

Tackling teen binge drinking

A brief intelligent report

The Institute for Political and Economic Governance (IPEG) is part of the Centre for Local Governance (CfLG) at The University of Manchester.

We are working with public sector partners to develop new approaches to tackle problem drinking. The evidence strongly underlines the case for:

- focusing on young people;
- using schools as the site for intervention; and
- using brief interventions as a way of tackling the issue.

Our partners include Central and East Cheshire PCT, Congleton BC, Crewe BC, Chorley BC, South Ribble BC, and Macclesfield BC.

We hope to begin a project by **September 2007**. As a first stage, we have prepared this brief intelligence report on tackling teen binge drinking.

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What's the issue?

The concern driving this project is centred upon binge drinking amongst young people. Binge drinking is, increasingly, a global issue. For example, 55 million adults are estimated to drink at hazardous levels in the European Union (EU), with harmful and hazardous alcohol consumption a net cause of over seven percent of all ill-health and early death in the EU¹. Yet binge drinking is a particular problem in the UK. According to the Institute of Alcohol Studies (IAS), the UK are one of the top 'bingeing' nations in Western Europe, with adolescents in the UK the third worst binge drinkers in the EU² and 15-16 year olds at or near the top of the international league for binge drinking and drunkenness.³

Some have traced this to cultural factors unique to Britain⁴, whilst others suggest that the issue of binge drinking has created a 'moral panic'.⁵ What is certain is that the issue is exerting significant economic, social, cultural and health costs upon the UK. For example, in 2003 the cost of binge drinking was estimated as £20billion⁶, and in 2005 it was reported that 1 million admissions to UK A&E units were alcohol related. Yet high levels of alcohol intake have also been linked to a plethora of health related problems and risky behaviour such as brain damage⁷, alcohol poisoning⁸, rising blood pressure⁹, strokes¹⁰ and, especially among young people, unprotected sex¹¹.

Why the focus on youth groups?

Specifically we want to examine ways to tackle binge drinking amongst teen groups. In their analysis of the problem, Chorley BC revealed that there had been 289 separate youth referrals associated with alcohol consumption, and that two schools in particular have been affected. Youths have been caught in possession of rucksacks and carrier bags containing many cans of lager, bottles of vodka and cider. Police have been able to identify the youths due to reports of unruly behaviour and drunkenness.

Binge drinking by youngsters is a particular problem, with ample evidence supporting the focus upon this population. For example, one report revealed that 44 percent of young adults (18 to 24 year olds) are binge drinkers (i.e. they felt very drunk at least once a month), with this group more likely to binge drink than any other age group¹². There is also evidence linking binge drinking amongst young people (especially men) to crime and disorder.¹³

Yet, consistent with our own concerns, research has demonstrated the particular problem of binge drinking amongst those under the age of 18. For instance, one survey by the Joseph Rowntree Foundation found that 25 percent of 13 and 14 year-olds have participated in binge drinking, with this figure rising to over 50 percent for youngsters aged 15 and 16.¹⁴ Another highlights how alcohol consumption amongst 11-13 year olds has doubled and, despite campaigns such as Know Your Limits in 2006,

teenagers appear to be still drinking earlier and more heavily, with 20 children currently admitted daily to hospital due to excessive drinking.¹⁵ The North West appears to be particularly 'hard hit' by this specific problem. The number of children under the age of 15 who were admitted to hospital for alcohol related problems in 2004-5 was highest in Greater Manchester (238) and Cumbria and Lancashire (173).¹⁶

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Furthermore there is a particular problem with these younger groups who often drink outdoors and are unsupervised. This behaviour is associated with a higher level of risk, with youngsters often injuring themselves either through violence, intoxication or 'daring' and irrational behaviour. In contrast, albeit illegal, drinking by 16 and 17 year olds in pubs and clubs appears less harmful.¹⁷

Defining the problem

Any intervention designed to tackle binge drinking must first be aware of the lack of an agreed definition of what actually constitutes 'binge drinking'. There is no internationally agreed definition. In the UK, drinking surveys typically define binge drinkers as men consuming at least eight, and women at least six, standard units of alcohol in a single day, that is, double the maximum recommended 'safe limit' for men and women respectively. Yet this definition has been criticised as too broad, leading some to adopt a subjective rather than unit-based definition (i.e. drinking which results in the drinker feeling at least partially drunk).¹⁸ Commonly binge drinking is used to refer to 'heavy drinking over an evening or similar time span – sometimes also referred to as heavy episodic drinking' (though there remains no consensus as to what level of intake constitutes binge drinking).¹⁹

Why do they do it?

The consensus appears to be that youths perceive heavy drinking as a cultural norm. For example, in a recent study for the Home Office young people cited the following reasons for binge drinking: having fun, escaping everyday reality, increasing self-confidence and conforming to peer-group norms. Most drink with the intention of getting drunk and view the negative consequences (i.e. getting ill, losing memory, etc) as 'part of the fun'.²⁰ Yet depression and peer-influence also feature prominently in existing intelligence.

Existing approaches

For its part, national government has taken many actions to reduce alcohol related crime, including the use of fixed penalty notices (FPNs) and campaigns to discourage underage purchase. Several documents have also been issued, for example the Department of Health's (DOH) Models of Care for Alcohol Misusers (MoCAM), the Alcohol Needs Assessment Research Project (ANARP) and the Screening Research Programme. Through the White Paper, *Choosing Health* (2004), the government has sought to encourage and support sensible drinking 'because alcohol misuse is associated with deaths from stroke, cancer, liver disease, injury and suicide; because it places a burden on the NHS, particularly on Accident and Emergency departments; and because it is related to absenteeism, domestic and violent crime'.²¹ Yet the government's approach has also been criticised for focusing too much upon clamping down on unacceptable behaviour at the expense of examining the role of structured support and interventions for offenders.²² This has led numerous reports (below) to state the case for brief interventions.

The brief intervention

Often, approaches designed to tackle binge drinking are directed to the whole population. In contrast, brief interventions are designed to be implemented with individuals that have by some screening method been identified as being at risk and targeted.

A brief intervention can range from 5-10 minutes of information and advice given to an excessive drinker to 2-3 sessions of motivational interviewing or counselling. This type of intervention is typically targeted at people who drink excessively but who do not yet experience major problems as a result of their consumption (i.e. alcohol-dependent drinkers). The overall aim of the brief intervention is to convince the recipient that they are drinking at levels harmful to their health and to encourage them to reduce consumption to sensible limits in order to reduce the likelihood of health-related problems.²³ Target groups are identified through a 'screening tool' (i.e. referrals) and are often given by non-alcohol specialists such as GPs, primary care staff, hospital physicians, nurses, social workers, and probation officers.

There has been considerable interest in these types of intervention because they appear to demonstrate stronger effectiveness in behavioural change than other interventions and also perform better in cost-benefit analysis.²⁴ The 'brief' nature of the intervention also helps to mitigate non-completion of programmes.

Studies that have systematically reviewed brief interventions have produced broadly positive conclusions. For example, Hettema et al. (2005) reviewed 72 controlled trials of the use of motivational interviewing, a form of brief intervention, and found that the approach was effective and produced demonstrable change that was as great or greater than alternative treatments.²⁵ Similarly, Kaner et al. (2007) explain how the results from brief interventions in primary care are uniformly favourable to the effectiveness of brief interventions.²⁶ These authors concluded that 'brief interventions consistently produced reductions in alcohol consumption'. An earlier review of the literature similarly noted how 'significant reductions in alcohol use and/or related problems have been reported for brief drinking-focused interventions (versus no counselling) in seven of eight randomised trials in health care settings'. This result 'places brief counselling among the most strongly supported intervention modalities for alcohol problems, and certainly as the most cost-effective'.²⁷ Likewise others emphasise the positive outcomes of brief interventions in the realm of alcohol problems.²⁸

An example of a successful brief intervention trial is that undertaken by Wallace, Cutler and Hines in 1988. A total of 909 excessive drinkers were identified in 47 practices in Scotland and England and were randomly allocated into either a brief intervention or assessment only group (i.e. a 'control group' that did not receive an intervention). The intervention group were given a brief intervention which centred on assessment of alcohol consumption, advice

about the harmful effects and provision of an information booklet. After twelve months, the proportion of men with excessive alcohol consumption had fallen by 44 percent (compared to 26 percent in the control group). For women the corresponding fall was 48 percent (compared to 29 percent). Similarly in 1992 the World Health Organisation (WHO) carried out a worldwide trial. Of those given a brief intervention 63 percent reduced their drinking.²⁹

At the same time, there is also a strong rationale for using schools as a base for identifying young people who misuse alcohol. Many interventions have been applied 'opportunistically' to individuals seeking treatment for some other problem (e.g. attendance at hospital with alcohol related injuries or diseases). This method may not reach a significant number of young people who misuse alcohol.

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