents and young people to consider their drinking habits. Do they go far enough?

Practical messages

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

You might like to comment on which groups the messages would work for and which they would not work for. You might also like to add your own practical tips or examples of other practical advice you have found helpful. What else would help?

Who should communicate these messages?

Consultation Question 6: Who should be communicating these messages to parents and young people?

a. The Government? The NHS?

You might like to comment on whether other national government or voluntary organisations such as charities would work well as the messenger.

b. Local public organisations?

You might like to comment on which organisations/groups will work best, and for which audience.

c. Local community groups?

You might like to comment on how we can help those organisations be more effective in getting the message across.

Consultation Question 7: What existing campaigns should this campaign work with?

What else have you seen recently about alcohol that you think could link to these issues? You might like to

comment on how these campaigns could work effectively together.

Ways and means

Consultation Question 8: What do you think would be the most effective ways of communicating these messages to young people and parents?

What would you like to see and where would you like to see it? You might like to comment on which communication channels you think should be used. What times of year do you think the messages should be concentrated? We would like you to comment on where the messages should be made available, for example, online, over the phone, from your GP etc. How should the advice take account of faith and cultural issues?

HOW TO RESPOND TO THE PUBLIC CONSULTATION

To get involved and have your say, all the consultation documents, the example leaflets for parents and young people, and ways to respond can be found online from the link below:

Website: www.dcsf.gov.uk/consultations

Email: alcohol.consultation@dcsf.gsi.gov.uk

Post: Alternatively, you can write your answers and send them to:

DCSF Consultation Unit
Castle View House
East Lane
Runcorn
WA7 2GJ

Stakeholders: If you want to stay involved, you can register for updates at www.everychildmatters.gov.uk/health/substancemisuse/alcohol/ or download the Stakeholder Engagement Pack

Completed questionnaires and other responses should be sent by 23 April 2009



You can download this publication or order copies online at www.teachernet.gov.uk/publications

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