




AN **ALCOHOL-FREE** CHILDHOOD

Action to ensure parents keep their
children free from alcohol harm



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Executive summary

Overview

In 2009, the Chief Medical Officer (CMO) for England published the first official guidance on alcohol aimed specifically at children and young people. The guidance recommended that the healthiest and safest option was for children to remain alcohol free up to the age of 18. Similar guidance was produced by the CMOs for Scotland, Wales and Northern Ireland.

The original guidance from the CMO for England states that the importance of parental influences on children's alcohol use should be communicated to parents, carers and professionals and that parents and carers require advice on how to respond to alcohol use and misuse by children. Since the guidance was published, there has been further research confirming the importance of parental influence on children's alcohol use.

Since 2003, there has been an overall downward trend in alcohol consumption by 11-15-year-olds but alcohol is still the cause of serious harm for a small minority of those who drink. That downward trend has plateaued in England and in Scotland there appears to have been a slight increase since 2013.

In 2004 it was relatively easy for children to buy alcohol from licensed premises with 73% reporting they had successfully bought alcohol from a shop and 87% from a pub¹. Thanks to the success of schemes such as Challenge 25, the principal source of alcohol for underage drinkers has now shifted away from licensed premises towards parental supply, with 71% of young drinkers² now obtaining alcohol from parents.

Community Alcohol Partnerships (CAP) felt that parental attitudes to the introduction and supply of alcohol to their children needed further exploration. We therefore commissioned qualitative research in 2019 followed up in 2021 by a national survey of parents of children aged 11-17 undertaken by Ipsos and a further Ipsos survey of adults aged 18-75 in 2022.

The key findings of our 2021 research were as follows:

- Two thirds (67%) of parents have never heard of, or at best know just a little about the Department of Health's guidance on alcohol consumption for under 18s.
- Two thirds (67%) would personally like to have a source of advice in keeping children safe from the risks of drinking underage ("a lot" 33% or "a little" 34%) and only 13% already have such a source of advice.
- To a large extent, parents of children aged 11-17 feel that they should have the biggest role to play in educating under 18s about the risks of drinking alcohol (54%), followed by schools (19%), while parents (28%), supermarkets (26%) and the government (20%) are thought to have the biggest role to play in helping to ensure that the supply of alcoholic drinks to those under 18 is minimised.

¹Smoking, drinking and drug use among young people in England in 2004, (NatCen, NFER, pub 2005)

²It should be noted that only 17% of 11-15s reported drinking in the month before they were surveyed and the total who accessed alcohol from their parents is around one in eight according to the latest Smoking, drinking and drug use among young people in England survey (NHS Digital, pub 2020)

³[Smoking, Drinking and Drug Use among Young People in England 2018 \(NHS Digital, pub 2020\)](#)

- Around half of parents (53%) have allowed or would allow their children to have an alcoholic drink before they are 18 (contrary to advice that no alcohol is safe).
- Parents overestimate drinking prevalence among under-18s for all age groups. For example, the parents interviewed in our survey, on average, believed that 27% of 13-15 year olds drank regularly (once a week or more often) whereas only 8% of 13-15s do so according to the Smoking, Drinking and Drug Use survey.

In order to test public understanding of Government advice on alcohol consumption for under 18s we commissioned 4 questions as part of an Ipsos Omnibus poll which took place in February 2022. This surveyed over 2000 adults aged 18-75 (not all of them parents) and found that:

- Almost 6 in 10 (58%) adults interviewed said they are not aware of Government guidance on the consumption of alcohol by children and young people, initially prepared in 2009 by Sir Liam Donaldson, the Chief Medical Officer for England.
- Knowledge of the CMO advice was poor. Of those who said they are aware of the CMO guidelines, 34% were aware of the 'alcohol-free childhood is the healthiest and best option' guideline but when also considering those unaware of the CMO guidance this makes up only 14% of our total sample; 31% of those aware of the CMO guidance were aware of the 'Children should not drink alcohol before they are 15 years old' guideline (i.e. only 10% of the total sample); and 21% of those aware of the guidance were aware of the 'Children aged 15 to 17 should only drink with the guidance of a parent or carer or in a supervised environment' guideline (i.e. just 9% of the total sample).
- Overall, around 7 in 10 (69%) adults in our survey said that they would turn to Government or NHS websites or apps for advice/guidance/information regarding alcohol consumption amongst the under 18s, if they needed it, while 43% said they would turn to a healthcare professional (e.g. a GP, a pharmacist, etc.) and a similar number (42%) would turn to alcohol education charities (e.g. Alcohol Change UK, Alcohol Education Trust, Drinkaware).

Parents overestimate drinking prevalence among under 18s suggesting a need to educate them about correct social norms. There may also be a need to challenge beliefs about what other parents do in terms of permitting/supplying alcohol.

Parental supply is a highly complex subject area that needs to be tackled sensitively understanding the motivations behind these patterns of behaviour. The advice is also relatively complex with different messages required for different age groups. Parents face considerable challenges in setting boundaries and navigating conflict with their teenage children – they need help and support during a challenging period of parenthood.

There are particular challenges in communicating with “hard to reach” parents especially those who might be drinking at harmful levels themselves and might reject health messages or be embarrassed to discourage their children from drinking. It is important to ensure such parents receive tailored advice that is supportive of their needs.

There has been no substantial campaign by Government to communicate the CMO guidance to parents, of the sort that has been successfully deployed against drink driving, or by Government, the industry and NGOs in relation to advice on alcohol consumption by adults. Low levels of knowledge and understanding are perhaps not surprising in this context.

Given the scale and complexity of the task involved in increasing awareness of the CMO guidance, a joined up and collaborative approach will be needed requiring leadership and co-ordination by Government, active participation at a national, local and frontline level by alcohol harm-reduction organisations; retailers; and families, schools and youth support organisations. CAP is ideally placed to encourage partners to deliver at local level across its network of CAP schemes but needs to do so with the active support of national Governments and national education providers.

Recommendations

This report makes three recommendations for action that will harness the active participation of parents in reducing alcohol consumption by their children and the adverse effects it has on their well-being, education, development and longer-term health.

Our recommendations are:

- 1.** The UK, Welsh and Scottish Governments should actively promote the CMO guidance and ensure it is both widely available and accessible and that a substantial majority of parents is aware of its existence and advice. Given that around seven in ten adults in our survey say they would turn to Government and NHS websites for advice on underage drinking (69%), we think the advice should be easy to find on key websites such as Gov.uk as well as NHS.UK and Talk to Frank [as it is already on the websites of Alcohol Change UK, Alcohol Education Trust and the Public Health Agency for Northern Ireland]. Raising awareness will require an active communication programme over a number of years.
- 2.** Four in ten adults in our survey say they turn to alcohol education charities for advice. Alcohol harm reduction organisations should promote parental advice containing the CMO guidance to reach a wider community of parents/carers. They also need to provide accessible information for parents for whom English is not a first language and/or those who struggle with literacy. Resources aimed at parents should be easy to find as well as engaging and easy to understand. Much of the available advice is text heavy and should be supported by greater use of graphics and visuals to explain key pieces of information such as the effects of alcohol on a child's developing body.
- 3.** There needs to be a step change in alcohol education interventions that involve parents who are children's primary source of information on alcohol. Interventions to educate parents and their children about the risks associated with underage drinking should involve schools but could also involve other channels such as supermarkets which have played a key role in promoting Challenge 25. Partnership models such as CAP are especially well-placed to promote joined up communications targeting parents via schools, supermarkets and local campaigns such as the case studies in this report.

About Community Alcohol Partnerships (CAP)

1

Community Alcohol Partnerships (CAP) is a Community Interest Company which supports local partnerships of councils, police, retailers, schools, health providers and other community groups in reducing alcohol harm among young people, improving their health and wellbeing and enhancing their communities.

In 15 years CAP has supported the establishment of more than 250 local partnerships in communities where underage alcohol consumption and harm is most serious. Based on a rigorous evaluation framework CAP's impact figures show that, on average, CAP projects have achieved:

- 61% reductions in regular drinking among 13-16 year olds;
- 42% reductions in youth alcohol-related anti-social behaviour;
- Pass rates of 90-100% in Challenge 25 compliance following CAP training;
- 50% reductions in young people hanging around shops and asking adults to buy alcohol for them (proxy purchase).

CAP is funded by companies that retail and/or produce alcohol and share our mission of reducing the harm caused by underage drinking. We receive around £500,000 per annum from our funders⁴ and often secure additional local funding for specific local projects e.g. Police and Commissioner Crime funds and (in 2016) from the Welsh Government.

CAP is governed by a Board of Directors drawn from the public sector, the third sector and the alcohol retail sector and is led by an independent Chairman. CAP's Board has legal responsibilities to pursue the objectives of the organisation and does not respond to the views or objectives of the alcohol industry.

CAP action plans are uniquely tailored to target local problems but will always follow our three-pillar model to educate, prevent underage sales and engage young people in positive activity to enhance their confidence, health and wellbeing. Our targeted approach means that we bring effective national programmes (such as those produced by the Alcohol Education Trust and the Royal Society of Public Health) to areas with greatest harms. Since 2017 we have encouraged partnerships to include an objective of promoting moderate/safe drinking for young adults.

⁴Accolade, ASDA, the Association of Convenience Stores (ACS), Australian Vintage, Campari, Chivas Brothers, Beam Suntory, Co-op, Diageo, Edrington, Heineken, Home Bargains, Iceland, Intercontinental Brands, InverHouse Distillers, J Chandler, Lidl, Marks & Spencer, One Stop, Sainsbury's, the Scottish Alcohol Industry Partnership (SAIP), the Scotch Whisky Association (SWA), Tesco, Treasury Wine Estates and Uber Eats.

Government health advice on drinking for children and young people

2

In 2009, the Chief Medical Officer (CMO) for England published the first official guidance⁵ on alcohol aimed specifically at children and young people.

This recommended that the healthiest and safest option was for children to remain alcohol free up to the age of 18. If children did drink alcohol it should not be until at least the age of 15. If young people aged 15 to 17 did drink, it was suggested they should do so in a supervised environment, and no more than once a week.

The guidance was based on a body of evidence that drinking at a young age, and particularly heavy or regular drinking, can result in physical or mental health problems, impair brain development, and put children at risk of alcohol-related accident or injury. More broadly it is also associated with missing or falling behind at school, violent and antisocial behaviour, and unsafe sexual behaviour.

The Chief Medical Officers (CMOs) for Scotland, Wales and Northern Ireland have since published similar guidance. Further guidance aimed at parents in Northern Ireland is available in 'You, your child and alcohol' from the Public Health Agency.

Your child's mind and body is still developing, and drinking can be hazardous to their health.

An alcohol-free childhood is the healthiest and best option.

Above: Taken from the leaflet "[You, your children and alcohol](#)" published by the Public Health Agency for Northern Ireland (Published in 2017)

⁵Guidance on the Consumption of Alcohol by Children and Young People by Sir Liam Donaldson, Chief Medical Officer. 17/12/2009 (Department of Health)

Parental influence and why it is so important

The CMO guidance states that the importance of parental influences on children's alcohol use should be communicated to parents, carers and professionals and that parents and carers require advice on how to respond to alcohol use and misuse by children.

The rationale for this is:

"Parents' and carers' own drinking behaviours 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 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."

There are a number of policy and practice implications of the CMO's guidance in relation to parents/carers which are summarised in the following extract from the report.

What parents and carers can do

- *Parental influence on children's alcohol use is most effective when there is a good parent-child relationship and consistent and appropriate monitoring and behaviour management.*
- *Parents and carers should ensure that their children maintain an alcohol-free childhood for as long as possible and at the very least up to and including the age of 14 years.*
- *Parents and carers who choose to allow their children to consume alcohol at age 15 or older should promote lower-risk drinking in accordance with this guidance. Young people should never exceed recommended adult daily limits and should not drink on more than one day a week. Drunkenness should never be a condition experienced in childhood.*
- *Parents and carers can prepare young people for an adult environment dominated by alcohol by discussing the dangers associated with drinking and by setting boundaries for drinking.*
- *Parents and carers have a critical role to play in showing children and young people how to drink responsibly. Parents and carers should avoid drunkenness and binge drinking behaviour, especially in front of children. Parents are advised to consider how their drinking behaviour affects their children.*
- *Parents and carers should talk to other parents about the rules regarding alcohol they have established for their own children.*
- *Parents and carers should make reasonable efforts to ensure that access to alcohol by their children only takes place with their knowledge and under their supervision. Parents should be aware of how much money children have at their disposal and engage in dialogue about what they are spending it on. Parents should also be aware of whether alcohol is being taken without their permission from the home.*

Supporting parents and carers

- *Parents and carers should be provided with advice and support on how to ensure that their children maintain an alcohol-free childhood at least up to and including the age of 14 years. Children and young people who wish, or whose parents and carers wish them, to continue to grow up without consuming alcohol should be encouraged to do so.*
- *Advice should be made available to parents and carers on young people's alcohol use as well as guidance that enables them to promote lower-risk drinking (in those who wish their children to consume alcohol). Advice should also be available to parents and carers on how to ensure young people do not exceed recommended adult daily limits and do not drink on more than one day a week, and on how to help children who are known to be exceeding such limits.*
- *Social marketing approaches should be used to ensure that information, advice and signposting to other services are available to all parents and carers and young people in an accessible and credible manner.*
- *Guidance should provide parents and carers with practical advice about talking to children about alcohol and the consequences of alcohol misuse, and the importance of setting realistic boundaries and incentives. The guidance should recognise faith and cultural differences and how they relate to alcohol consumption among children and adults.*

Awareness of the guidance

A majority (58%) of adults are unaware of the CMO guidance, despite its publication 13 years ago. Of the 1 in 3 (35%) adults in our Omnibus survey (Feb 2022) who said they were aware of the CMO guidance, knowledge appeared generally poor with only 1 in 3 (34%) knowing that the 'alcohol-free childhood is the healthiest and best option' guideline forms part of the government's guidelines on the consumption of alcohol by children and young people- when also considering those who did not say they were aware of the CMO guidance, this represents 14% of the entire sample.

Resources aimed at parents and carers based on the 2009 CMO guidance produced by Alcohol Change UK⁶, the Alcohol Education Trust (AET)⁷ and The Public Health Agency for Northern Ireland⁸ are available online. The only national organisation with a campaign/outreach programme to educate parents is the Alcohol Education Trust which holds workshops aimed at parents and has a dedicated web area for parents and carers, reaching an estimated 87,000⁹ parents per year.

⁶ [Alcohol and Parenting](#)

⁷ [Talking About Alcohol – a guide for parents and carers](#)

⁸ ["You, your children and alcohol"](#)

⁹ The AET estimates that it currently reaches 85,000 parents online and around 2,000 face to face per year.

Bremner et al, *Young people, alcohol and influences*, Joseph Rowntree Foundation (2001)

This report presents the findings from a major study (sample size 5,700) of young people aged 13-16 and their relationship with alcohol, and explores the wide range of influences on their drinking.

It found that young people are more likely to drink, to drink frequently, and to drink to excess if they:

- receive less supervision from a parent or other close adult;
- spend more than two evenings a week with friends, or have friends who drink;
- are exposed to a close family member, especially a parent, drinking or getting drunk;
- have positive attitudes towards and expectations of alcohol; and
- have very easy access to alcohol.

While friends play a critical role, family has a strong direct and indirect influence. The parent or guardian has a particularly strong influence on their child's behaviour. This ranges from the point at which alcohol is introduced, to exposure to adult drinking and drunkenness, to the amount of supervision placed on a young person (such as knowing where their child is on a Saturday evening or how many evenings their child spends with friends).

The authors conclude that there are critical points where a carefully timed intervention could generate a positive outcome by reducing the likelihood that a young person will drink frequently and drink to excess. These interventions require co-ordination at a national, local and frontline level involving families, schools and support services.

Kaynak et al, *Providing alcohol for underage youth: what messages should we be sending parents?* Journal of Studies on Drugs and Alcohol (2014)

This research reviewed 22 studies (a mix of cross-sectional and longitudinal) that examined the association between parental provision and adolescent drinking outcomes.

It found that parental provision was generally associated with increased adolescent alcohol use and, in some instances, increased heavy episodic drinking as well as higher rates of alcohol-related problems. Data in support of the view that parental provision serves as a protective factor in the face of other risk factors were equivocal.

It concluded parents should be aware of potential risks associated with providing adolescents with alcohol and a place to drink and recommended that parents discourage drinking until adolescents reach legal age.¹⁰

***Teenage drinking and the role of parents and guardians – findings from the 2016 Drinkaware Monitor (Ipsos Mori, 2016).*¹¹**

This research is based on a survey of 1000 parents/guardians with a child aged 13-17 and 560 children aged 13-17. The data also captures behaviour of parents of 16 and 17 year olds, so plugging a gap not covered by other key (UK) national survey series.

¹⁰ This is a US term – in the USA the legal purchase age is 21 and the legal drinking age varies between states.

¹¹ <https://www.drinkaware.co.uk/research/research-and-evaluation-reports/drinkaware-monitor-2016-teenage-drinking-and-the-role-of-parents-and-guardians>

The research confirms that parents are the most common supply route for 13-15-year-olds. 16-year-olds are more likely to get alcohol from their parents than all other age groups¹², thus confirming perhaps that many parents/guardians see 16 as an appropriate age at which to supply alcohol to their children.

The report finds that parents providing children with alcohol does not appear to be linked to more harmful drinking behaviours for young people¹³. Indeed, the data suggests that those who have been given alcohol by their parent are actually less likely to have experienced a negative consequence of drinking (23% versus 38% of those who have not got alcohol from their parents¹⁴). Drunkenness in particular is highly linked to drinking with friends.

The report identifies a strong relationship between parental drinking and likelihood of drinking in children and there is some evidence that having a “risky social and coping drinker” as a parent increases likelihood of harmful drinking behaviour in children.

What are parental perceptions about teenagers and alcohol and can we influence them? Findings from face to face and digital engagement with parents and carers using social norm approaches in a variety of settings across England (Alcohol Education Trust, 2017)

During 2016/2017 the Alcohol Education Trust (AET) collected data via 23 organisations or schools that hosted ‘Talking to kids about alcohol’ sessions with 323 parents/carer attendees providing feedback via electronic handset or paper questionnaires. An additional 98 individuals completed the online questionnaire via the parent area of the www.alcoholeducationtrust.org website.

Key findings are:

- Most parents vastly overestimate the number of 11-15 year olds who drink regularly as well as the number of older teenagers who drink to excess
- Most parents wrongly believe that friends and peers (not parents) are the main suppliers of alcohol to underage drinkers

From this, the AET concludes that most parents appear to take their baseline judgement from ‘what we were doing at that age’, when in fact cultures and behaviours have significantly changed over the past 20 years, during which time rates of underage drinking have halved.

The AET also concludes that parents tend to adopt an approach that is either too lenient (evidence shows that of those drinking, most get alcohol consensually from parents/carers), or they chose to take a more autocratic style to enforcing rules or setting disproportionate punishments that can result in unsupervised risky drinking without parental knowledge or consent.

These approaches, combined with potentially a parent/carer’s own excessive drinking behaviour, may serve to compound the problem and bring habitual or risky drinking forward more quickly than would otherwise have happened.

In summary the AET concludes that there is a need to correct parental assumptions about social norms in regard to teen drinking and also to provide them with support in “nudging” them into becoming better role models and feeling more confident in achieving a ‘tough love’ stance on boundary setting and supporting their children not to drink (under 16) and to drink only in a supervised setting with clear rules in place at age 16/17. The AET believes that its resources (Talk about Alcohol) achieve these aims.

¹² The survey found that 69% of 16 have got alcohol from a parent or guardian compared to 42% of 13-14 year olds, 55% of 15 year olds and 51% of 17 year olds.

¹³ Defined as earlier than average age of first drink, experience of drunkenness or other negative consequences so does not include longer term health harms.

¹⁴ It should be noted that because 23% is a share of a larger number of children than the 38%, parental supply might be the bigger problem.

Understanding what makes for effective conversations about alcohol between parents and their 15-17 year olds (July 2017) Alexandra Sawyer, Lester Coleman, Nigel Sherriff, Lisa Hodgson, Richard Cooke¹⁵

Dr Nigel Sherriff from the University of Brighton and colleagues conducted a qualitative study exploring conversations about alcohol between 48 parents and 16 young people aged 15-17 in the UK. The research was commissioned by Drinkaware.

Key findings were:

- The majority of parents felt comfortable having conversations about alcohol with their children. It was considered important to have an open and honest dialogue about all sensitive topics such as sex, drugs and smoking.
- Conversations were triggered by "taking opportunities to bring topics up", for example when watching TV together, seeing drunk people and going to parties where there is alcohol.
- These tended to be on the generic short- and long-term effects of alcohol (hangovers, addiction etc.). The most common topic was staying safe while drinking.
- A common theme was not banning their children from drinking alcohol outright, they employed conscious strategies as they felt banning it would only increase their children's interest.

The recommendations were:

- Children and parents agreed on the open nature of conversations "in passing" rather than a "big sit-down" approach
- Teens were positive about their parents helping them navigate their introduction to alcohol
- Parents tended to be unaware of the extent that their kids wanted more information on drinking

TALK Campaign Evaluation (2016) by Professor Gill Valentine, University of Sheffield & Dr Catherine Harris, University of Birmingham¹⁶

The Drinkaware Talk Campaign aimed to: i) reinforce parents' behaviour of having proactive, regular and well informed conversations with their children about alcohol before the child is 13; ii) improve the quality of conversations that parents are having with their children about the risks associated with alcohol.

The evaluation was informed by a 'pop-up' survey (n=248) on the Drinkaware website and telephone interviews with 20 parents/carers.

Some key findings:

- Almost three in four parents had already spoken to their children about the potential risks associated with alcohol. Of these, almost two in three had done so on at least four occasions.
- Most parents felt confident talking to their children about alcohol. But they were anxious about striking the right balance between being open and not normalising it to such an extent their children became ambivalent to the potential risks associated with drinking.
- Most of the parents interviewed had accessed the Drinkaware website because they were concerned about their own or another family member's drinking, not because they were seeking advice about children and alcohol.
- The majority of parents surveyed agreed /strongly agreed with the statement 'I have learnt something new about alcohol'. Interviewees described the website as user friendly, interesting and easy to navigate, and stated it had given them answers to questions that they had found it difficult to deal with.
- Information about the effect of alcohol on a child's developing body was considered the most useful content.
- Some criticised the website as too text-heavy and not accessible for those for whom English is not a first language; and the advice as too 'middle class' or elitist in its tone.

¹⁵ <https://www.drinkaware.co.uk/research/research-and-evaluation-reports/parents-conversations-with-their-teenagers-about-alcohol>

¹⁶ <https://www.drinkaware.co.uk/research/research-and-evaluation-reports/evaluation-of-online-underage-guidance>

Recommendations

The evidence of this evaluation is that the Talk Campaign has been very well received and that parents found the information and guidance very useful. Feedback from parents about the strengths and weaknesses of the campaign suggest the following recommendations:

- The Talk Campaign needs to be promoted further to reach a wider community of parents/carers more effectively. Most of those who accessed the campaign did so because they had concerns about their own or a partner's drinking rather than because they were parents seeking guidance about how to talk to their children about alcohol.
- The web-pages need to be more colourful and include more graphics (like the wheel/bottle quiz) and videos as they are currently perceived to be too text heavy and so not accessible to a diverse range of parents. The advice is also considered to be too 'middle class' in its tone.
- The Talk Campaign needs to present material in different styles and formats so it is as accessible as possible to as wide a range of parents/carers.
- Real life 'scenarios', or accounts from young people who developed problems with alcohol explaining 'what went wrong' are suggested by parents to be a potentially effective way of reaching a young audience because peer advice is considered to be more meaningful than guidance from adults.
- Material should be available for those for whom English is not a first language.
- Parents would like the Drinkaware website to include child-centred information and activities for young people to explore on their own without adult supervision. This material needs to be organised in age appropriate pages – with material for primary school aged children particularly welcomed.
- Apps for both children and parents about sensible approaches to alcohol with a quiz and other interactive elements should be developed.
- More guidance is needed for children and young people about how to handle peer pressure in 'street' language with which children will identify (see above about 'real-life scenarios' and using the voice of young people themselves).
- Parents/carers need guidance about how to negotiate and agree a consistent approach towards children's exposure to alcohol with partners, other family members or adult friends who have different attitudes or practices. They also need guidance on how to resist peer pressure from other adults.
- Advice on new topics: such as how to talk to children who are not responsive to normal boundary setting and are prone to risky behaviour, and how to address the glorification of drinking on social media would be welcomed.

UK consumption trends

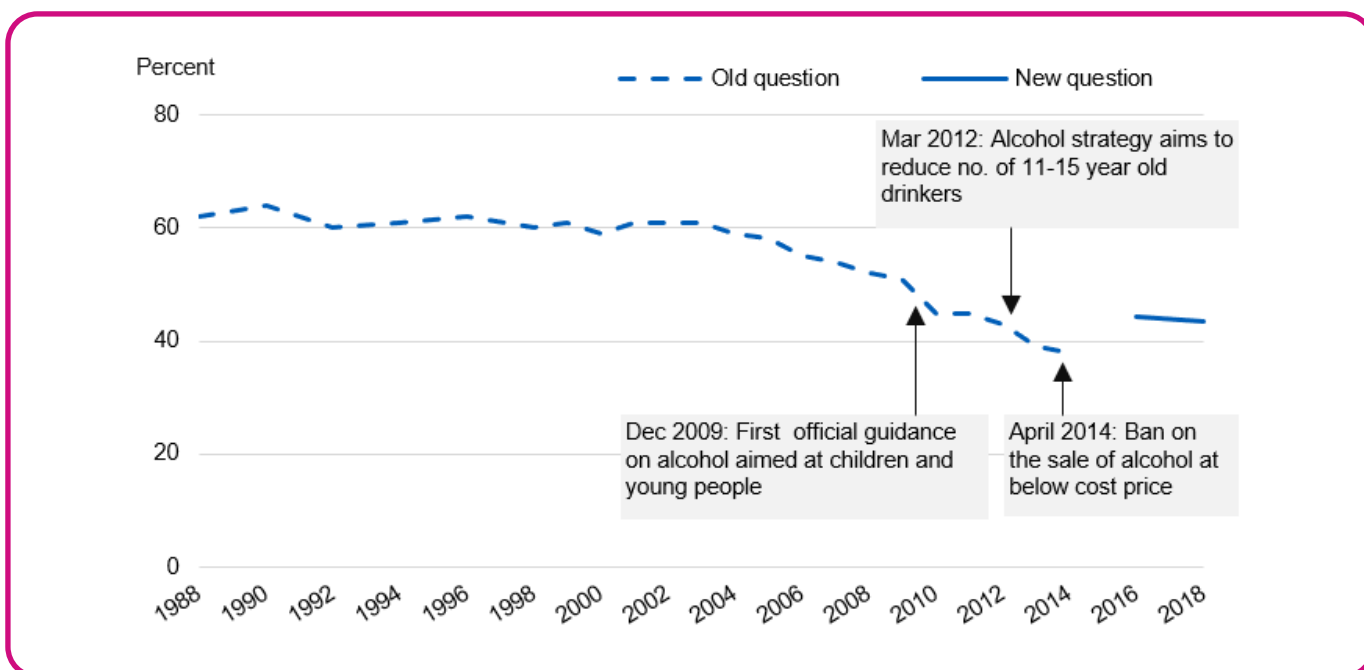
Since 2003, there has been a steady downward trend in alcohol consumption by 11-15-year-olds in the UK. The main survey series for measuring consumption in England is the Smoking, Drinking and Drug Use survey which surveys pupils aged 11-15. In Scotland, the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) measures consumption for pupils aged 13-15. Estimates from Wales are available from the Welsh Government Student Health and Well-being Survey which surveys children aged 11-15.

Trends are broadly similar for all three nations though pupils in England are more likely to have ever had an alcoholic drink and to have drunk alcohol in the seven days prior to survey. In this section we use data from the Smoking, Drinking and Drug Use Survey.

Pupils who have ever drunk alcohol

In England there was a decline in the proportion of pupils who had ever had an alcoholic drink between 2004 and 2014. In 2018, 44% of pupils said they had ever had an alcoholic drink, the same as in 2016. [Data prior to 2016 is not comparable due to a change in the survey question¹⁷.]

This tells us that a majority (56%) of 11-15-year-olds have never had an alcoholic drink – a reverse of the situation 20 years ago when a majority of children (62%) had consumed alcohol.

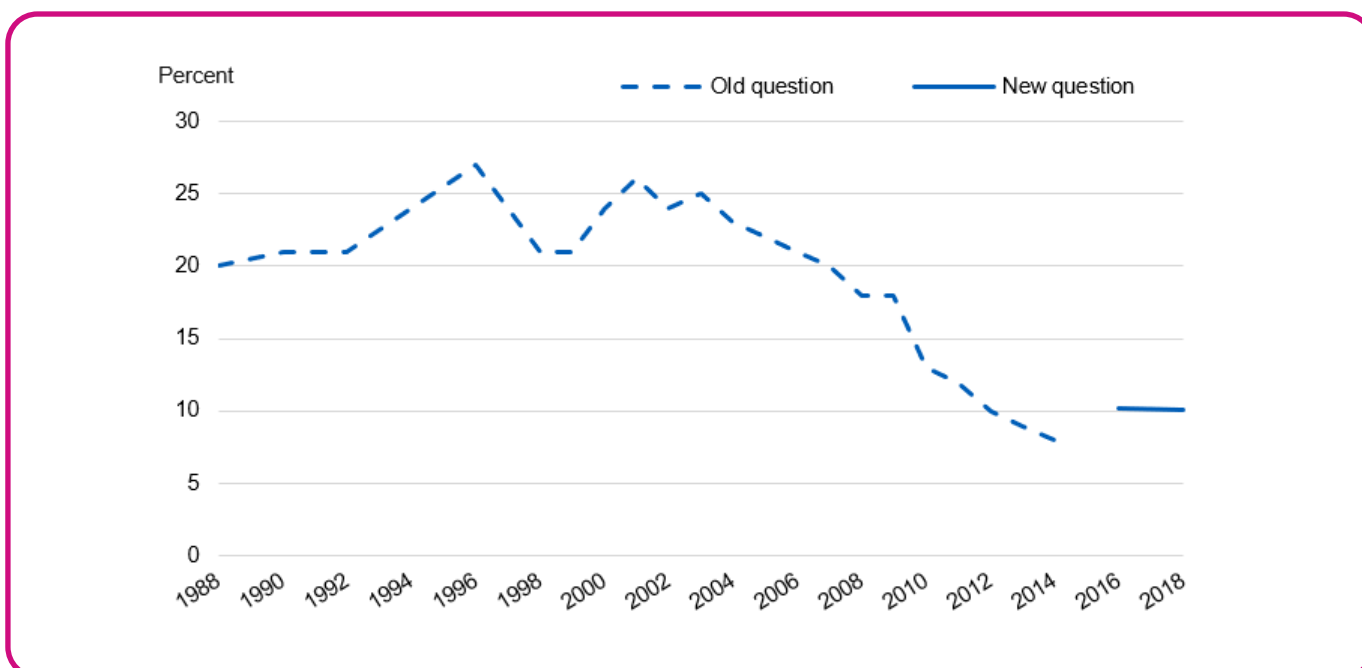


Percentage of pupils who have ever had an alcoholic drink. Smoking Drinking and Drug Use among Young People in England 2018 (NHS Digital)

¹⁷ Until 2016 children were asked if they had ever had “a proper drink not just a sip”. Before the 2016 survey took place the questionnaire was tested with a group of pupils and this question caused confusion. In general, pupils thought the use of the word ‘proper’ meant the question referred to spirits only so the question was changed to “Have you ever had an alcoholic drink – a whole drink, not just a sip?”

Pupils who drank in the last week

In England, around 10% of pupils reported drinking in the week prior to survey in 2018. This figure was 25% in 2004. Although it is not possible to compare data prior to 2016 due to a change in the survey question it is clear from the following graph that since 2004 there has been a decline in 11-15s who reported drinking in the previous week.



Percentage of pupils who have ever had an alcoholic drink. Smoking Drinking and Drug Use among Young People in England 2018 (NHS Digital)

Sources of alcohol

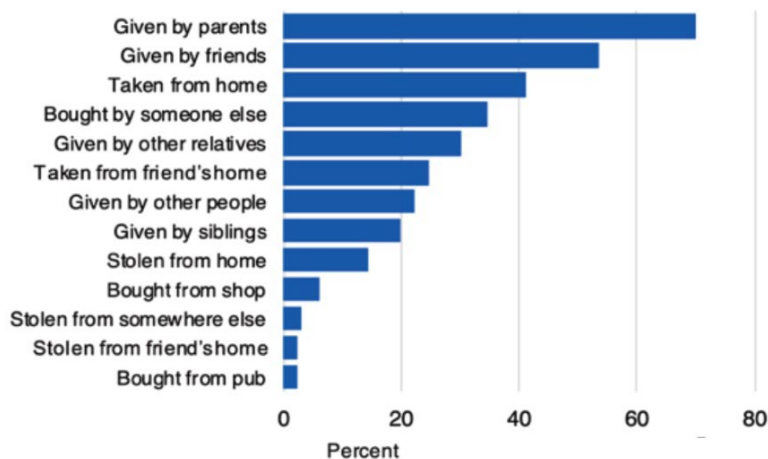
In 2004, at the start of the recent decline in young people’s consumption, it was relatively easy for children to buy alcohol from licensed premises with 73% reporting they had successfully bought alcohol from a shop and 87% from a pub at their most recent attempt.

All attempted to buy alcohol from a shop or pub in the last four weeks					2004
Success at buying alcohol	Age				Total
	11-13 years	14 years	15 years		
	%	%	%	%	
Successful from shop	57	66	82	73	
Successful from pub	64	83	95	87	
Bases					
Tried to buy from shop	109	161	314	584	
Tried to buy from pub	74	104	279	457	

Smoking, drinking and drug use among young people in England in 2004, (NatCen, NFER, pub 2005)

The principal source of alcohol for underage drinkers has shifted away from purchase at licensed premises towards parental supply with 71% of young drinkers now obtaining alcohol from parents. The following graph is taken from the most recent Smoking, Drinking and Drug Use Survey, reproduced in Statistics on Alcohol, England, 2018.

Where do young people aged 11-15 obtain alcohol?



Source: NHS Digital: Statistics on Alcohol, England, 2018 'How young people aged 11-15 obtained alcohol in the last four weeks'

The impact of Challenge 25

Challenge 25 is a retailing strategy developed by the Retail of Alcohol Standards Group (RASG)¹⁸ that requires staff to ask customers who look under 25 to produce acceptable proof of age (a card bearing the PASS hologram, a photographic driving license or a passport) before they can purchase alcohol. Introduced as Challenge 21 in 2006, Challenge 25 was rolled out in the off-trade in 2009 and is now standard practice across most off-trade premises especially supermarkets and convenience stores.

In 2015 RASG undertook research to assess the impact and effectiveness of Challenge 25. The evidence used to compile the report¹⁹ included a review of evidence on underage sales and drinking, including evidence from the Department of Health, the trade union Usdaw, the European School Survey Project, Serve Legal and others; a survey of 4000 people in the UK conducted by YouGov; a focus group of checkout operators and managers at a RASG member supermarket; a survey of RASG members as well as evidence from the day to day operation of RASG.

Key findings were:

- 86% of 18-24-year-olds were aware of Challenge 25
- 11 million people had been asked to provide proof of age as part of a Challenge 25 check
- 79% of all off-trade premises subjected to Challenge 25 test purchases (or compliance checks) passed
- Only 4% of under 18s would attempt to purchase alcohol from a supermarket compared with 74% who said they would try to obtain from a parent.

¹⁸ Members of RASG are The Association of Convenience Stores - Aldi - ASDA - Community Alcohol Partnerships - Co-op - Home Bargains - Iceland - Laithwaite's Wine - Lidl - Marks & Spencer - Morrisons - One Stop - Sainsbury's - Spar - Tesco - Uber Eats - Virgin Wines - Waitrose - The Wine Society - The Wine & Spirit Trade Association

¹⁹ Rising to the Challenge, Retail of Alcohol Standards Group (2015)

In our view the shift towards away from retail supply is largely a result of the success of schemes such as Challenge 25. This suggests that minimising the residual underage consumption and harms within CAPs and elsewhere will be heavily dependent on persuading those parents who still supply alcohol to their children to follow CMO guidance i.e. not allow alcohol before the age of 15 and only in small amounts (if at all) and with parental supervision for those aged 15-17.

Research conducted by CAP into parental attitudes to introduction and supply of alcohol to children

5

CAP commissioned qualitative research in 2019 followed by a national survey of parents of children aged 11-17 undertaken by Ipsos in October 2021. The results of the initial research were presented at a seminar of key stakeholders some of whom were involved in shaping the questions for the quantitative research.

STAGE ONE - QUALITATIVE RESEARCH

In 2019 CAP commissioned SMS Research to conduct qualitative research to understand why some parents buy alcohol on behalf of their children and others don't. A total of 15 parents with children aged 12-17 were interviewed in Newcastle and Sheffield.

The overall finding was that the key driver for parents to either supply alcohol for their child, or not to do so, was to safeguard children from harm.

The perception of safeguarding through supplying alcohol for one's child:

All parents interviewed who did or would supply alcohol for their children believe that allowing their child to drink alcohol in their presence enables them to protect their child from the risk of alcohol abuse, through controlling the situation by regulating the type of alcohol and the amount consumed.

Parents purchasing alcohol for their children fear that if their child were to access alcohol out of their sight their safety would be compromised due to the risks of: other children spiking their drinks; other children 'egging them on' to drink more or their own child showing off in front of others; intoxication leading to vulnerability; choking on one's vomit; the potential for physical attack, sexual assault or criminal behaviour.

The types of alcohol they allow their children to drink in their presence, or in the presence of another trusted adult (e.g. at a friend's house party) are typically alcopops, fruity ciders and beers. Typically, spirits and wines are rejected by these parents for consumption by their children due to their high alcohol content and lack of a defined measure.

Some parents acknowledge that they themselves drank alcohol unsupervised with friends when they were young, thus they have high awareness of many of the associated risks of this behaviour. They would therefore rather supply their child with alcohol to drink under their supervision than run the risk of their child accessing it whilst out of their sight.

Most of these parents have supplied alcohol for their child to drink only after their child has specifically asked for it and if they believe their child is 'mature and responsible enough' to have it. Children will typically ask for alcohol to either to take to a party or drink outside with friends, the latter being a request which is typically refused by these parents due to their fear of the risks of unsupervised drinking, thus they compromise by allowing their child to drink at home instead.

There is a belief that giving a child regulated amounts of alcohol takes away the potential for it to become a 'forbidden fruit', which they could overindulge in once they reach the age of 18.

The perception of safeguarding through not supplying alcohol for one's child:

These parents believe that they are safeguarding their child by not allowing them to drink alcohol because of their firm belief that 'a child is a child until they are 18'.

They argue that the legal age limit for alcohol purchase is 'there for a reason' and that children are not physically or mentally mature enough to drink alcohol. They believe this is the case even if the child 'towers over you' in height and appears grown-up for their age.

In common with those parents who allow their children to drink alcohol, they fear the consequences of unsupervised underage drinking, but, in contrast with those parents theirs is a policy of zero tolerance, therefore they will not allow any alcohol consumption by their child, even under their supervision.

Their children have asked for alcohol on occasion, typically to drink at a house party, but these parents have refused, and occasionally suffered the consequences, referred to by one father as 'Kevin and Perry huffs' but he revealed that this did not weaken his resolve and that the situation soon blew over.

Many of these parents believe that children will occasionally ask questions to simply 'test their parental boundaries' and are satisfied with 'no' for an answer.

These parents will contact other trusted parents to ensure that there is no alcohol allowed at a party before allowing their child to attend. However, there is evidence of parental peer pressure. One mother tells a story about being contacted by another parent, whilst her 17-year-old child was at a sleep over, to say 'I'm letting Tom have a can of cider tonight, can Joe have one too?' This request led to a feeling of being pressurised, which resulted in her suggesting a compromise, that the boys 'share a can', however she was uncomfortable about this and would rather that her son did not have any alcohol at all.

Parents who do not allow their children to drink alcohol are mindful that their stance could render them being regarded as old fashioned, not only by their children but also by some other parents, however they are resolute in their belief that it is wrong to give a child alcohol.

What can we learn from those who don't, what more is needed to persuade those who do of the risks and what form should an effective intervention take?

Asked what they would say to persuade those parents who supply alcohol for their children not to do so, responses from those parents who don't supply their children with alcohol include:

"There's a reason for the age limit"

"Your child may be responsible, but they're not responsible enough to drink alcohol"

"You wouldn't give your child a cigarette. So why give them a drink?"

"Alcohol is part of your lifestyle; it shouldn't be part of your child's"

"Drinking alcohol is not a forgone conclusion"

Parents from both perspectives believe that an effective intervention to jointly inform and educate themselves and their children about the risks associated with underage drinking should involve schools.

They state that children are taught life skills, such as managing budgets, and are taught sexual education from a young age, yet none of the parents were aware of any education about the risks of underage drinking.

They ask for information that jars attention by being 'shocking' and 'scary', including details of the short-term and long-term adverse health effects of drinking alcohol, particularly on the developing liver and brain, as well as all risks, including choking on one's vomit, increased vulnerability to social embarrassment, physical or sexual assault and addiction.

Some parents refer to the NHS as a trusted means of information, thus communication from CAPs about the dangers of supplying alcohol to children could be included at various NHS touchpoints, e.g. on NHS websites and in hospital and GP waiting rooms.

Many parents engage with social media sites, particularly Facebook. Some parents have revealed that their Facebook newsfeeds have shown videos of children under the influence of alcohol engaged in antisocial behaviour. These images are very disturbing for those who have seen them. This indicates that Facebook could be an effective channel of communication for a pop-up campaign from CAPs to persuade parents to not provide alcohol for their children and to signpost them to support services.

STAGE TWO - SEMINAR WITH KEY STAKEHOLDERS

CAP presented the results of this research and latest data from national surveys on alcohol consumption – which includes questions on parental supply – at a seminar on 15 June 2021 attended by representatives of Drinkaware, the

Alcohol Education Trust, The Portman Group, Lancashire County Council, a number of Government Departments (Department for Education, Home Office, and Department for Health and Social Care) as well as the Welsh Government and the Scottish Government.

In an open session attendees were invited to share insights and observations about parental supply including any research into the issue. Some themes included:

- A need to better understand the profile of parents who supplied alcohol in order to target interventions.
- A need to challenge the belief that a small amount of alcohol is okay/safe especially for parents of children aged 15 and under.
- The importance of challenging perceptions about social norms, particularly beliefs about what other parents do in terms of permitting/supplying alcohol.
- The importance for education/interventions to be non-judgemental and supportive – parents were driven by a desire to safeguard their children and believed they were acting in their child’s best interests even in supplying alcohol.
- The challenge of reaching “hard to reach” parents especially those who might be drinking at harmful levels themselves and might reject health messages.
- The need to understand the difficulties faced by parents in setting boundaries for teenagers and navigating conflict – they need help and support during a challenging period of parenthood.
- The need for a nuanced approach - a no alcohol message for under-15s and a harm reduction approach for 15-17-year-olds.
- What has been the impact of the pandemic on parental supply? There is evidence that parents as a group are drinking more and that drinking motivations have changed with more parents drinking as a way of coping rather than for social reasons. How has the pandemic affected drinking behaviour and motivations among under 18s? We have no data on this currently.
- Recognition that parental supply is a highly complex subject area that needs to be tackled sensitively understanding the motivations behind this pattern of behaviour.
- Agreement that we can achieve better results by working collectively to shape future research and interventions to reduce parental supply of alcohol to under-18s.

STAGE THREE - QUANTITATIVE SURVEY INTO PARENTAL ATTITUDES

CAP commissioned Ipsos to conduct a national survey to better understand parental/guardian attitudes towards the introduction of alcohol to children aged 11 to 17, including permission for unsupervised drinking and supply to their own children.

Online interviews were conducted among a nationally representative quota sample of 2,002 parents and guardians of children aged 11 to 17 living in their households in the UK. Quotas were set on age and gender of parents, region, and on the age of the oldest child in the household aged 11 to 17. Data was weighted to available population profiles on the age profile of children, and by age, gender and region of the parent population. Interviews were conducted in Q4 2021.

Key findings

- Two thirds (67%) of parents of children aged 11-17 have never heard of, heard of but know almost nothing about, or know just a little about the CMO guidance on consumption for under 18s.
- Two thirds (67%) would personally like to have a source of advice in keeping their children safe from the risks of drinking underage and only 13% already have such a source of advice on underage drinking.
- More than half of parents of children aged 11-17 feel that they should have the biggest role to play in educating the under 18s about the risks of drinking alcohol (54%), followed by schools (19%).
- Around half of parents (53%) have allowed or would allow their children to have an alcoholic drink before they are 18 (contrary to advice that no alcohol is safe). A third of parents (34%) with children aged 11-17 have allowed their children to have an alcoholic drink before they are 18, while of those who haven’t allowed their child to have an alcohol drink, 30% would allow them to have an alcoholic drink before they are 18 years old.
- Around one in five (22%) would allow, or have allowed, their children aged 11-17 to drink alcohol unsupervised. The CMO advice is that if parents allow 15-17-year-olds to drink it should always be supervised.

Summary of all findings

Just under 6 in 10 (59%) parents of children aged 11-17 have a drink containing alcohol once a week or more often. Of those who drink alcohol, a little over half of these parents drink 1 to 2 units (27%), or 3 to 4 units (29%) during a typical day (when drinking).

Around a third (34%) of those who drink alcohol reported an increased intake in their consumption during COVID-19 restrictions that were first introduced in March 2020, and just under a fifth (18%) reported a decrease.

Three quarters (75%) of parents of 11-17 year olds who drink alcohol had their first whole alcoholic drink (not just a sip) before the age of 18.

Almost twice as many parents of 11-17 year olds are more likely to say they have not allowed their child(ren) aged 11-17 years old to have an alcoholic drink (65%) than allowed them to do so (34%). Among parents who have not allowed their children aged 11- 18 to have an alcoholic drink, at a similar ratio, parents claim they would not allow (60%) than allow (30%) children aged 11-17 to have an alcoholic drink before they are 18 years of age.

Among those who have already allowed their children to have an alcoholic drink, three quarters (76%) have allowed their children to have an alcoholic drink before the age of 16, while those who have not yet allowed their children to drink, but would allow them, are more likely to allow this at the age of 16 or 17 (66%).

Three quarters (75%) of parents with children aged 11-17 (who have or would allow their child to have alcohol) would not allow unsupervised drinking (that is without themselves or another adult), though among those who have already allowed their children an alcoholic drink, 3 in 10 (29%) would allow their child to drink unsupervised, and on average, those who would allow or have already allowed unsupervised drinking, allow this by the age of 14.5.

Among those who have allowed or would allow their children aged 11 to 17 to drink unsupervised (22% of all parents and guardians of 11-17 year olds), around 1 in 5 (19%) allow unsupervised drinking once every 6 months or less often. 15% only allow it on special occasions.

70% of parents of 11-17 year olds who have or would allow their children to drink unsupervised have or would personally ever give their children aged 11-17 an alcoholic drink for them to drink unsupervised (that is, without themselves or another adult present). Amongst those who have or would provide their child aged 11-17 an alcoholic drink unsupervised by an adult, beer (43%), cider (40%) and ready-to-drink alcohol/alcopops (36%) are or would be the most commonly provided.

The most common reasons parents, who have or would provide their children aged 11-17 with alcohol unsupervised by an adult, would/have provided their children with alcohol so that they have some control over what (46%) , or how much (39%) alcohol they drink, to teach them how to manage their drinking (38%), or to stop their children from breaking the law by trying to buy it themselves or by asking others to buy it for them (36%).

On average, parents of those aged 11-17 believe that 2 in 3 (67%) children have consumed alcohol by the age of 16 or 17, and that around half (49%) in this age group drink regularly (that is, once a week or more often).

Most commonly, parents of 11-17 year olds believe that those under 18 who drink alcohol get it from friends aged 18 or older (54%), take it from their home without permission (46%), get it from parents/guardians/carers (44%), other siblings (39%) or boyfriends or girlfriends aged 18 years and over (37%).

Parents were presented with ten risks associated with underage drinking and asked if they were responsible for telling parents of children aged under 18 about them, which, if any, they thought would be the most important risks to tell them about. Around a quarter or more picked:

- Long-term health risks (e.g. alcohol dependence and/or liver disease) (33%)
- Sexual risk-taking behaviour including unprotected sex, STIs, unwanted pregnancy (28%)
- Damage to the developing brain (e.g. impacting motivation, reasoning and interpersonal interactions) (26%)
- Being a victim of assault or violence (26%)
- Negative impact on mood and/or mental health (25%)
- Short term health risks (e.g. getting drunk, vomiting, alcoholic poisoning) (24%)

A majority of parents of 11-17 year olds (87%) feel that they would personally feel very or fairly confident to speak to their children (under 18) about the risks of drinking alcoholic drinks.

Whilst one in eight (13%) already have a source of advice on about keeping their children safe from the risk of drinking underage, two thirds say they would like such a source (“a lot” 33% or “a little” 34%).

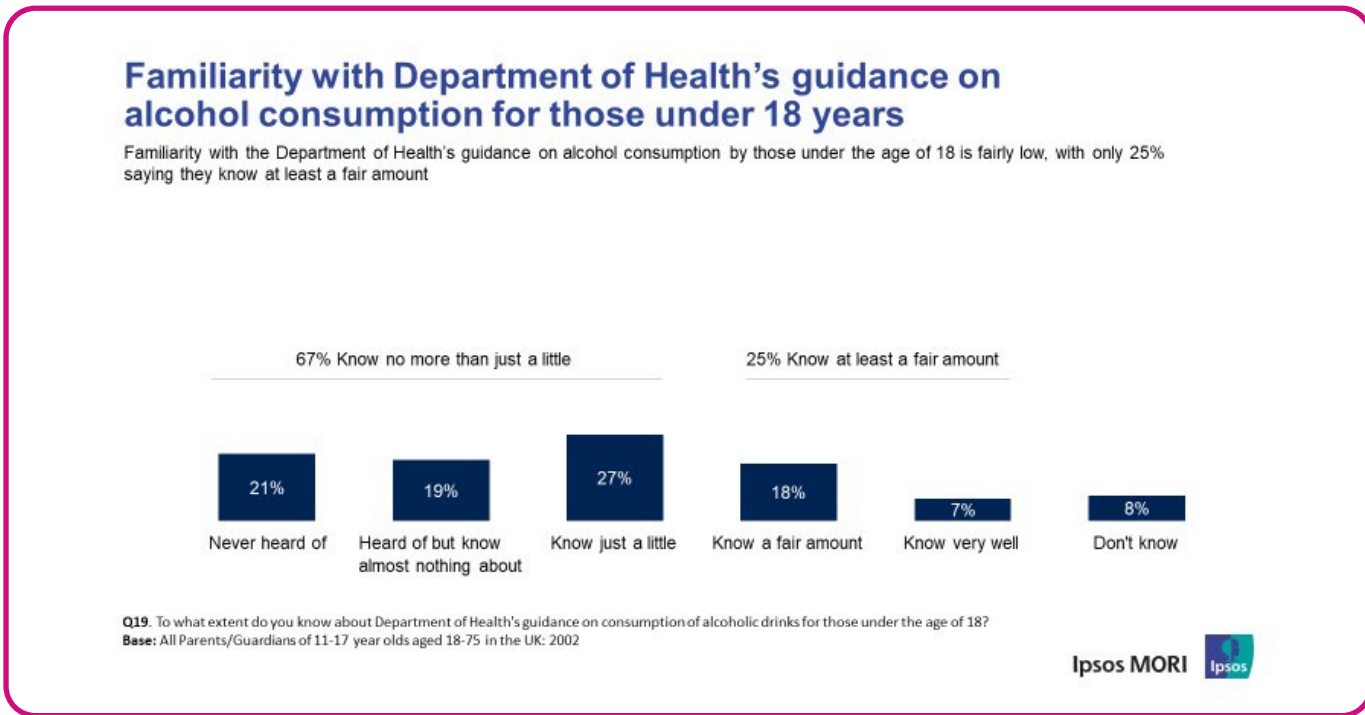
Parents of children aged 11-17 feel that they should have the biggest role to play in educating under 18s about the risks of drinking alcohol (54%), followed by schools (19%). Parents (28%), supermarkets (26%) and the Government (20%) are thought to have the biggest role to play in helping to ensure that the supply of alcoholic drinks to those under 18 is minimised.

Parents of those aged 11-17’s familiarity with the Department of Health and Social Care’s guidance on alcohol consumption by under 18s is fairly low, with only 25% saying they know at least a fair amount, while 67% have either never heard of, have heard of but know almost nothing about or know ‘just a little’.

Four in ten (39%) parents of those aged 11-17 believe that across the UK the alcohol intake for those under 18s increased during the COVID-19 restrictions, while almost one in four (23%) believed it decreased.

Awareness of the CMO guidance

CAP is concerned that a majority of parents remain unaware of the Department of Health’s guidance on consumption of alcoholic drinks for those aged under the age of 18, despite its publication 13 years ago. Over two thirds (67%) of parents in our survey said that they knew no more than just a little and concerningly, 21% of those who have/would allow unsupervised drinking say that they know the advice very well, indicating they either did not understand the advice or chose to ignore it.

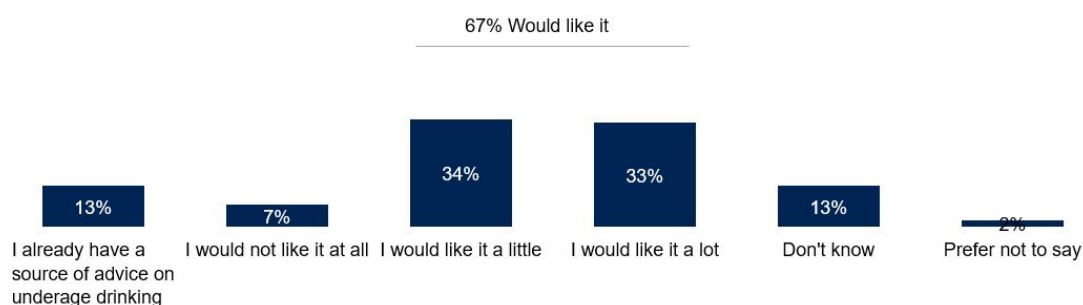


Sources of advice

Only one in eight (13%) of parents interviewed said they already have a source of advice in keeping their children safe from the risk of drinking underage, while two thirds (67%) said they would like such a source “a lot” or “a little” indicating low awareness of where to seek advice.

Appeal of source of advice about keeping children safe from risks of drinking underage

Whilst one in eight (13%) already have a source of advice on about keeping their children safe from the risk of drinking underage drinking, two thirds say they would like such a source a lot or a little



Q16. To what extent would you personally like to have a source of advice in keeping your children safe from the risks of drinking underage?
Base: All who have not allowed their children aged 11-17 to have an alcoholic drink: 1252

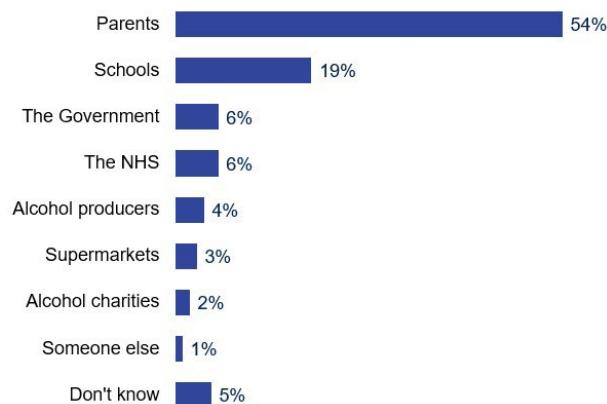
Ipsos MORI Ipsos

Biggest role in educating young people

To a large extent, parents feel that they should have the biggest role to play in educating the under 18s about the risks of drinking alcohol (54%), followed by schools (19%).

Biggest role in educating under 18s about risks of drinking alcoholic drinks

Parents, followed by schools should have the biggest role to play in educating under 18s about the risks of drinking alcoholic drinks



Q17.. Which of the following, if any, do you think should have the biggest role to play in educating under 18 about the risks of drinking alcoholic drinks?

Base: All Parents/Guardians of 11-17 year olds aged 18-75 in the UK: 2002

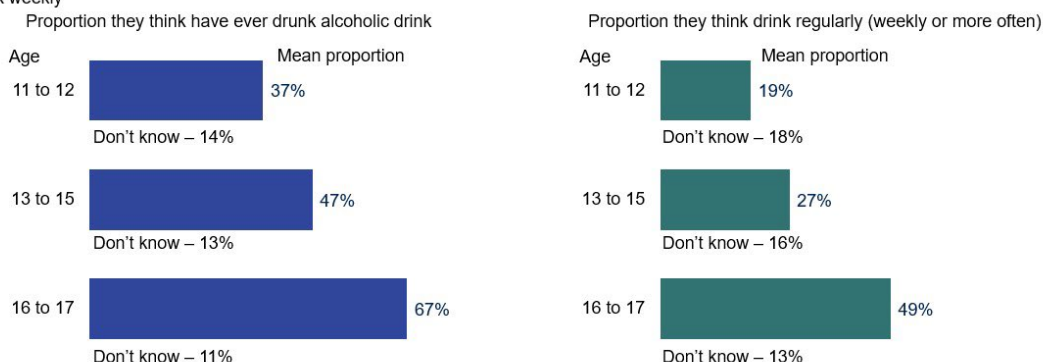
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This mirrors what young people themselves think. The latest Smoking, Drinking and Drug Use survey found that a large proportion of young people (77%) considered their parents to be a source of helpful information about drinking alcohol. Teachers were the most commonly identified helpful source of information outside of the family setting (by 62% of pupils).

Perception of children and young people’s drinking behaviour versus actual drinking behaviour

What parents believe the incidence is of alcohol consumption by children aged 11 to 17

Parents believe a little under one in four 11-12 year olds have ever drunk alcohol, and one in five drink alcohol regularly. The incidence is believed to go up as children get older, with parents believing two thirds of 16 to 17 year olds have ever drunk alcohol, and that half drink weekly



Q5a-c. Please think about children aged x generally in the UK. What proportion of children this age do you think have ever drunk an alcoholic drink?
Base: All Parents/Guardians of 11-17 year olds aged 18-75 in the UK: 2002

Q12a-c. Please think about children aged x. What proportion of children this age do you think drink alcohol regularly, that is, once a week or more often?
Base: All Parents/Guardians of 11-17 year olds aged 18-75 in the UK: 2002

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The parents interviewed in our survey, on average, believed that 37% of 11-12 year olds had ever drunk alcohol. In fact just 19% had done so, according to the latest Smoking, Drinking and Drug Use for England survey. They also believe that around 1 in 5 (19%) 11-12 year olds drank regularly (once a week or more often) whereas this figure was actually only 1%.

Parents also overestimated regular drinking for older age groups. On average, they believed 27% of 13-15 year olds drank regularly (once a week or more often) whereas only 8% of 13-15s do so according to the Smoking, Drinking and Drug Use survey.

Direct comparisons for the 16-17 year old age group are not possible²⁰ but according to the Health Survey for England just 41% of 16-24 year olds drank in the week before survey. On average, the parents interviewed in our survey believed that 49% of 16-17 year olds were drinking at least weekly.

These findings are backed up by AET research which found that 93% of parents overestimate the number of teenagers who drink and get drunk, suggested a need to correct misperceptions about the perceived normality of drinking for this age group.

STAGE FOUR – OMNIBUS SURVEY

CAP commissioned Ipsos to include four questions in an Omnibus survey to test adults’ knowledge of the CMO guidance for alcohol consumption for children and young people. The sample size was 2,083 adults aged 18-75 and was representative across the UK – it should be noted that not all those surveyed had children. Fieldwork was carried out in February 2022.

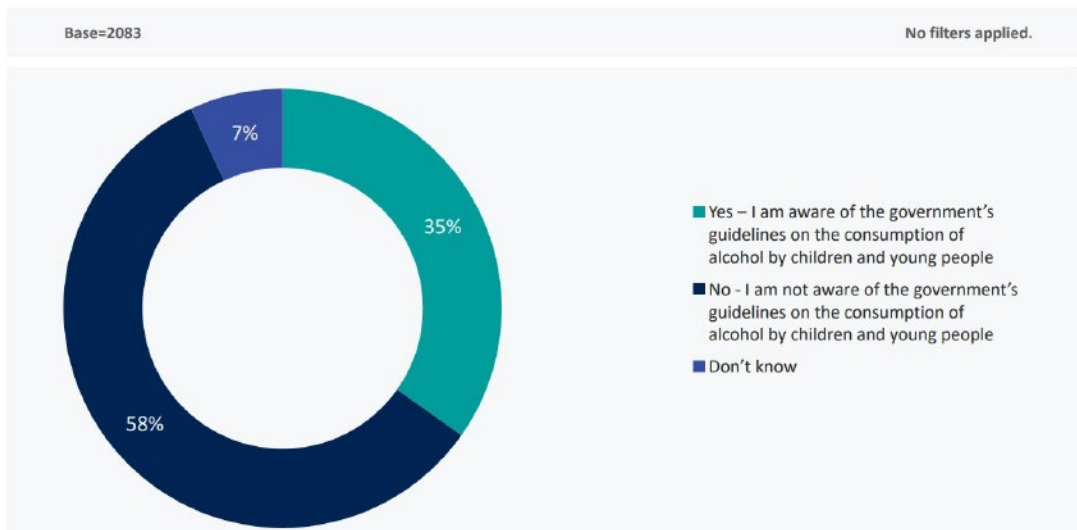
Key findings:

- Almost 6 in 10 (58%) adults interviewed said they are not aware of Government guidance on the consumption of alcohol by children and young people, initially prepared in 2009 by Sir Liam Donaldson, the Chief Medical Officer for England.

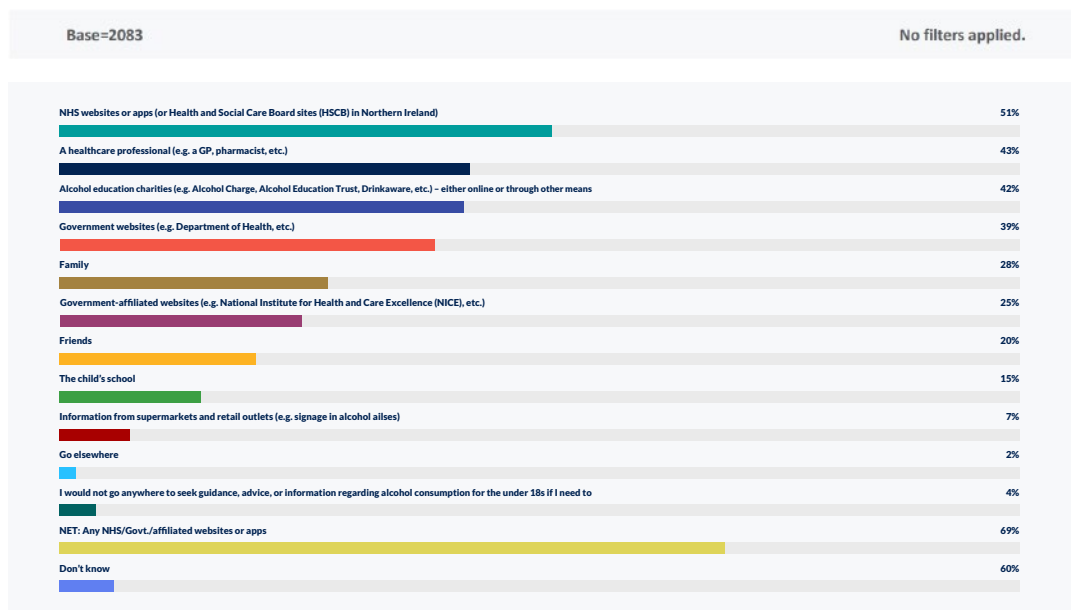
²⁰ The Smoking Drinking and Drug Use survey only surveys 11-15s and the Health Survey for England presents results for age bands that are broader than 16-17 i.e 16-24. The Health Survey for England also asks about drinking in the week before survey.

- Knowledge of the CMO advice is poor. Of those who said they are aware of the CMO guidance, 34% were aware of the 'alcohol-free childhood is the healthiest and best option' guideline, when also considering those unaware of the CMO guidance (this makes up only 14% of our total sample); 31% of those aware of the CMO guidance were aware of the 'Children should not drink alcohol before they are 15 years old' guideline (i.e. only 10% of the total sample); and 21% of those aware of the guidance were aware of the 'Children aged 15 to 17 should only drink with the guidance of a parent or carer or in a supervised environment' guideline (i.e. just 9% of the total sample).
- Around 7 in 10 (69%) adults in our survey said that they would turn to Government or NHS websites or apps for advice/guidance/information regarding alcohol consumption amongst the under 18s, if they needed it (51% of respondents saying they would seek advice from NHS websites or apps or HSCB in Northern Ireland; 39% Government websites, e.g. Department of Health, etc.; 25% choosing Government-affiliated websites, e.g. NICE, etc.), while 43% would turn to a healthcare professional (e.g. a GP, a pharmacist, etc.) and a similar number (42%) would turn to alcohol education charities (e.g. Alcohol Change, Alcohol Education Trust, Drinkaware).

Q3. Are you aware, or not, of the government's guidelines on the consumption of alcohol by children and young people, initially prepared in 2009 by Sir Liam Donaldson, the Chief Medical Officer for England?



Q2. If you needed to seek guidance, advice or information regarding alcohol consumption amongst the under 18s, which, if any, of the following would you go to? Please select all that apply.

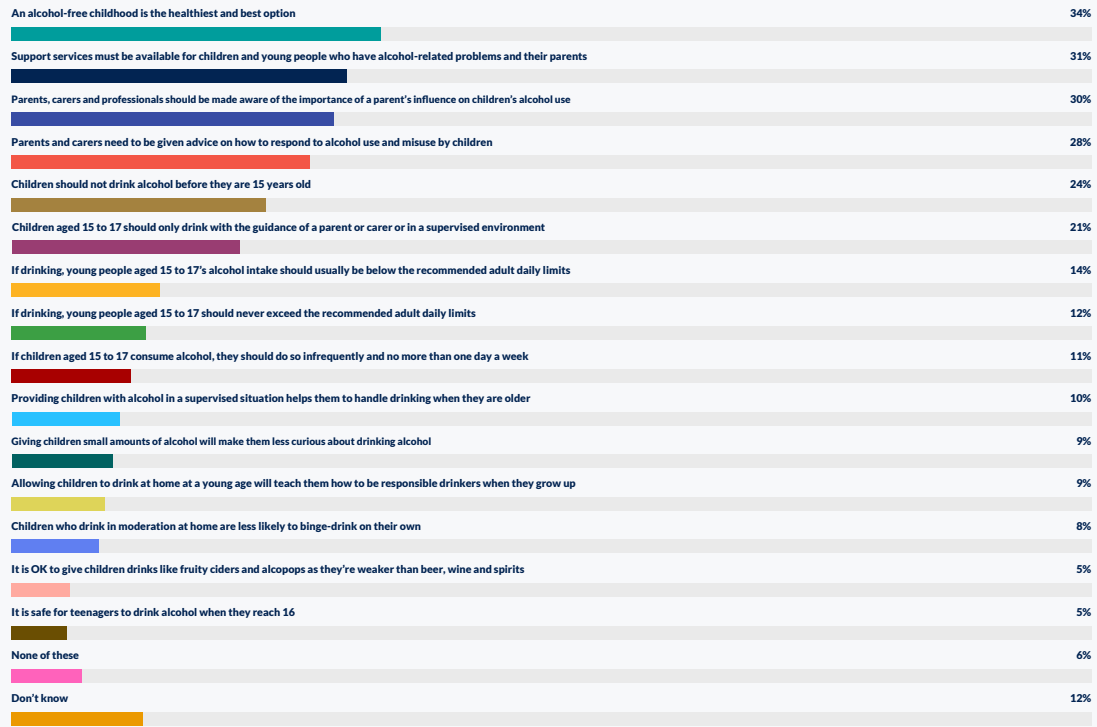




Q4. Which, if any, of the following statements form part of the government's guidelines on the consumption of alcohol by children and young people? Please select all that apply.

Base=828

No filters applied.



All local CAPs develop action plans based on three key pillars namely alcohol education for children and young people and their parents; provision of positive activities for children and young people; and retail engagement including signage and training on Challenge 25 and deterring proxy purchase. For this section we have selected CAPs who have had a strong emphasis on parental engagement.

Castleford CAP – taking a long-term, preventative approach

CAP's focus on alcohol education is part of a long-term, preventative approach to ensure that young people are equipped with the skills and knowledge to stay safe from alcohol harms.

Airedale Academy School is a secondary school and sixth form in Castleford in West Yorkshire that works closely with its local CAP to implement effective, evaluated alcohol education programmes and to engage with parents and carers to talk about alcohol issues.

CAP offers the Alcohol Education Trust (AET) 'Talk about Alcohol' programme across all projects. This resource comes in a hard copy and in a digital download and has a series of lesson plans and BAFTA award winning videos. The efficacy of Talk About Alcohol was independently evaluated by The National Foundation for Education Research (NFER)²¹ among 4000 children in 30 schools over 2 years (2011-13) with a follow up 2 years later (2015) and was found to significantly delay the age that children choose to begin drinking whole drinks – an effect that got stronger over time. It was also rated 3/3 for impact and 5/6 for quality of evaluation by the Centre for Analysis of Youth Transitions (CAYT)²² and has been selected by The Early Foundation Intervention Foundation as one of the 100 best early intervention programmes worldwide.

The Academy is committed to engaging with parents and carers and has arranged multiple visits by the AET to speak at parents' evenings to highlight the risks and issues around underage drinking to parents as well as training teachers to deliver their programme effectively.



²¹ For the NFER evaluation report 2011 - 13 see: www.nfer.ac.uk/publications/AETE01/AETE01.pdf

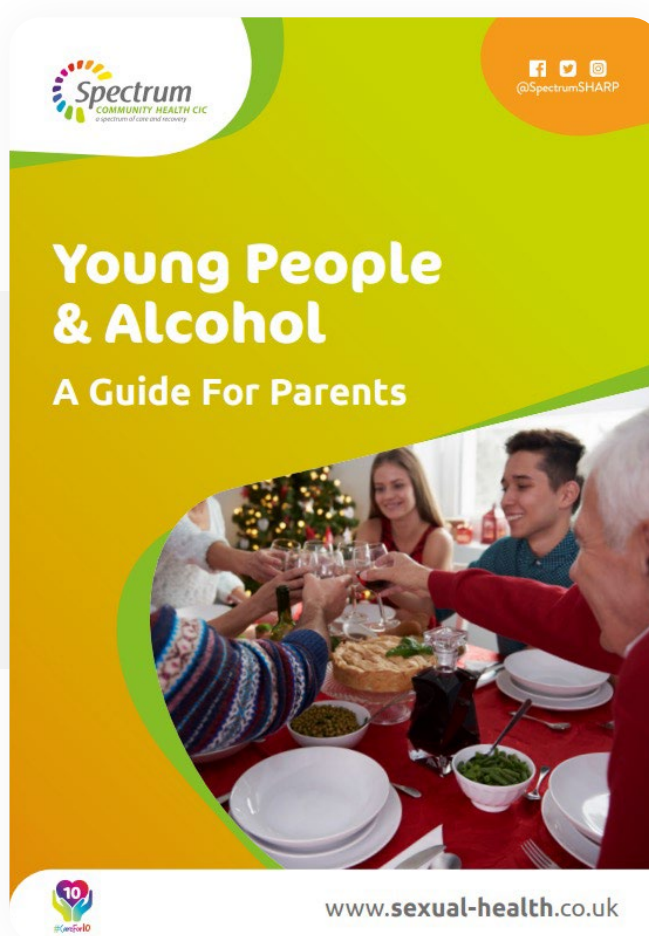
²² For the CAYT evaluation report see: [CAYTTAA.pdf \(alcoholeducationtrust.org\)](http://www.alcoholeducationtrust.org/CAYTTAA.pdf)

And in addition to its regular alcohol awareness sessions the partnership supports the school to organise special events including:

- Smashed: a powerful drama-based programme delivered live and online by Collingwood Learning. This encourages youngsters to resist peer pressure and make safe choices around alcohol:
<https://smashed.box.com/s/3sv8arr1u0aygg8bbx17bwi1h57wrsu8>
- Engaging presentations from speakers and performers such as singer/songwriter Henry Maybury, who tours schools to share his music and the experience of losing his older brother Tom from alcohol related illness. Henry's moving story about the dangers of alcohol abuse gets a powerful message across to young audiences.
- CAP Ambassadors – a group of students chosen by teachers to be peer educators for the Academy and support initiatives to reduce alcohol consumption.

A highlight of the education programme was a play devised by Airedale Academy's sixth form performing arts students on the subject of alcohol and teenage domestic abuse/partner violence. The play was shown to all year 8 and 9 students along with accompanying workshops. It was considered so good that the Wakefield District Domestic Abuse and Safeguarding Team requested repeat performances at five of their training workshops for headteachers and other professionals. The play was widely praised as an example of good practice as a peer educator project and has since been turned into a filmed resource, The Sound of Silence²³, used across educational settings in West Yorkshire.

In response to the finding from school surveys in the area that parents are the most common source of alcohol for children and young people, Spectrum Community Health CIC, a key partner in Castleford CAP, produced a leaflet for parents Young People & Alcohol – a Guide for Parents²⁴ in November 2021.



²³ A link to the Sound of Silence can be seen here: <https://www.imdb.com/title/tt5542690/mediaviewer/rm994713344/>

²⁴ A link to the leaflet can be seen here:

https://www.communityalcoholpartnerships.co.uk/images/Young_People_Alcohol_Guide_-_Spectrum_-_2022.pdf

“The CAP has been a massive benefit to Airedale Academy students and the wider local community. It has given students the tools and information needed in order to make informed choices surrounding alcohol in a fun and educational way. This has led to a reduction in not only the amount of alcohol students in the school community drink, but also the age they begin drinking. The CAP always looks at the needs of the school. It has always been student focused which enables the pupils to make their own opinions and choices in a more educated and informed way.”

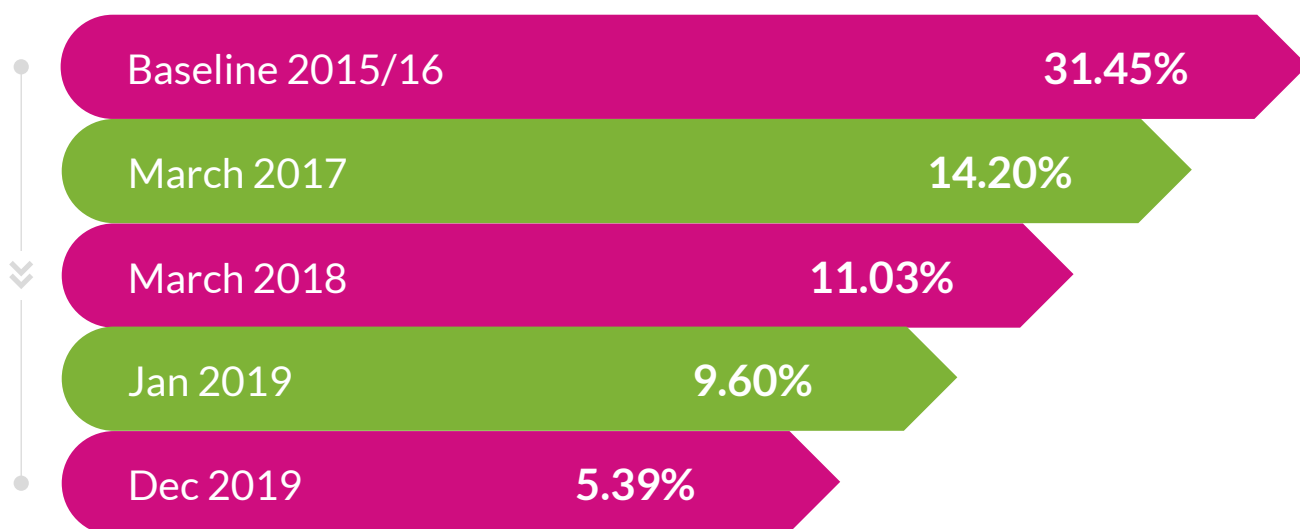
Elizabeth Fairhurst
CEO, Northern Ambition Academies Trust

Outside school the CAP has helped to fund and promote a wide range of positive activities for children and young people including a pop-up café following an audit which showed that young people felt there was little for them to do in the area. Youth workers have engaged with young people on the street and in public places and signposted them to positive leisure activities including a programme called “Try Sports”.

In the first year of its involvement with CAP, students were asked to complete a questionnaire at the start of the academic year and again towards the end. This was designed to assess their understanding of alcohol and the potential harms of underage drinking.

These surveys have been conducted at the school every year since then and show a clear reduction in the number of students drinking alcohol:

Percentage of 13,14, and 15-year-old students surveyed reporting that they have drunk alcohol on at least a weekly basis.



Lancashire CAPs - Where's the Harm? campaign



78% of children surveyed in Lancashire who drink alcohol say they are given it by their parents and 65% of young people drink at home when their parents are supervising (2020).

CAPs across the county have worked closely with Lancashire County Council to develop and run the Where's the harm? campaign, which aims to:

- Increase parental preparedness and acceptance of responsibility to monitor, supervise and prevent young people's exposure to alcohol consumption and related harm.
- Decrease the number of parents who provide alcohol to young people.
- Increase awareness of alcohol harms and risks.

Samantha Beetham, Senior Officer in the Alcohol and Tobacco Team at Lancashire County Council's Trading Standards Service said: "We wanted to focus on parental responsibility, change perceptions of how appropriate it is for parents to give alcohol to under 18s and encourage parents to speak to their child about alcohol and look at putting guidelines and boundaries in place."

The initial campaign included a two-week radio campaign and posters distributed to all off-licensed premises and GP's surgeries and health centres across Lancashire. Guidance for parents was published on the Lancashire County Council website at www.lancashire.gov.uk/lancan and information booklets distributed to all Lancashire secondary schools.

The 2021 campaign ran from 15th November to 5th December, designed to coincide with National Alcohol Awareness Week and to raise parental awareness in the run up to Christmas. The 'call to action' for the campaign was 'Talk Before They Drink', encouraging parents to get the facts on underage drinking and signpost them to support services.

Key activities included:

- Signposting parents to Lancashire Trading Standards Alcohol and Tobacco Team website providing information, support and links to Drinkaware, the Alcohol Education Trust and Alcohol Change UK.
- A social experiment filmed by Lancashire Trading Standards at a store in Clitheroe. The purpose was to see how customers reacted to a 'dad' buying alcohol for his 16 year old 'daughter', and later, when the roles were reversed, with the daughter pressuring dad to buy alcohol for her. Professional actors were used to play the two roles and staff at the store were aware of the experiment but everything else in this powerful film is real. [Where's The Harm Social Video - YouTube](#)
- A new social media campaign: #TalkBeforeTheyDrink, using Twitter, Facebook and Instagram to reach parents who choose to supply alcohol to their children and adults who buy alcohol for children.
- An online parent survey was promoted via the website and social media.
- 2,500 parents and young people booklets from Alcohol Education Trust distributed to schools and partners across Lancashire CAPs and 250 Where's The Harm posters distributed to off licences and partners.

The key messages for the campaign were:

- It is against the law for an adult to buy alcohol on behalf of someone who is under 18.
- There are many risks associated with underage drinking.
- Talk to your children about alcohol.
- Key Call to action: #TalkBeforeTheyDrink - get the facts on underage drinking.

The social media toolkit has been distributed to CAPs across Lancashire and all partners encouraged to share the messages and advice.

Evaluation

The campaign reached a total of 82,159 people via website views, radio and social media. A survey of 54 parents showed that:

- 75% had seen the Where's the Harm #TalkBeforeTheyDrink campaign;
- 53% said the campaign had taught them something new;
- 58% were not aware of CMO advice that children should not be given alcohol before the age of 15;
- 52% had given alcohol to their child before the age of 15;
- 76% said the campaign had changed their view on giving their children alcohol;
- 62% knew where to go for support if they were concerned about a child's drinking.

Hastings CAP

The Hastings/Ore CAP provides a wide range of alcohol education for both children and parents as well as a varied programme of positive activities for children and young people.

Hastings Academy is a key partner and provides its students with multiple alcohol education opportunities, including provision of Alcohol Education Trust resources, visits by SMASHED and singer songwriter Henry Maybury. The school has also trained nine ambassadors as alcohol peer mentors with more students studying the Royal Society Public Health (RSPH) Young Health Champions course.



Funding provided by CAP enabled a wide range of positive activities to be provided that encouraged engagement and team work such as “Nerf Wars” and “Rodeo Games”, and new skills such as yoga, cricket and graffiti art. Through funding obtained during the second round of the Home Office-led Local Alcohol Action Area (LAAA) programme Hastings CAP funded two mocktail making workshops which ran alongside alcohol awareness raising activities such as a “spin the wheel” game which highlights the physical, social, and legal consequences of alcohol abuse and use of “beer goggles” which re-creates the visual distortion, loss of perception, and lack of control that impair drunken drivers.



Mixologist @ Active Hastings event 2018

The National Social Marketing Centre (NSMC) undertook two surveys of children aged 11 to 17 on behalf of the CAP so that they could utilise the results in their findings for the 'Think Again Now' programme. A total of 121 Academy students were surveyed at the beginning of the CAP in the summer term of 2017. This was followed up with another identical survey in the summer term of 2019 which was completed by 324 students. A key finding was a 95% increase in those who "never drink or only drink a few times a year".

Frequency of drinking	2017	2019	% Change
I never drink or drink only a few times a year	38%	74%	95% increase
Drink once a fortnight	34%	9%	73% reduction
Drink a few times a week	7%	4%	43% reduction

There were significant reductions in parental supply of alcohol to children.

When asked, in 2017, how they had got alcohol in the last four weeks, most (67%) answered that they had taken it from home with permission. This reduced to 18% in 2019 – a 73% decrease.

Of those who drank alcohol in the past four weeks, nearly half (47%) in 2017 had been given alcohol by a parent or guardian. This reduced to 21% in 2019.

The key intervention aimed at parents was a campaign developed by the NSMC aimed at parents of teenage children which highlighted the negative impact alcohol can have on a teenager child's brain development and ran with the slogan: *Your child and alcohol. Think Again Now.*

When the NSMC started working with NHS Hastings and Rother Clinical Commissioning Group around local alcohol issues, it didn't anticipate the need to develop a campaign aimed at parents. It had, wrongly, assumed that young people were either purchasing alcohol from local retailers, or asking older siblings to buy it for them. However, when the NSMC did the formative research with 72 11-15 year olds, they learned that they mostly got their alcohol from their parents.

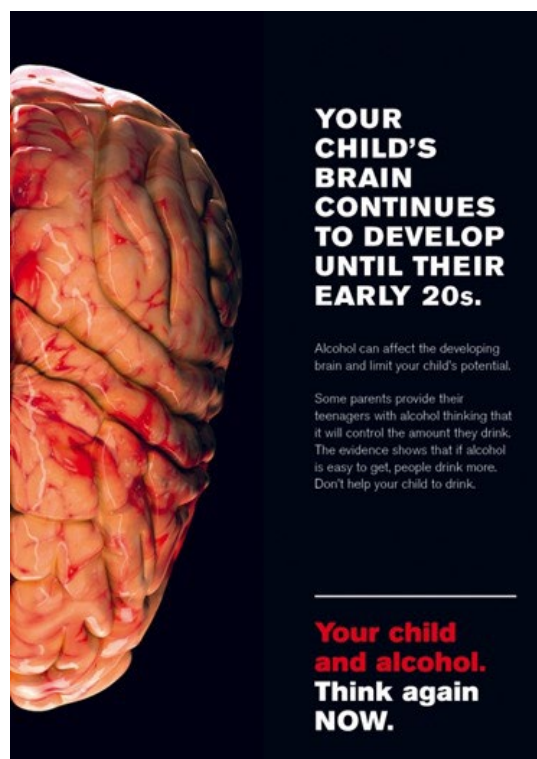
Based on this finding, they conducted further research, this time with local parents. They said they did give their children alcohol, but with the best intentions.

The parental research uncovered a number of false assumptions:

- Parents believed their child would be more likely to "rebel" and drink more if they were too strict around alcohol.
- They were not aware that there was a problem with giving under 18-year-olds alcohol, they believed it was the social norm.
- Parents see alcohol as an inevitable rite of passage and assume their child will experiment with alcohol at some stage.
- They did not see how their behaviour could affect their children's consumption as they believed their children were more influenced by their peer group.
- They felt that nearly all young people drank alcohol, and that most of the other parents also gave their children alcohol, so they felt a pressure to do so also.
- They were unaware that alcohol can have an effect on brain development and were shocked by this.

What was most clear was that the parents had no concept that what they were doing could be harmful. Therefore, if the NSMC wanted to achieve behaviour change, it would have to rebuff some of the myths around young people and alcohol consumption. It pre-tested various campaign images and messages with parents, and the one that resonated was a hard-hitting message about how alcohol can affect young people's brain development.

Think Again Now campaign



Under 25 Advert in a local store



Based on the findings, a mix of interventions was developed.

A radio campaign aimed at parents and guardians was supported by posters, leaflets and a website (www.thinkagainnow.co.uk). The campaign highlighted the negative impact alcohol can have on teenage brain development and ran with the slogan, "Your child and alcohol. Think Again Now."

For the young people themselves, work was done with i-Rock, a service for 14 -25 year olds in Hastings offering young people help and advice with issues including emotional wellbeing, mental health, education, employment and housing.

The radio campaign ran for two weeks and reached 1,542 parents with teenage children. 162 people visited the website during this period. Results suggest the campaign had a positive impact on parents' understanding of the dangers of young people drinking, in particular around the key message of the impact alcohol can have on a teenager's brain.

Key findings were:

- 81% of parents before the campaign (baseline) said their child drank alcohol. After the campaign (follow-up) this had reduced to 72%.
- When asked before the campaign 'Do you, or anyone you know, buy alcohol for their teenager/s (under 18 years of age) to drink?' 25% said they did and 39% said they knew another parent. At follow-up only 20% said they bought alcohol, although the number who stated they know of another parent who does stayed the same at 39%.
- When asked 'Did you know that our brain continues to develop until we are in our early 20s and alcohol can affect the development of a teenager's brain?', 39% answered 'yes' at baseline, compared to 59% at follow-up.

The shift away from retail supply towards is largely a result of the success in increasing compliance with the laws that prohibit sales of alcohol to under 18s principally because of schemes such as Challenge 25. Minimising the residual underage consumption and harms within CAPs and elsewhere will be heavily dependent on persuading those parents who still supply alcohol to their children to follow the advice of the Chief Medical Officers (CMOs).

Two thirds (67%) of parents remain unaware of the CMOs' guidance, despite its publication 13 years ago. (Ipsos, October 2021)

Knowledge of the CMO advice is poor. Of those who said they are aware of the CMO guidelines, 34% were aware of the 'alcohol-free childhood is the healthiest and best option' guideline - when also considering those unaware of the CMO guidance this makes up only 14% of our total sample; 31% of those aware of the CMO guidance were aware of the 'Children should not drink alcohol before they are 15 years old' guideline (i.e. only 10% of the total sample); and 21% of those aware of the guidance were aware of the 'Children aged 15 to 17 should only drink with the guidance of a parent or carer or in a supervised environment' guideline (i.e. just 9% of the total sample). (Ipsos, February 2022)

Around seven in ten adults in our survey said that they would turn to Government or NHS websites or apps for advice/guidance on drinking underage (69%), while 43% would turn to a healthcare professional (e.g. a GP, a pharmacist, etc.) and a similar number (42%) would turn to alcohol education charities (e.g. Alcohol Change, Alcohol Education Trust, Drinkaware). (Ipsos, February 2022)

Two thirds (67%) of parents would personally like to have a source of health advice in keeping their children safe from the risks of drinking and only one in eight (13%) currently tell us they have such a source of advice. To our knowledge, only one national organisation currently has a campaign/active programme to educate parents about the risks of drinking under the age of 18. (Ipsos, October 2021)

Parents overestimate drinking prevalence among under 18s which may affect their attitude to supplying their children with alcohol. For example, the parents interviewed in our survey, on average, believed that 27% of 13-15 year olds drank regularly (once a week or more often) whereas only 8% of 13-15s do so according to the Smoking, Drinking and Drug Use survey. (Ipsos, 2021)

There may be similarly distorted beliefs about the propensity of other parents to supply alcohol to their children. In either case, there may be a need to challenge such perceptions about the prevalent social norms. (Alcohol Education Trust, 2017)

From our survey of parents, it would appear that the risks that parents believe are most important to communicate to parents of children under 18 about the risks associated with underage drinking are long term health risks (e.g. alcohol dependence and/or liver disease) (33%); following by sexual risk-taking behaviour including unprotected sex, STIs, unwanted pregnancy (28%); and damage to the developing brain (e.g. impacting motivation, reasoning and interpersonal interactions) (26%). These risks should be highlighted in parental advice. (Ipsos, October 2021)

Parental supply is a highly complex subject area that needs to be tackled sensitively understanding the motivations behind this pattern of behaviour. The advice is also relatively complex with different messages required for different age groups. Parents face considerable challenging in setting boundaries and navigating conflict with their teenage children – they need help and support during a challenging period of parenthood.

There are particular challenges in communicating with “hard to reach” parents especially those who might be drinking at harmful levels themselves and might reject health messages or be embarrassed to discourage their children from drinking. It is important to ensure such parents receive tailored advice that is supportive of their needs.

While the AET “Talk about Alcohol” programme has evaluated well and is nationally available there is a need for such a resource – especially the parental outreach component - to be promoted further to reach a wider community of parents/carers.

There is also a need for existing resources to be accessible to a diverse range of parents including those for whom English is not a first language and/or those who struggle with literacy. Social media campaigns (using infographics) might be more effective for this group than leaflets.

Given the success of RASG’s Challenge 25 scheme and the willingness of off-trade retailers (especially supermarkets and convenience stores represented within RASG) to support alcohol harm reduction efforts, we think supermarkets could play a valuable role in helping to reach large numbers of parents including “hard to reach” parents via campaign messages at the point of purchase of alcohol or via their communication channels.

It is important for education/interventions to be non-judgemental and supportive – parents are driven by a desire to safeguard their children and believe they are acting in their child’s best interests even in supplying alcohol.

Effective interventions to jointly inform and educate parents and their children about the risks associated with underage drinking should also involve schools.

There has been no substantial campaign by Government to communicate the CMOs’ advice to parents, of the sort that has been successfully deployed against drink driving, or by Government, the industry and NGOs in relation to advice on alcohol consumption by adults. Low levels of knowledge and understanding are perhaps not surprising in this context.

Given the scale and complexity of the task involved in increasing awareness of the CMO guidance, a joined up and collaborative approach will be needed requiring leadership and co-ordination by Government, active participation at a national, local and frontline level by alcohol harm-reduction organisations; retailers; and families, schools and youth support organisations. CAP is ideally placed to encourage partners to deliver at local level across its network of CAP schemes but needs to do so with the active support of national Governments and national education providers.

Theory of Change

Work with Govt and devolved administrations to highlight importance of parental advice

Education: recommendation that schools involve parents in alcohol education

Health: ensure CMO guidance is accessible/visible

Work with national education partners (Drinkaware, AET, RSPH) to increase profile of parental advice

Greater visibility of online resources and development of new resources for “hard to reach” parents

At local level, work with CAP partners to ensure all education opportunities include parental advice

Recommend that CAPs include an objective on increasing parental awareness in their action plans

POS material aimed at parents in supermarkets (banners, floor stickers in drink aisles, etc)

END GOAL: increased parental awareness of health advice

Recommendations

CAP believes that further action is needed that will harness the active participation of parents in reducing alcohol consumption by their children and the adverse effects it has on their well-being, education, development and longer-term health.

Our recommendations are:

1. The UK, Welsh and Scottish Governments should actively promote the CMO guidance and ensure it is both widely available and accessible and that a substantial majority of parents is aware of its existence and advice. Given that a significant majority of adults in our survey say they would turn to Government and NHS websites for advice on underage drinking, we think the advice should be easy to find on key websites such as Gov.uk as well as NHS.UK and Talk to Frank [as it is already on the websites of Alcohol Change UK, Alcohol Education Trust and the Public Health Agency for Northern Ireland]. Raising awareness will require an active communication programme over a number of years.
2. Four in ten adults in our survey say they turn to alcohol education charities for advice. Alcohol harm reduction organisations should promote parental advice containing the CMO guidance to reach a wider community of parents/carers. They also need to provide accessible information for parents for whom English is not a first language and/or those who struggle with literacy. Resources aimed at parents should be easy to find as well as engaging and easy to understand. Much of the available advice is text heavy and should be supported by greater use of graphics
3. There needs to be a step change in alcohol education interventions that involve parents who are children's primary source of information on alcohol. Interventions to educate parents and their children about the risks associated with underage drinking should involve schools but could also involve other channels such as supermarkets which have played a key role in promoting Challenge 25. Partnership models such as CAP are especially well-placed to promote joined up communications targeting parents via schools, supermarkets and local campaigns such as the case studies in this report.



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