

Consultation on Children, Young People and Alcohol:

Summary of Responses



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Introduction

- 1.1** Although fewer young people are now drinking alcohol, many of those who are tend to start at a younger age, drink larger quantities and more often. It is important to remember that most young people do not drink to excess or come to harm, but there is a significant minority who do and this is of great concern. Our review of the evidence has shown some worrying trends and a clearer picture of the risks that young people may be facing if they drink too much or too often. Most young people are unlikely to associate drinking with these risks and it is of concern that young people overwhelmingly associate alcohol with positive effects.
- 1.2** We know that the public is worried about the violence and anti-social behaviour that can be associated with young people drinking, as well as the damage caused to young people's health, education and safety. We also recognise that parents raise children, and that government does not. Parents and carers have told us that they do not want government to decide for them when or how their children are introduced to alcohol; however, they do want clear messages on what is safe and what is likely to cause harm.
- 1.3** Government is committed to taking a range of actions to reduce these harms, which is why under-18s were made a priority in the **National Alcohol Strategy**¹ and why we then published the **Youth Alcohol Action Plan**² to continue to take this forward.
- 1.4** As part of this commitment, we established an Expert Panel to review the latest available evidence on the impact of alcohol on children and young people, to help us develop our initial ideas for **Advice and Information** for parents and young people, and we asked the Chief Medical Officer (CMO) to produce **Guidance** on the consumption of alcohol by children and young people.
- 1.5** We also committed to delivering a **comprehensive communications campaign** about the risks of alcohol, building on this work and particularly targeting children and parents.

The consultation process

- 1.6** On 29 January 2009, Children, Schools and Families Secretary Ed Balls, Health Secretary, Alan Johnson, and the Chief Medical Officer, Sir Liam Donaldson, launched a three month

¹ HM Government (2007) *Safe. Sensible.Social. The next steps in the national Alcohol Strategy*

² Department for Children, School and Families, Department of Health and Home Office (2008) *Youth Alcohol Action Plan*

public consultation on Children, Young People and Alcohol. The consultation sought views from a range of people, notably those who can make the most difference such as parents, carers, children and young people themselves and groups such as teachers, health professionals, youth workers, peer educators and GPs. The consultation covered the content and tone of the **CMO Guidance** and of our initial supporting **Advice and Information to parents and young people**. It also asked how best to communicate these messages.

- 1.7 This England only consultation ran between 29 January 2009 and 23 April 2009. This document summarises the responses to 8 specific consultation questions. The consultation questions were as follows:

Consultation Question 1:

Do you understand the five key points from the Chief Medical Officer (CMO) Guidance?

Consultation Question 2:

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

Consultation Question 3:

Are the evidence messages clear and effective?

Consultation Question 4:

Are these advice messages useful and do they make sense?

Consultation Question 5:

Are the practical messages effective enough to put into practice? Are they clear and workable?

Consultation Question 6:

Who should be communicating these messages to parents and young people?

Consultation Question 7:

What existing campaigns should this campaign work with?

Consultation Question 8:

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

- 1.8 As part of this consultation, the following activities were used to engage the widest range of respondents, particularly young people:

A stakeholder engagement support pack containing questions and discussion materials to support stakeholders in carrying out their own discussions. A few discussions were held with parents, but the majority of participants were young people aged from 10 to 25 years old.

An online survey targeting young people and containing questions about their drinking habits and attitudes to alcohol.

Online forum discussions asking general questions about young people and alcohol. Two very general questions 'Who do you think should be giving information about alcohol to young people and why?' and 'What age do you think it's OK to start drinking and why?', were published by Dr Mark Hamilton at the Yahoo! Answers online forum.

Qualitative research into the parent-child dialogue about alcohol and sensible drinking. A research agency conducted a study into communication about sensible drinking within families. Focus groups were held with young people and parents, as well as visits to and in-depth interviews with different families.

Media partnerships with H Bauer and the Mirror Group were used to drive responses from parents and young people through targeted magazines and websites.

- 1.9 In addition to the activities conducted or commissioned by the Department for Children, Schools and Families (DCSF), one network organisation (NetMums) which also responded to the formal consultation initiated a survey among its members with questions about the CMO guidance.

Responses received

- 1.10 There was a good spread of responses from different sectors and organisations. The full list of respondents to the main consultation is in Annex A but the breakdown by organisation type was as follows:

Main consultation – this generated 659 responses broken down as follows:

Young person (aged 15 – 17)	132
Health professional/organisation	110
Individual	73
Voluntary sector organisation/charity	72
Local Authority/PCT	66
Children’s services professional/organisation	55
Parent or carer (of a young person aged 14 or under)	40
Youth worker/organisation	33
Other (Please state)*	30
Parent or carer (of a young person aged 15 – 17)	25
Young person (aged 14 or under)	23

**Those which fell into the ‘other’ category included: Colleges, Training organisations, Unions, Drinks companies, Schools, Police Service, Magistrate/Youth Justice Board, Parish Council, Children’s Home Manager and those who gave no indication.*

Stakeholder engagement support pack – This strand generated 137 responses, some of which were individual views or results from a class exercise requiring pairs of pupils to autonomously respond to the questions. Apart from schools a variety of community youth organisations participated in this strand; nearly all groups were composed of young people. The questions in the support pack focused on the communication of the message, with one question addressing the content of the guidance.

Online survey – Around 1,750 young people completed the survey at the Need2Know website; more than 3,000 at Sugarscape, the website of Sugar magazine; and over 20,000 at the Microsoft Networks (msn) website. The sample from the Need2Know website consists of young people from all English regions, with most aged between 14 and 18.

Online forum discussions – 104 people responded to the ‘Who do you think should be giving information about alcohol to young people and why?’ question, and 450 responses were received to the ‘What age do you think it’s OK to start drinking and why?’ question.

- 1.11 This document provides a summary of the responses received and outlines the next steps that we will take in response to the consultation exercise. It includes a detailed summary of responses to each consultation question plus a roundup of the main issues raised outside of these policy areas. Although this document focuses on the responses received through the main consultation, it is also supported by responses received by the other strands that ran in parallel where appropriate. The full set of responses across

all consultation activities will be used to inform our thinking and next steps.

1.12 We are very grateful to all those who responded to the consultation. Particular thanks go to those respondents providing thoughtful comments and detailed supporting information to illustrate their views and those partners and stakeholders who helped to arrange surveys, discussions or consultation sessions with groups of parents and young people.

Overview of the responses

Understanding the messages

- 2.1** The large majority of respondents (86%) agreed that the five key points from the Chief Medical Officer (CMO) were clear and that they understood them. They said that there was a need for guidance in this area and they welcomed the focus on parental responsibility, with many respondents believing this was the most important point. Some concern was raised around the language used, which was felt to be aimed more at health professionals.
- 2.2** Most respondents stated that the CMO guidance gave sufficient information to enable people to make an informed decision. However some respondents said that there was insufficient information on the dangers of binge drinking and that they wanted there to be more health information with hard hitting facts.
- 2.3** The evidence messages were seen as clear and effective by the majority of respondents. Respondents believed that the inclusion of case studies and statistics would be a useful addition to the content of the messages. Additional information such as the effect alcohol had on weight and skin or that drinking alcohol could affect performance at sport was seen as a possible means to provide information in a format that was

relevant to help young people rethink their alcohol consumption. The inclusion of information on helping young people to resist peer pressure was also suggested, as were tips such as eating before you went out and ensuring you could get home safely. Some respondents were concerned that some young people would simply take no notice.

- 2.4** Generally, respondents felt that the information should be shorter and simpler, but the majority felt that the messages were effective enough to be put into practice.

Communicating the messages

- 2.5** Numerous ideas were put forward regarding who should be delivering the messages to parents and young people. Many respondents believed that this should be a multi-agency approach and that everyone should take some responsibility for promoting safer drinking. Respondents suggested that campaigns such as 'Talk to Frank' could be used and that they were seen as effective. They also felt that they could be linked to other campaigns such as sexual health and healthy eating.
- 2.6** There were numerous suggestions on the most effective ways of communicating the messages to parents and young people.

Given the variety of suggestions by respondent in all the strands of this consultation, it is clear that a multifaceted approach may be required. However, generally respondents felt that any communication should make good use of technology to communicate with young people. TV, media and the internet, including social networking sites were amongst the most popular suggestions. Schools were also viewed as an important communication route.

Other issues

2.7 This consultation attracted comments about wider issues. Concerns were expressed that alcohol was both readily available and cheap, leading to young people being able to access it. It was noted that although the guidance was clear, drinking habits, including excessive drinking, is part of a wider culture and may be difficult to change. Respondents agreed that an emphasis on enjoying yourself without drinking alcohol was a good idea and that young people could simply say no to drinking alcohol.

The consultation responses

Guidance questions

Consultation Question 1:

Do you understand the five key points from the CMO guidance?

From the main consultation, there were 643 responses to this question:

Yes 555 (86%) No 30 (5%) Not Sure 57 (9%)

- 3.1** The majority of respondents understood the 5 key points from the Chief Medical Officer (CMO) guidance. Respondents recognised the need for guidance in this area and said that prior to the guidance, parents had to make difficult decisions about alcohol consumption for young people with little information to help them. They welcomed the tone and content of the guidance and believed that the messages were clear and easy to understand. The focus on parental or carer responsibility was also well received.
- 3.2** A small minority of respondents thought that the guidance documents needed to be rewritten to make them simpler or shorter, in a language better geared towards young people and in bullet point format. The main points needed to be clearer, emphasising the consequences of drinking alcohol at an early age. Some respondents also commented that the main message should not just be an alcohol free childhood but a childhood free

from the harmful affects of alcohol, referring to parents' own consumption. Only a small minority of respondents felt that the guidance itself should be aimed at and specifically written for young people.

- 3.3** The minority of respondents who answered 'NO' did so because they disagreed with the points.

On Point 1 of the CMO guidance:

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

- 3.4** Drinking alcohol as an adult can be hazardous to health. For this reason, some respondents felt that young people's consumption should always be below adult levels and preferably zero. For some respondents an alcohol free childhood was their favoured option stating that it was best if young people did not drink at all until age 18.
- 3.5** Those respondents who felt that this point was unrealistic in practice welcomed the second point which provided a useful reference for parents. However, there was concern that the guidance did not provide much practical advice on how parents could supervise their children's drinking or monitor

how much they drank. Conversely, there was also a concern amongst other respondents that this point could lead some young people and parents to believe that consuming alcohol when they were 15 was fine.

On Point 2 of the CMO guidance:

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

3.6 A number of respondents believed it was up to parents to decide when to introduce alcohol to their children. It was parents' responsibility to raise children and that the Government should not, therefore, decide when and how children were introduced to alcohol. They stated that alcohol consumption should be seen as part of a normal family life and introduced in a measured, supervised, and appropriate environment. It was suggested that this could be done in a gradual way, in small quantities, with food, when an individual child appeared ready to consume it and their parents are happy for them to do so.

3.7 Some respondents felt that there could be a danger that a very strict approach made alcohol a kind of 'taboo'. This in turn could make alcohol more appealing to young people and encourage them to ignore the guidance. It was also noted that because alcohol was an inherent part of many family and social interactions in this country, it might appear to young people that adults have double standards when they asked them to refrain from drinking whilst drinking themselves.

3.8 The approach of providing parental guidance and supervision over young people's drinking was welcomed, with some respondents noting that this was how they had introduced their own children to alcohol and that it had been successful. It was felt that introducing alcohol to young people gradually in the home was acceptable and was a good way of teaching young people respect for alcohol. However, concerns were voiced over how parents would be able to supervise young people who were approaching adulthood and the legal drinking age if they did not want to be supervised.

On Point 3 of the CMO guidance:

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

3.9 There were some concerns that the wording of this point could be seen as permission for young people to drink, suggesting drinking on only one day a week could encourage binge drinking. To that effect, it was felt that health issues need to be given a higher profile, with more and information on the dangers of drinking such as addiction, liver damage and the increased risk of becoming a victim of crime, or engaging in risky sexual activity. More information would need to be included on exactly what the adult limits for

men and women were. Some respondents felt that many people did not know what these limits are, and there was a danger that this approach would not work if it was advising young people not to exceed limits they were not aware of.

On Point 4 of the CMO guidance:

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

3.10 The responses received highlighted that having clear messages around the importance of parental guidance was critical and respondents recognised the importance of parental influence. Therefore, raising awareness of underage drinking should be key and parents should be encouraged to take responsibility for their children’s health. Respondents believed that parents should be encouraged to talk to their children about the potential dangers and consequences of drinking alcohol. However, there was concern that some parents would be unable to make the link between their own alcohol consumption and the influence that could have on their children’s own attitude to alcohol.

On Point 5 of the CMO guidance:

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

3.11 Young people can be affected by their parents’ own drinking habits and respondents felt that it was important that services were in place to provide help for

anyone affected either directly or indirectly by alcohol. Respondents asked that these were well advertised and accessible, suggesting that having services available in schools and colleges would be beneficial. It was noted that young people who did not drink themselves could be affected by their parents drinking habits and providing help for anyone affected either directly or indirectly by alcohol, was important.

On wider issues

3.12 A number of wider issues were raised such as the availability of alcohol, too many unchecked outlets, advertising, price and promotions, and changes in licensing laws. A few respondents also raised concerns over the lack of positive activities for young people.

3.13 With regards to the legal framework, a few respondents were concerned that there was no mention of the law relating to underage drinking and that some of the guidance could be seen as contradictory. Respondents noted that currently it was unlawful for adults to buy alcohol for young people yet the guidance advocates parents supervising young people drinking. Also it suggests young people drink under the supervision of their parents at age 15 yet does not allow them to legally drink in public houses, with a meal, until they are 16.

3.14 Some respondents stressed that a change in our drinking culture was needed and that young people should be educated to understand the risks and possible harms associated with drinking alcohol. Respondents said that a change to the way that alcohol was viewed by young people

was needed and that excessive use of alcohol should not be seen as either fun or socially acceptable.

Consultation Question 2:

Do you think the CMO guidance gives you enough information to enable you to make informed decisions?

From the main consultation, there were 591 responses to this question:

Yes 342 (58%) No 132 (22%) Not Sure 117 (20%)

- 3.15** It was felt that there should be an emphasis on the dangers of 'binge drinking' and drinking to get drunk, and that explicit emphasis on the physical, mental, emotional, and social consequences of drinking to excess, both in the short and longer term was needed. Respondents suggested hard hitting facts, as well as more information on responsible drinking, including the option for young people not to drink at all, and more information on how alcohol can affect schooling and the longer-term effects of leaving school with poor qualifications. A number of respondents requested more clarity on what exactly adult limits were and more information on what a 'unit' of alcohol was.
- 3.16** It was suggested that the guidance highlight the vulnerability of certain groups of young people, and that differences should be made between male and female physiology, i.e. size and weight made young women more vulnerable to the effects of alcohol than young men.
- 3.17** Some respondents wanted more information on help that was available for those young

people who had alcohol problems and said that support services would need funding to be effective.

Evidence messages

Consultation Question 3:

Are the evidence messages clear and effective?

The majority of respondents agreed that the evidence messages were clear and effective.

From the main consultation, there were 571 responses to this question:

Yes 336 (59%) No 121 (21%) Not Sure 114 (20%)

- 3.18** Case studies were considered helpful and it was felt that they should be used to add a real life element to the guidance and information that young people could relate to. It is clear from responses received from all the various strands of this consultation that there is a feeling that shock messages can resonate well with young people. Respondents felt that the guidelines needed to be stronger and more hard-hitting.
- 3.19** Further suggestions to illustrate and clarify the guidance included the inclusion of statistics, preferably in the form of pie charts and other graphical representations. Respondents said that statistics also provided evidence to those who were sceptical about health warnings and the dangers of young people drinking alcohol. Particular statistics suggested by respondents included the number of Accident and Emergency admissions amongst young people because of alcohol, and those relating to young people who were the victims of crime and teenage pregnancy after drinking too much.

3.20 Respondents welcomed advice and strategies aimed to help children to resist peer pressure and enhance their self-esteem. They also welcomed the idea that parents could make a difference to their child's behaviour.

3.21 A small number of respondents felt that although the messages were clear they would have a limited effect on the young people that they targeted. Guidance such as this was seen as worthy but it was felt that people do not always believe that it applies to them or to their children. Respondents also noted that in some cases those young people who did drink would continue to do so regardless of what messages they read or hear.

3.22 There was some concern that some young people may drink alcohol as a coping mechanism for underlying issues that were never diagnosed or treated. Some respondents felt that further research was needed into identifying what led young people to drink.

Advice messages

Consultation Question 4:

Are these advice messages useful and do they make sense?

From the main consultation, there were 567 responses to this question:
 Yes 305 (54%) No 125 (22%) Not Sure 137 (24%)

3.23 The majority of respondents agreed that the messages were useful and made sense. They believed that they were fair, informative, and easily understood. Respondents also

welcomed the inclusion of health issues and appreciated the way that they had been 'woven' into the consultation. This was also reflected in responses received from stakeholder-run discussions.

3.24 However, the messages were seen by some respondents as vague, unclear, or unrealistic. They raised the question of how parents could implement these guidelines without leading to a parent/child conflict. There was a worry that many young people would not seek guidance from their parents before drinking. Although the guidance suggested that 'there are better things to do than drinking, like sport, music hobbies or interests', it did not then go on to explain how to go about accessing these activities.

3.25 A number of respondents raised the issue of what seemed to be mixed messages and advice conflicting with the existing legal framework. For example, should young people aged 15 drink at all? Respondents commented that the guidance advocated an alcohol free childhood but went on to say that if young people do drink, it should not be until after age 15. It was felt that this could give people the impression that it was okay for young people to drink from the age of 15, undermining the wider message about drinking before 18. Some respondents noted that if it was illegal to purchase alcohol for young people how could it then be legal for parents and guardians to give alcohol to children?

3.26 Considering how social and cultural issues affect young people's views of alcohol is important. Respondents said that family influence was key and agreed that children

often learned drinking behaviours from their parents. To support a sensitive drinking approach, respondents felt that there should be more information available to help inform parents and help them engage with young people. Information on resisting peer pressure was welcomed.

3.27 The confusion around units of alcohol was again highlighted here and some respondents felt that young people would not identify with 'units' messages. It was also noted that while the diagram indicating numbers of units in different drinks was useful to adults, many young people shared alcohol from bottles and cans, making it difficult to judge how much they were drinking. The diagram was therefore felt to be of limited use in those circumstances. They also commented that the poster outlining the alcohol units was too small in all guidance documents. It was suggested that it would be beneficial if there was additional labelling on bottles and cans to indicate the potential harm of alcohol, in the same way as is currently set out on cigarette packets.

3.28 A small number of respondents were concerned that the messages would not get to the hard to reach groups and said that the route of delivery for the messages would have a huge impact on the number of families reached.

Practical messages

Consultation Question 5:

Are the practical messages effective enough to put into practice? Are they clear and workable?

From the main consultation, there were 541 responses to this question:

Yes 261 (48%) No 123 (23%) Not Sure 157 (29%)

3.29 Most respondents believed that the advice was good and that the messages were effective enough to be put into practice, that the practical messages were helpful and useful for all ages. They particularly welcomed the practical tips for young people such as eating before you go out, alternating alcohol with soft drinks and having enough money to get home. They agreed that an emphasis on the message that you could enjoy yourself without alcohol was important and that young people could simply say no to alcohol.

3.30 However, a few respondents believed that, for the messages to be effective, there would need to be a culture change which these guidelines alone would not achieve. There were some concerns that the messages would mainly work with mature, responsible teenagers, those who did not already drink problematically, and that the language used might not reach some groups. They said there needed to be something to break the 'Friday night is for getting hammered' culture and that positive activities needed to be available.

3.31 Analysis of the outcomes of discussions run by stakeholders indicated that advice to young people on how to keep safe was welcomed by many, but for the remaining sections there was not a clear picture of what young people found most effective or engaging, with many groups giving conflicting views.

Who should communicate these messages?

Consultation Question 6:

Who should be communicating these messages to parents and young people? (The Government? The NHS? Local public organisations? Local community groups?)

From the main consultation, there were 578 responses to this question:

- Other 251 (43%)
- Government 110 (19%)
- NHS 112 (19%)
- Local Community Groups 68 (12%)
- Local Public Organisations 37 (6%)

- 3.32** Over half of respondents felt that a multi-agency approach would be necessary given the size of the task and also because everyone should take some responsibility for getting the message across to young people. Many respondents believed that a cross-government approach that linked all professionals working with children and enabled everyone to receive the same message would be effective. It was felt that government had a key role to play and had the levers available to make a difference, such as changes to licensing laws and the price and taxation of alcohol, and the resources necessary to reduce alcohol consumption amongst young people.
- 3.33** Many respondents believed that the NHS was best placed to deliver safer drinking messages to parents and young people. The NHS was seen as a trustworthy organisation and it was felt that health messages sent by the NHS may be better received by parents and young people.
- 3.34** A number of respondents felt that messages from local community groups would resonate better with young people. It was felt that these groups would have a better understanding of the local audience and would be seen as less 'official' than government, with a friendlier open approach which could have a much greater impact with young people. Children's centres and schools (as part of PSHE education) were also seen as good places to deliver messages. Through the Need2Know survey, more than half of respondents said that schools and colleges were best placed to deliver advice about sensible drinking to young people. The use of public places, such as libraries or point of sale, should also be considered. Charities and voluntary or youth organisations were also suggested. They were again seen as less connected to government and possibly more trusted.
- 3.35** Through discussions ran by stakeholders, a wide range of organisations and/or people were proposed. The most common suggestions were; parents, friends, health professionals, youth workers, Connexions' Advisors, school and people who had themselves been affected by alcohol. Although many respondents supported parents and teachers talking to young people, a few groups did not think this would be appropriate, particularly where young people did not have a strong relationship with them.
- 3.36** It is clear from all of the strands of this consultation that there is a broad range of opinion on who is best placed to deliver these messages. The most appropriate group was felt to depend on a number of factors,

such as young person's age, whether they are looking for one-to-one support or general advice, and who they find most credible and easy to talk to. Respondents consistently felt that consistent information needs to be provided to young people and parents by a combination of different groups.

Consultation Question 7:

What existing campaigns should this campaign work with?

From the main consultation, there were 207 responses to this question.

3.37 A large majority of respondents suggested that TV adverts such as the *'Frank'* campaign would work well as they were popular with young people. The 'superhero' TV advert (part of the Know Your Limits campaign) was also mentioned a number of times: it was felt to be an effective visual representation of the damage alcohol could cause. Respondents also said that the Know Your Limits anti-binge drinking campaign *'you would not start a night like this so why end it that way?'* had a big impact on young people. The approach taken by the Department of Health anti-smoking adverts that highlighted parental responsibility such as *'I'm not scared of Becky Taylor I'm scared my mum will die from smoking'* was also felt appropriate for both parents and young people.

3.38 Respondents felt it was important to link to work on alcohol to other campaigns. Specific examples referred to were: THINK! Drink Driving, existing sexual health and teenage pregnancy campaigns; healthy eating; Change 4 Life, Bottoms Up posters. It was felt that messages about alcohol could be

integrated into all campaigns aimed at young people's health, wellbeing and behaviour, and that campaigns needed to be sustained over a long period of time because reducing alcohol consumption required a major culture change in society.

Ways and means

Consultation Question 8:

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

From the main consultation, there were 401 responses to this question.

3.39 Although parents, teachers and friends were recommended by many, they did not receive outright support. Half of respondents believed that the most effective way of communicating messages to young people and parents was via TV adverts, TV programmes and radio. Suggested programmes included *Hollyoaks*, the traditional 'soaps', reality TV shows such as *Big Brother* and Saturday morning TV. Respondents also suggested cinema advertisement for both a 'captive audience' of parents and young people, tailoring the strength the message according to the film classification.

3.40 Most respondents felt that schools would be an ideal place to communicate with young people. This was supported by responses from stakeholder-run discussions who also felt that the issue should be discussed at an early age. Respondents suggested that there should be a national approach to alcohol education in schools and that alcohol misuse

was not currently given sufficient priority. Respondents also said that schools were a good place for young people to pick up leaflets or read posters and if available to speak to a school nurse. There was concern however that many young people who did misuse alcohol also had a poor school attendance record and that there needed to be similar information available from educational welfare and youth support services.

- Talks by people who have had problems with alcohol misuse in the past.
- Text messages by mobile phones, giving direct information or a link where to find additional information.
- Information in supermarkets and off-licences as this would reach both parents and young people who were able to purchase alcohol before the age of 18.

3.41 Making effective use of technology was generally felt to be important for any campaign. The internet and the use of viral advertising on social networking sites was seen as an effective means by which the messages could be communicated. It was felt that this would enable young people to look at information in their own time and would provide an alternative to those young people who feel unable to talk to their parents, GP or other adult.

3.43 Few respondents took the opportunity to say when would be the best time to get the messages across, but the following suggestions were made:

39 (10%) Christmas and New Year
 25 (6%) Summer time
 24 (6%) Prior to and during school holidays
 12 (3%) all the time

3.42 A number of respondents also suggested:

- Leaflets and posters which could be available and on display at GP surgeries, hospitals and other health settings.
- Advice from youth organisations such as youth clubs, drop-in centres and other informal group meetings.
- Roadside billboards and outdoor advertising
- Magazines and newspapers – these would reach both parents and young people.

Next steps

- 4.1** We have noted carefully all the responses to the main consultation and to the other activities which were used to engage the widest range of respondents, and we are grateful to all those who took the time to give us their views. The comments made give us some valuable points about the tone, content and best way to communicate these messages. All of these responses will help with the development of the broader communications campaign that was committed to in the Youth Alcohol Action Plan.
- 4.2** We want to give all parents the best possible support we can and give them the confidence to set boundaries and help them engage with their children about drinking and the risks associated with it. We want to help children to make sensible decisions that protect their health and well-being. Ultimately, we want to bring about positive changes in behaviour that will reduce the health and social harms linked to alcohol.
- 4.3** One of the key aims set out in the Youth Alcohol Action Plan is to develop a national consensus on young people and alcohol. This requires a sound base of medical evidence and guidance. We welcome the overwhelming support from respondents to the CMO's guidance. The results of the consultation have shown that the five key points were understood and felt to be effective and clear and these **five key points will remain unchanged**.
- 4.4** The CMO will consider the wider responses to this consultation, including considering the role of case studies to give context to the evidence shown, and plans to publish the final *Guidance on the Consumption of Alcohol by Children and Young People*, in the autumn of 2009. This document reviews extensive scientific literature and provides background research to a major public health issue. The full guidance was aimed at professionals and, while it is welcomed that so many parents and young people found the document accessible, the final version will still primarily be intended for use by health professionals.
- 4.5** The DCSF-led communications campaign will therefore be the main focus of communication directly with parents and young people. This campaign will build on the CMO's five key points and deliver the **advice, information and support** around alcohol that parents and young people have requested. It will be developed in light of the responses to this consultation, particularly thoughts on the most effective way to deliver these messages, as well as the wider research on changing young people's behaviour around alcohol.

- 4.6** Given the broad support for the **role of parents** the campaign will include a particular focus on supporting them to discuss alcohol with their children. We will work closely with parenting groups and organisations to ensure this element of the campaign is effective.
- 4.7** A number of respondents felt that the guidance seemed to contradict what the law says. The law is not to be seen in isolation. Any guidance provided will help young people live within the law and make choices about their health, wellbeing and lifestyle. We will ensure that the apparent contradictions are made clear in future campaign activity.
- 4.8** A number of respondents felt that the messages should be delivered in **schools**, particularly through Personal, Social, Health and Economic (**PSHE**) **education**. We believe that good quality drug and alcohol education is important in helping to ensure that young people are equipped with the information they need to make informed, healthy decisions and in order to keep them safe. It is vital in preventing the harms that drugs and alcohol can cause.
- 4.9** Currently, alcohol education is delivered alongside drug education as part of the science curriculum and as part of PSHE. Government has already announced its intention to make PSHE statutory, and this will include Drug and Alcohol education. We are currently consulting on proposals as to how this might be achieved. We will also be publishing for consultation revised **drug and alcohol guidance for schools** this autumn. This will include a much greater emphasis on alcohol, enabling schools to address the issue effectively, and linking this to wider support agencies where appropriate.
- 4.10** Some respondents raised concerns about alcohol and **anti-social behaviour**. This may be a particular problem during the summer. That is why, building on the momentum already achieved through implementation of the Youth Crime Action Plan, specifically Operation StaySafe and Street Based Teams, as well as the success of previous enforcement drives, the Youth Taskforce is offering up to £1.4 million split across the 69 Youth Crime Action Plan intensive areas to co-ordinate activity over this year's summer holidays to tackle alcohol related behaviour. We will use the learning from this activity to strengthen the links between enforcement, support and treatment services across the country.
- 4.11** A number of respondents raised a lack of **positive activities** as a reason for young people to drink. The government has invested heavily in positive activities and the Open Drive initiative will help to ensure facilities are open on Friday and Saturday nights when problems linked to alcohol may be most acute. We will also continue to work with our colleagues in the Home Office, through neighbourhood policing teams, by looking at when youth facilities are available and how empowered young people feel to influence what is available.
- 4.12** During this consultation, a number of issues related to the wider agenda were raised. We are grateful to those respondents who commented on these important issues and

we have shared the relevant responses with other governments departments.

4.13 On very cheap alcohol, we have not ruled out taking action. However, any action we take must be appropriate, fair and effective, and our decisions will need to take into account the wider economic impact. It would clearly not be right to penalise the majority of responsible drinkers.

4.14 We recognise that there is a clear link between binge drinking and crime. Ending those irresponsible practices that lead to such excessive drinking is important to further reduce alcohol-related crime and disorder, make our communities safer and our town centres much more pleasant places to be. To that effect, some respondents asked that we take further action with the alcohol industry. We are currently legislating for a new, **mandatory code of practice for alcohol retailers** which is currently out for consultation (13 May to 5 August 2009) and includes:

- mandatory licensing conditions that could apply to all licensed premises;
- discretionary local licensing conditions that can be applied to groups of two or more premises in any local area that have been clearly linked to alcohol-related nuisance or disorder;
- a requirement to display alcohol unit content and health related information; and

- statutory guidance to support the conditions and requirements, maximising the positive impact of the code.

4.15 The proposed code will only target those businesses, small or large, who do not behave responsibly.

4.16 In addition to supporting priority areas with further funding to tackle alcohol-related disorder, we are introducing measures in the Policing and Crime Bill to change the offence of persistently selling alcohol to children from 3 strikes within 3 months, to 2 strikes within 3 months. This is designed to further reduce the illegal sales of alcohol to children by increasing the likelihood of prosecution if caught.

4.17 A number of respondents also raised concerns about the impact advertising had on young people. The Committee on Advertising Practice and Broadcast Committee on Advertising Practice have recently reviewed the advertising codes, taking account of the findings of Sheffield University's review of the effects of alcohol price and promotion. They propose that changes are not justified at present, but have publicly consulted on this position.



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