Helping Our Thinking... on Teenage Drinking
Introduction

During the past 4 years YMCA Lisburn has been involved in the delivery and evaluation of a school based alcohol harm reduction intervention called the School Health and Alcohol Harm Reduction Project (SHAHRP). SHAHRP is based on an Australian classroom intervention and is a two phase intervention, usually targeting students in years 10 and 11 (age 13-15).
During this period much learning about and understanding of the issues surrounding teenage substance abuse has taken place. This publication is intended to share that learning and to stimulate further discussion and understanding of the issues.

Our work to date

This document contains information based on four main pieces of work. Firstly descriptive and outcome data from our impact evaluation will be presented. Because of the scale of data gathered the information contained in this document will focus on the more salient issues. This study followed the same 3385 students for 30 months, and involved 4 data collection points.
Data will be presented from a cross-sectional study undertaken in January 2008, looking at specific risk factors for problematic alcohol consumption.
Finally qualitative data will be presented albeit briefly, from two Focus Group Reports entitled Teenage Thinking on Teenage Drinking and Teenage Thinking on Teenage Drug Taking.

YMCA Lisburn would like to thank the following people and/or organisations who have supported the work to date:

The Eastern Drug & Alcohol Coordination Team
The Irish Temperance League
The Council for Education in World Citizenship
Dunlewey Substance Advice Centre
Youthcom
Dr Jon Cole, University of Liverpool
Dr Harry Sumnall, Liverpool John Moore’s University

We would especially like to thank the contact teachers in the many schools in which we have worked, and whom we have, at times, tortured for access to young people for research purposes.

Michael McKay
There were 4 key indicators in this study namely:

**Knowledge** about alcohol (measured using a 19 item scale)

**Attitudes** towards alcohol (measured using a 6 item scale)

**Own Harm** (Harm caused to self by own consumption of alcohol – 16 item scale)

**Else Harm** (Harm caused to self by others who had consumed alcohol – 6 item scale)

All information was gathered by self-report under examination conditions. Unfortunately the study suffered from a “non equivalent control group” problem on some measures. Data will accordingly be presented as percentage change from baseline to make it more meaningful. The intervention period was 2005-2007.

**(a) What do young people know about alcohol and its effects?**

The chart below shows changes in knowledge from baseline (2005) at 3 follow up points.

![Knowledge Chart](chart.png)

Some of the issues within this are presented below.

![Alcohol is a Drug Chart](chart2.png)
The vast majority of young people are aware that alcohol is a drug, and there are no real differences between the control and project groups on this issue.

![Graph showing comparison between control and project groups on the belief that Heroin kills more people in the UK every year than alcohol.](image)

One frequent misconception that we came across in the classroom was that hard drugs such as Heroin, Cocaine or Ecstasy are responsible for more deaths than alcohol. The chart demonstrates that this misconception is corrected to a greater extent among project participants than among controls.

![Graph showing comparison between control and project groups on the belief that you can do things to make you sober up more quickly.](image)

Another frequent misconception in the classroom is that all kinds of things can be done to quickly overcome the effects of alcohol, and again this is corrected among project participants more so than among controls over the study period.

Finally the chart overleaf demonstrates that among project participants there is a better understanding of the recommended limits for daily consumption at final follow up than there is among controls. This issue is discussed in the project both as a stand alone issue, and more specifically in relation to negative behavioural outcomes with increased consumption. In one exercise participants match negative outcomes with amount consumed and demonstrate to each other the meaningfulness of the safe limits. In short, where one or two drinks are consumed young people find it difficult to envisage negative effects.
During the delivery of the SHAHRP Project it became quite obvious that young people’s understanding of the effects and dangers of alcohol is very limited and despite this many engage in regular consumption. It should not be presumed that just because they are drinking alcohol they know a lot about it.

(b) Young people’s attitudes towards alcohol use

The chart below illustrates the changes in attitudes from baseline in 2005 at the other 3 follow up points, with a higher score indicating a safer attitude.

The attitude data for four of the questions is presented from the 2005 data only. This is for a number of reasons including the fact that there is not the scope within this document to present differentiated data on these points, and also so that there is no intervention bias in what is reported. The data from 2005 is data collected from 3385 young people with a mean age of 13.84.
The chart below suggests that just over 50% of young people aged 13/14 are sure that they would not accept a lift from a person who had been drinking a lot.

![Chart showing acceptance of a lift from a person who had been drinking a lot.]

Taken in conjunction with the “Else Harm” data where one question asks “how often during the past year have you been the passenger in a car when the driver has been drinking”, the results are of concern. The else harm section reveals that in 2005, 29.2% of young people said that they had been in a car with someone who had been drinking on at least one occasion in the previous year. In 2006 that figure had risen to 37.9%, in 2007 it was 41.1% and in 2008 it was 37%. Allowing for self-report inaccuracies this is still high.

The chart below indicates that just over 50% of those questioned at baseline had positive expectancies about and/or experiences of drunkenness. Information form a cross sectional study conducted in January 2008 which will be discussed later in this report suggests that positive expectancies is a risk factor for problematic alcohol consumption among young people.

![Chart showing people's experience of going drunk at parties.]

When asked whether or not they thought that it was OK for young people to drink alcohol as long as they did it safely the following was reported:
Finally, when asked about their attitude to young people drinking but not getting drunk, participants replied as follows:

(c) Consumption patterns

Using the baseline and final follow up data it is possible to observe changes in drinking contexts between the ages of 13.8 and 16.4. The first three charts refer to supervised consumption, and the last three to unsupervised.
Using the final follow up data when the mean age was 16.4 years, it is possible to establish a pattern for first use and frequency of use for the whole group. As with other descriptive data a major change occurs around age 11 to 12 in terms of first use. It is also noteworthy that by age 16 only just over 5% of this population report that they have never had an alcoholic drink.

Over 35% of 16 year olds claim that they drink at least once per week, with one in every two claiming that they drink alcohol at least every second week.
Participants were asked to report what type of alcohol they had consumed at last use.
What is noteworthy in both males and females is the increased use of Spirits (usually Vodka) and the decrease in the use of Alcopops as they get older.

In terms of amounts of alcohol consumed the chart below illustrates the mean last use for males and females in 2005 and 2008.

![Last Use - amount](chart.png)

(d) Own Harm – harm caused by own consumption of alcohol

The chart below illustrates the change from baseline in terms of self reported own harm among controls and project participants.

![Changes 2005-2008 - Own Harm](chart.png)

Project participants report a deceleration in own harm when compared to controls. Below are the reported group percentages for a selection of the own harm questions. Again readers need to be mindful that the 2005 figures represent young people with a mean age of 13.8 years, none of whom have had any intervention, while the 2008 figures include intervention and control group subjects. All questions were asked in relation to the previous 12 month period.
How often during the past year were you physically sick after you had been drinking alcohol?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>2005</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>75.9</td>
<td>52.7</td>
</tr>
<tr>
<td>Once</td>
<td>10.4</td>
<td>17.4</td>
</tr>
<tr>
<td>Twice</td>
<td>6.3</td>
<td>11.9</td>
</tr>
<tr>
<td>3-4 times</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>5 to 11 times</td>
<td>1.2</td>
<td>2</td>
</tr>
<tr>
<td>&gt; 12 times</td>
<td>11.9</td>
<td>4</td>
</tr>
</tbody>
</table>

How often were you unable to remember things that had happened when you had been drinking?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>2005</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>69.5</td>
<td>49.8</td>
</tr>
<tr>
<td>Once</td>
<td>11.6</td>
<td>14</td>
</tr>
<tr>
<td>Twice</td>
<td>6.8</td>
<td>10.8</td>
</tr>
<tr>
<td>3-4 times</td>
<td>6.4</td>
<td>13.3</td>
</tr>
<tr>
<td>5 to 11 times</td>
<td>3.3</td>
<td>6.8</td>
</tr>
<tr>
<td>&gt; 12 times</td>
<td>2.4</td>
<td>5.3</td>
</tr>
</tbody>
</table>

How often did you end up drinking more than you had planned to?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>2005</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>54.9</td>
<td>31</td>
</tr>
<tr>
<td>Once</td>
<td>13.1</td>
<td>10.4</td>
</tr>
<tr>
<td>Twice</td>
<td>10.7</td>
<td>10.4</td>
</tr>
<tr>
<td>3-4 times</td>
<td>5.4</td>
<td>18.9</td>
</tr>
<tr>
<td>5 to 11 times</td>
<td>4.9</td>
<td>14.4</td>
</tr>
<tr>
<td>&gt; 12 times</td>
<td>15.3</td>
<td>15.3</td>
</tr>
</tbody>
</table>
How often did you suffer harassment including sexual harassment when you had been drinking?

- 2005: 94.1% Never, 3.3% Once, 1% Twice, 0.9% 3-4 times, 0.4% 5 to 11 times, 0.4% > 12 times
- 2008: 85% Never, 6.4% Once, 3.6% Twice, 3% 3-4 times, 0.8% 5 to 11 times, 1.2% > 12 times

How often did you get into trouble with your parents because you had been drinking?

- 2005: 79.5% Never, 11.2% Once, 4.6% Twice, 2.7% 3-4 times, 1.1% 5 to 11 times, 0.9% > 12 times
- 2008: 62.3% Never, 15.5% Once, 8.9% Twice, 8% 3-4 times, 2.7% 5 to 11 times, 2.6% > 12 times

(e) Else Harm – harm exposure as a result of other people’s drinking

The chart below illustrates the change from baseline in terms of self reported else harm among controls and project participants.

Changes 2005-2008 - Else Harm

- 2006: 63% control, 26% intervention
- 2007: 75% control, 35% intervention
- 2008: 75% control, 32% intervention
Some of the specific areas questioned in the else harm section are illustrated below. As with own harm the questions were asked of the previous 12 month period.

![Graph showing the frequency of passengers in a car when the driver had been drinking.](image1)

![Graph showing the frequency of verbal abuse by someone who had been drinking alcohol.](image2)

The fact that nearly one in three young people reported being in a car when the driver had been drinking at baseline and at final follow up is worrying indeed.

Part 2 – Focus Group Report on Alcohol

“Teenage Thinking on Teenage Drinking”, July 2007

Focus Groups were held in 25 post-primary schools on the subject of teenage alcohol use. All groups of year 11 pupils were asked the same questions. The following were the main findings:

1. Young people use alcohol as an “enabler” – to help them to have fun, to have more social confidence and “to get away with things”.
2. Peer pressure is an issue however it is internal pressure to “fit in” that would seem to be more important than external pressure from peers.
3. Young people see age 15/16 as a time when they are neither adults nor children.
4. Young people drink alcohol despite knowing that doing so may result in negative outcomes.
5. Young people want to learn about alcohol in an engaging way.
6. Average nightly consumption is approx 10 UK Units.
Many would take a lift from someone who had been drinking depending on what the driver had drank, their age, and how much they had drank themselves.

Boys become physically aggressive and girls verbally aggressive when drinking.

A “free house” is more dangerous than drinking in public. Drinking more, mixing drinks, taking drugs and having sex are more likely in “free house” situations.

Young people think that if something goes wrong they can “blame the drink”.

Young people would like to be able to talk to parents about this issue however strict rules and parental anti-drink attitudes would prevent this happening.

Young people would drink with parents, but prefer the freedom and the associated fun, confidence and risky behaviours which occur when drinking with friends.

Young people are influenced to drink most by older siblings/friends, not parents.

Young people find it difficult to engage meaningfully with teachers on this issue.

Teachers and/or outside facilitators should avoid exaggeration and lies in discussion about alcohol with young people. This leads to credibility problems.

Young people do not think of long term problems resulting from alcohol use. Education should therefore focus on more short term issues. Young people think “it will never happen to me”.

Very few young people could envisage a situation where they would stop drinking permanently. A friend’s death or serious injury may make them stop for a while.

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Participants were recruited from 12 post-primary schools in the Eastern Health Board Area of Northern Ireland. Schools were targeted for participation so that the sample would include Grammar and Secondary schools as well as a mixture of Urban and Rural and State and Catholic Maintained Schools. Schools were asked to provide one class from each of years 8-12. In schools where pupils are banded or streamed, schools were asked to choose classes from the same stream or band through years 8-12. The study received ethical approval from the Ethics Committee at the University of Liverpool and also from the designated teacher of each School involved. Data was gathered in each participating school under examination conditions.

The measures used were as follows:
The Self-Efficacy Questionnaire for Children (SEQ-C), The Inventory of Parent and Peer Attachment (IPPA-R), The Rosenberg Self Esteem Scale, The Alcohol Expectancies Questionnaire, Academic Motivation Questionnaire, Rules about Alcohol Questionnaire (Parental Rules), Adolescent Alcohol Involvement Scale.

There were 1057 valid responses from students in 12 schools.

Statistical analysis (Multinomial Logistic Regression Analysis) revealed that what best predicted problematic alcohol use was:

1. High Positive Expectancies about the effects of alcohol
2. Low Negative Expectancies about the effects of alcohol
3. Unclear or less strict Parental Rules about alcohol
4. Poor Communication with parents (in the young person’s opinion)
Participants were grouped according to their completion of the Adolescent Alcohol Involvement Scale as Abstainers, Non-Problematic Drinkers and Problematic Drinkers (NB Abstainers in this case means NEVER having consumed alcohol).

**Abstainers versus Non Problematic Drinkers (NPD)**
NPD report: less parental communication, higher positive alcohol expectancies, lower negative expectancies & less strict parental rules.

**Abstainers versus Problematic Drinkers (PD)**
PD are more likely to be female and report: less parental communication, higher positive alcohol expectancies & less strict parental rules.

**Problematic versus Non Problematic Drinkers (NPD)**
NPD more likely to be male and report: lower positive alcohol expectancies & more strict parental rules. (Chart below)

Further statistical analysis using **backwards stepwise linear regression** with the Adolescent Alcohol Involvement Scale score as the dependent variable revealed 8 significant independent variables (* p<0.05; ** p<0.01; *** p<0.001) as follows:

1. School Year ($\beta = 0.161^{***}$) (years 8-9 and 10-11 key points)
2. Gender ($\beta = 0.09^{**}$) (female > male)
3. Self Efficacy total score ($\beta = 0.068^{**}$)
4. Parental Trust ($\beta = 0.076^{*}$)
5. Parent Communication ($\beta = -0.146^{***}$)
6. Positive Expectancies ($\beta = 0.414^{***}$)
7. Negative Expectancies ($\beta = 0.087^{**}$)
8. Parental Rules ($\beta = -0.266^{***}$)
Other data of interest from the study:

1. 29.7% of boys and 25.9% of girls reported themselves as abstainers
2. 48.7% of boys and 46.8% of girls scored as “non-problematic” drinkers
3. 21.6% of boys and 27.3% of girls scored as “problematic” drinkers

The chart above shows that positive alcohol expectancies increase with age (school year 8 to 12) and that negative expectancies decrease with age.
Not surprisingly mean Adolescent Alcohol Involvement Score increases with age, while the strictness of parental rules decreases with age.

In terms of the three drinking groups there were significant between group differences for self esteem so that problematic drinkers reported significantly (p<0.05) lower self esteem than both abstainers and non problematic drinkers. There was no significant difference in term of self esteem between abstainers and non problematic drinkers.

There were significant (p<0.05) between group differences for ALL drinking groups in respect of academic motivation, positive expectancies, negative expectancies and parental rules about drinking so that academic motivation, negative expectancies and parental rules about drinking all reduce from abstainers through to problematic drinkers, with the reverse being observed for positive expectancies.

Part 4 – Focus Group Report on Drugs

“Teenage Thinking on Teenage Drug Taking”, November 2008

Focus Groups were held in 24 post-primary schools on the subject of teenage drug use. All groups of year 11 pupils were asked the same questions. The main findings were:

1. There was a greater sense that “Peer Pressure” and the pressure to “Fit In” as being factors involved in taking drugs than had been the case with alcohol.
2. Adolescent stress was also mentioned a lot in relation to taking drugs.
3. Most respondents argued that taking drugs could never be considered as safe, citing drug impurity, possibility of death, individual reactions, risk of addiction and greater risk of acute illnesses as particular dangers compared to alcohol use.
4. Using drugs “to get out of it” was a common response. With alcohol social facilitation was more of an issue while escapism seemed more related to drug use.
5. Ecstasy, Cannabis “Blues and Yellows” (sedative/hypnotics, usually Diazepam type drugs) and Cocaine were the most commonly discussed drugs with a few mentions made of Magic Mushrooms, LSD and Heroin.
6. Regular drug taking is planned and organized. First time use tends to be spontaneous and associated with alcohol use at parties.
7. Respondents viewed drug taking more positively than alcohol use in terms of the pro- or anti-social effects. Alcohol makes people aggressive and leads to more anti-social behaviour. Drug taking helps people “chill” and have a good time.
8. There is no doubt that the main influence on young people to take drugs is the example of older friends or older brothers or sisters. Older in this regard refers to people a few years older, therefore people aged 17-19.
9. If young people wanted information on drugs they would speak to older siblings or friends. There were four important criteria namely: the person had to be trustworthy, they had to be someone who would have a good knowledge about drug use, they had to be an older person (but not necessarily an adult), and they would be more helpful if they were users themselves.
10. Respondents argued that taking drugs and drinking alcohol are different for the following reasons: drugs have more damaging and dangerous effects, the cultural and social acceptability of alcohol, the “legal standing” of drugs, “there is a safe limit” for alcohol, you “get in more trouble” if you get caught with drugs, alcohol is “easier to access” and you can “control yourself better” when taking alcohol.
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