



## FACT SHEET 2:

### ALCOHOL AVAILABILITY TO UNDERAGE DRINKERS

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#### 1. INTRODUCTION

Preventing underage drinking is a public health priority.<sup>1-3</sup> Teenage levels of consumption in the UK are amongst the highest in Europe: nearly half (46%) of 15-16 year olds in the UK have been drunk at least once in the last month compared with a European average of 32%.<sup>4</sup> A survey of English 11-15 year olds found that:<sup>5</sup>

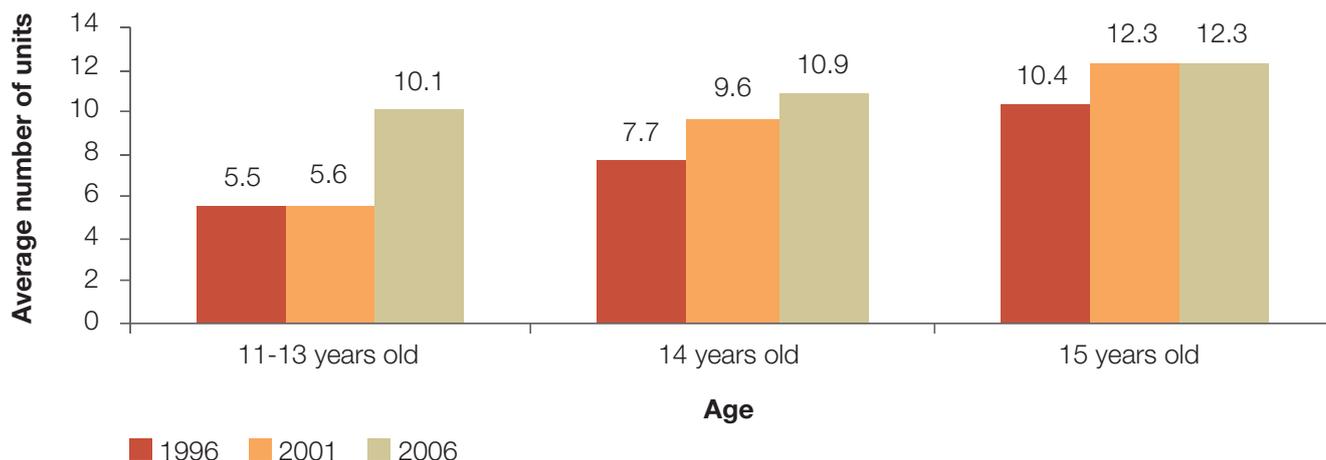
- In 2006, a fifth (21%) of 11 year olds, over half (55%) of 13 year olds, and most (84%) 15 year olds had drunk alcohol at least once;
- A third (32%) of 15 year olds drink alcohol at least once a week;
- In 2006, 11-13 year olds were drinking similar levels to 15 year olds in 1996 (Figure 1 and Box 1 for discussion surrounding sensible limits);

#### KEY POINTS

- Preventing alcohol misuse by children is a public health priority. Consumption doubled in the last 15 years with the greatest rise in those under 15 years old.
- Children who abuse alcohol before 15 years are four times more likely to develop alcohol dependency.
- Evidence shows any alcohol use raises the risk of criminal, social and health consequences, although harmful effects are greatest with high consumption.
- International evidence suggests underage alcohol use and concomitant harm is reduced by raising the price of alcohol, enforcing restricted sales and through graduated driving licences for novices.
- A 10% increase in the price of beer reduced binge drinking in American school-aged drinkers by 2-5%.
- A night curfew on teenage drivers reduced road traffic accidents by over 25% in America.
- The development of guidelines in order to encourage responsible parenting to minimise alcohol harm in underage drinkers is a priority.

- From 1990 to 2006, alcohol use more than doubled from 5.3 to 11.4 units;
- Over a quarter (29%) of 15 year olds drink 14 units or more a week;
- Overall the most popular drinks are beer, cider and lager but for girls the most popular drinks are alcopops and spirits;
- Shandy is the first drink for half of boys and a quarter of girls aged 11-12 years but by the age of 15 few drink this;<sup>6</sup> and
- A quarter of those that drink beer, lager and cider prefer stronger varieties.<sup>6</sup>

**FIGURE 1: ALCOHOL UNITS CONSUMED BY 11-15 YEAR OLDS OF THOSE DRINKING IN THE LAST WEEK IN ENGLAND BY AGE GROUP, 1996-2006<sup>5</sup>**



Because levels of adult drinking and related harms are higher in the North West than elsewhere in the country, this pattern is likely to also be evident in young people.<sup>7</sup> In the North West in 2007, over a quarter (28.6%) of 15-16 year olds who drink, drank frequently<sup>a</sup> and 30% binged<sup>b</sup> each week (both have increased compared with 2005).<sup>8</sup>

### 1.1 MOTIVATIONS FOR CONSUMPTION

Teenagers drink alcohol for a number of reasons:

- To relax, escape and feel a buzz.<sup>9,10</sup>

- To fulfil a social function, helping young people bond and giving them something to do.<sup>8,10,11</sup> In the North West, children with a sport or a hobby are 1.59 times less likely to binge drink.<sup>8</sup>
- To socialise, as frequent drinking is linked with spending time with friends and feeling socially pressured to drink.<sup>11</sup>
- A survey of those in Positive Futures<sup>c</sup> suggests that young people start to drink because their friends do and it looks like fun (40%), as an experiment (19%) and because family do (17%).<sup>9</sup> Being drunk becomes the reason for drinking.<sup>9</sup>

### BOX 1: NO SENSIBLE LIMIT FOR CHILDREN

The Government's benchmark of sensible limits aims to help adults moderate their drinking.<sup>12</sup> These limits are calibrated for a healthy, middle aged person. There are no defined limits for children. An 11 year old is, on average, half the weight of a healthy middle aged

person but so-called safe levels cannot simply be estimated by halving those for adults as children's bodies are still developing, and the level of damage caused by alcohol is likely to be higher than that for an adult. In addition, alcohol-related harm in children occurs with only a small level of consumption.<sup>13</sup>

### 1.2 HARM ASSOCIATED WITH UNDERAGE DRINKING

Underage drinking is related to numerous alcohol-related harms (for a review see Jones et al.):<sup>14</sup>

- The number of deaths in teenagers exceeds the number of deaths in under-fives,<sup>15</sup> because the main cause of death for young people has moved from infection to lifestyle reasons.

- Between 2003/04 and 2005/06, 20,121 under 18s were admitted to hospital for alcohol specific conditions (such as alcohol poisoning). The North West suffered the highest rate of such admissions (98.4 per 100,000 of under 18s compared with 60.6 per 100,000 nationally).<sup>7</sup>

<sup>a</sup> Drinking frequently is defined as drinking twice or more per week.

<sup>b</sup> Binge drinking is defined here as drinking five or more drinks in one sitting.

<sup>c</sup> Positive Futures is a national social inclusion programme aiming to involve disadvantaged young people in sports and other activities.

- Underage alcohol use impairs intellectual development both due to the damage done to the brain,<sup>16</sup> and through poor school attendance and performance.<sup>17</sup> Consumption is also linked with poor relationships with teachers and school exclusion.<sup>11</sup>
- Alcohol use is related to offending,<sup>18-20</sup> being in trouble with the police<sup>21</sup> and violence,<sup>8,18,22-24</sup> even at relatively low levels of consumption.<sup>25</sup> Further, North West 15-16 year olds who binge drink three or more times a week are at a fivefold higher risk of violence.<sup>8</sup>
- Intoxication increases the risk of early sexual debut, unprotected and regretted sex,<sup>8</sup> as well as sexually transmitted infections and pregnancy.<sup>22</sup> The rate of teenage pregnancies in the North West is above the national average (45 per 1000 females, average 42).<sup>d</sup>
- Alcohol is also related to self-harm, suicide<sup>18,26</sup> and road accidents (including drivers, passengers, pedestrians and cyclists) in young people.<sup>27,28</sup>

The earlier children drink the higher the risk of dependency:<sup>29,30</sup> adults who had abused alcohol by the age of 15 years were four times more at risk of lifetime alcoholism compared with those starting at 21.<sup>31</sup>

Further, because alcohol toxicity is dose-dependent, alcohol-specific disease such as liver cirrhosis can manifest in young adults abusing alcohol throughout their teens.<sup>3,32</sup> Thus, interventions which delay the age of initiation and/or reduce consumption are vital to prevent chronic harm as well as more immediate effects.<sup>29</sup>

### 1.3 ACCESSING ALCOHOL

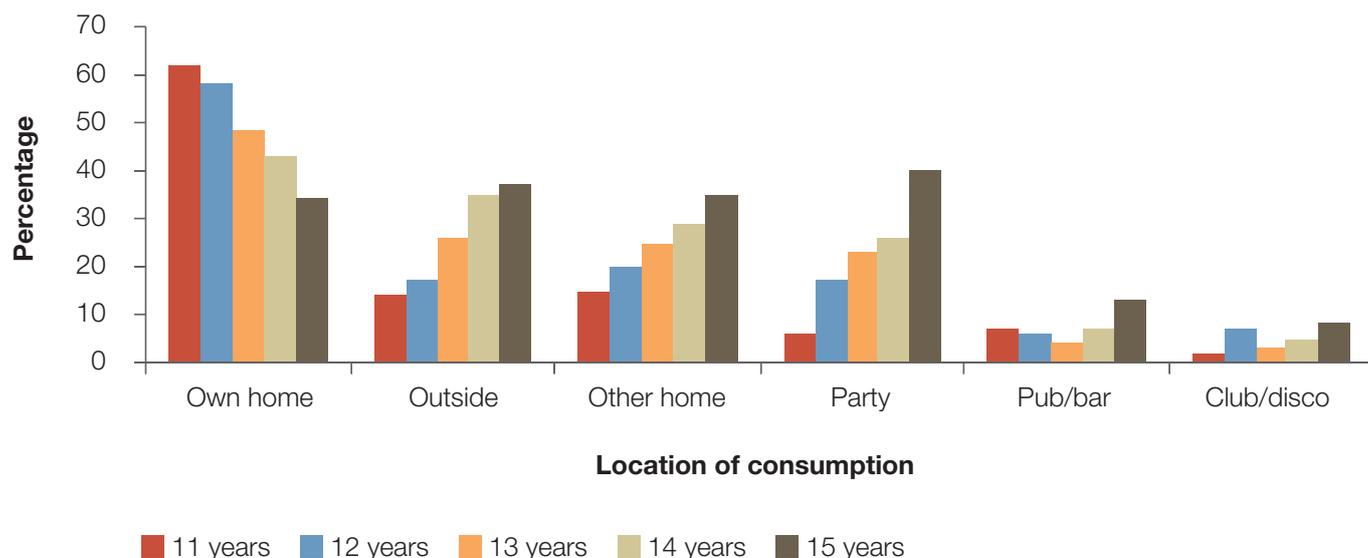
It is against the law for anyone under 18 to buy alcohol (Table 1). Despite this, 34.1% of 15-16 year olds in the North West who drank reported buying alcohol themselves in 2007.<sup>8</sup> Those who do so are seven times more likely to drink in public, three times more likely to binge and twice as likely to be a frequent drinker compared with those who drink alcohol but do not buy it themselves.<sup>8</sup> Conversely, those who are given alcohol by their parents (27.9% of 15-16 year olds who drink in the North West) are 1.64 times less likely to binge drink and 1.28 times less likely to drink in public places than those who are not.<sup>8</sup> Thus, how young people obtain alcohol affects where they drink, related behaviour and subsequent harm. Although younger children tend to have their first drinks at home, consumption in older children shifts to other homes, outside, and later parties, clubs/discos, and bars and pubs (Figure 2).

**TABLE 1: LAWS SURROUNDING UNDERAGE ALCOHOL CONSUMPTION IN THE UK**

Age	Order	Law
Under 5	May only be given alcohol on medical orders.	Children and Young Person's Act 1933  Licensing Act 1964  Deregulation Contracting Out Act 1994
5 or older	May consume alcohol in the home.	
Under 14	May not be present in the bar of licensed premises unless accompanied by a person over 18.	
14 or older	May be in the bar of a licensed premise at the licensee's discretion.	
16 or older	Sixteen and 17 year olds can drink beer, wine, cider, or perry with a meal in an eating area of an on licensed premises such as a pub if it is bought by an adult and if they are accompanied by an adult. It is illegal to drink spirits.	
Under 18	May not buy, be supplied with or consume alcohol in a bar (except for above).	
	Police can confiscate alcohol from under 18s drinking in public and contact their parents.	Confiscation of Alcohol (Young Persons) Act 1997 Criminal Justice and Police Act 2001
	Licensees and staff of licensed premises have a positive duty not to sell alcohol unless they are reasonably certain that the purchaser is not under the age of 18.	

<sup>d</sup> National Health Profiles accessed at <http://www.communityhealthprofiles.info/>

**FIGURE 2: LOCATION OF CONSUMPTION FOR 11-15 YEAR OLDS IN ENGLAND<sup>5</sup>**



The price of alcohol has remained constant over the past decade while pocket money has risen, enabling teenagers to buy large quantities of alcohol.<sup>1</sup> Fact Sheet 3 highlights how the average weekly pocket money for 12-16 year olds of £9.73<sup>33</sup> in the North West can purchase 16 litres of cider (57 alcohol units) a week, a quantity deemed harmful for even an adult male.<sup>7</sup> This increases access to alcohol for young people and can lead to increased consumption,<sup>1,4,5</sup> and related harms including violence and road traffic accidents.<sup>34-36</sup>

## 2. INTERVENTIONS TO DIMINISH UNDERAGE DRINKING

Multiple strategies are required to curb sales,

discourage drinking and raise awareness of the harmful effects of drinking (especially for those who are underage). Strategies are outlined in Table 2 which would restrict access to alcohol for underage people, with their effectiveness ranked based on evidence of their impact.<sup>37</sup> Highly effective strategies include increasing the price, raising the minimum age, providing server training and providing parental advice. Box 2 lists possible ways of preventing consumption amongst children suggested by young people themselves. Other types of programmes that impact on underage consumption include educational programmes based on skills development,<sup>14</sup> and Challenge 21 to prevent alcohol sales to minors (Box 3).

### BOX 2: YOUNG PEOPLE'S SUGGESTIONS ON ACTIONS TO REDUCE THEIR CONSUMPTION<sup>9</sup>

- More things for children to do (46%);
- Tougher enforcement against underage alcohol sales (33%);

- Improved management via licensing laws and closure (26%);
- Harsh criminal justice for drunken behaviour (23%);
- Labels about safety on bottles (23%); and
- Increasing the price of alcohol (20%).

### BOX 3: CHALLENGE 21

The Challenge 21 initiative, launched in December 2005, aims to protect young people by ensuring only those over 18 can buy alcohol. It encourages retailers and off-licences to seek proof of age from anybody who

appears to be under the age of 21; persons without identification are not served alcohol. Home Office campaigns which monitor alcohol sales to minors demonstrate a reduction in the national test failure rate from 50% to 15% in the past three years (Table 2).<sup>38</sup>



**TABLE 2: INTERVENTIONS WHICH RESTRICT AVAILABILITY OF ALCOHOL TO UNDERAGE INDIVIDUALS (FROM MOST TO LEAST EFFECTIVE)\***

Route	Rank	Impact
Increasing the price of alcohol	+++	Price can be altered in various ways, such as increasing tax, to reduce underage drinking and harm. Increasing the price of beer reduces underage drinking in terms of frequency and volume of drinking, <sup>39,40</sup> and the potential for addiction in later life (Fact Sheet 3). <sup>41</sup> Models show that a 10% increase in the price of beer would reduce binge drinking in American school aged drinkers by 2-5%. <sup>34</sup>
Raise minimum legal drinking age (MLDA)	+++	In America a change in the MLDA by individual States showed: <ul style="list-style-type: none"> <li>• A higher minimum drinking age (21 years) was associated with reduced road traffic accidents (RTAs; 46 of 79 reviewed studies found this; none found an increase);<sup>41</sup></li> <li>• States with a MLDA of 18 years had an 8% higher rate of teenage suicides than those with a MLDA of 21;<sup>26</sup> and</li> <li>• Raising the MLDA resulted in an annual reduction in all deaths in the same age groups by 0.7%; with yearly reductions in deaths of 15-24 year olds who are car drivers (4.2%), pedestrians (10.5%), and from unintentional injuries (3.9%).<sup>43</sup></li> </ul>
Brief advice (includes parental involvement)	+++	Brief advice is an effective intervention against alcohol use and harm, <sup>44</sup> but studies on teenagers are sparse. <sup>45,46</sup> Family focused brief advice (through the Iowa Strengthening Families Programme) reduced the initiation rate for American teen alcohol use: after six years, there was a 55% reduction in the initiation of alcohol use in 14 year olds (40% use in controls compared with 18% for those whose families were enrolled in the programme). <sup>47</sup>
Graduated driver licences	+++	Various types of these licences are used in America. They have been shown to have a significant impact on driving offences and injuries, for example, a night-time curfew on teenage drivers reduced RTAs by over 25% (see Fact Sheet 5). <sup>48</sup>
Enforcement of underage sales	++	UK national test purchase failure rates dropped from 50% in 2004 to 15% in 2007. <sup>38</sup> Between May and July 2007, of 9,000 test purchases attempted by children in 2,683 premises, 14.7% were successful.** However, this decrease may not be representative of all underage sales attempts across the UK because, for example, venues are targeted based on existing intelligence (such as levels of juvenile nuisance). <sup>49</sup> Further, in America, while enhanced enforcement reduced underage alcohol sales, there was a decline in effect (from 17% to 8%) in the three months after enforcement stopped. <sup>50</sup> In addition, restrictions can lead to thefts of alcohol from off licences. <sup>51</sup> Arcangel in Cheshire tackled this by combining test purchasing with improved design (such as moving alcohol away from the door and storing cheap alcohol behind the counter). <sup>51</sup> It saw a 13% reduction in test purchase sales and a 96% reduction in alcohol thefts from off licences. However, young people still access alcohol through proxy purchasing and drinking at home. <sup>8</sup>
Regulate sales by licence type	++	The types of licence issued to off- and on-licence premises can be restricted. In Sweden, the right to sell beer 4.5%ABV or stronger was retracted from grocery shops, resulting in a significant reduction in traffic accidents and in hospital admissions for alcohol-specific illnesses in people under 20 years old, but there was no effect on assaults suicides and falls. <sup>52</sup>
Community programmes	++	Community programmes in America (1992-96) used a range of initiatives such as media and community education, responsible beverage service, local enforcement of drink-drive laws, limiting underage sales and outlet restrictions. <sup>53</sup> This reduced self-reported drink-driving by 51%, night-time RTA injuries by 10%, and assault injuries by 43%. In Stockholm, a community programme to enforce alcohol licensing laws (1996-2001) reduced violent crime by 29%, <sup>54</sup> and the frequency with which alcohol was served to adolescents on licensed premises fell from 45% to 32% in intervention and control areas. <sup>55</sup>
Alcohol education in schools	+/O	School programmes which solely provide information have no effect on teen alcohol consumption or harm. <sup>44</sup> Harm minimisation curricula in Australia reduced consumption amongst students by 31% eight months after the intervention (9% after 17 months) with a 23% reduction in self harm. <sup>56</sup> Resiliency programmes which develop teenagers' decision-making ability have been trialed in a number of countries, with varying success on reducing alcohol and drug consumption. <sup>57,58</sup>

\* Effectiveness is ranked from O (lacks effect) to +++ (highly effective) using international evidence regarding impact on alcohol consumption and related harm.<sup>37</sup>

\*\* Currently those undertaking test purchasing cannot lie about being under 18 if challenged and are not allowed to wear make-up to make them appear older.

### 3. SUMMARY

Underage drinking has doubled in the past 15 years with the greatest rise in children under 15 years old. Decreasing consumption amongst this age group is a public health priority to prevent immediate harm, alcohol dependence and long-term life-threatening illness. Multiple strategies which mutually reinforce each other are required. Evidence suggests the most robust measures to restrict access to and dangers from alcohol for underage individuals are raising the price of alcohol, enforcing restrictions on sales and graduated novice driving licences.

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