“REVEALING “ALCOHOL NARRATIVES”

A QUALITATIVE STUDY OF YOUNG PEOPLE’S RELATIONSHIPS WITH ALCOHOL

IN COUNTY DURHAM & DARLINGTON

Dr Andrew Russell
Dr Sue Lewis
Dr Mathilde Matthijsse
Dr Kim Masson

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PREFACE

This report is being launched during Alcohol Awareness Week 2011. The research on which it is based was commissioned by County Durham and Darlington PCT out of concern about recent cases of extreme drinking behaviour amongst our young people. As providers of public health services we were alarmed about the current and future health implications of this behaviour for young people in our region. We knew then and continue to recognise that the majority of young people do not drink. However those that do are tending to drink more and we will use the findings from this report to inform local approaches to engage better with young people from both a prevention and treatment perspective. This research was supported by a steering committee which guided the work through to its conclusion and shared valuable information and discussions along the way. I am grateful to the group for its hard work and to Drs Andrew Russell and Sue Lewis and their research associates for undertaking it.

Claire Sullivan

Consultant in Public Health
Public Health Team County Durham and Darlington
NHS County Durham and NHS Darlington
Appleton House
Lanchester Road
Durham
DH1 5XZ

"Revealing Alcohol Narratives" Executive Summary

This grounded, ethnographic study aimed to reveal the "alcohol narratives" of members of a complex, risk-taking youth "sub-culture", in order to inform PCT objectives in tackling adolescents' use and misuse of alcohol. A number of focus groups, and one-to-one and small group interviews were undertaken with young people aged 18 and under, across the area covered by NHS Co Durham and Darlington. Participants were all self-selecting volunteers attending various agencies across the region. To safeguard confidentiality, we are unable to reveal specific sites, but organisations included schools, youth centres, and youth-focused drug and alcohol advice units. Focus groups and group interviews were both mixed- and single-gender, depending on participants' preference.

Key Messages

Language

The language used to promote health and reduce risky behaviour needs to be relevant to young people. The research has revealed that young people divide drinking into two clear categories – it is either "good" or "bad".

- Good drinking is that which happens on special occasions, or where 'knowing your limits' or 'being responsible' is adhered to.
- Bad drinking disrupts friendships and social relationships, causes violence, or leads to risky sexual behaviour and possible pregnancy.
- However, presenting oneself as a "good" drinker – knowing of what that consists – can mask actual "bad" drinking behaviour.

What constitutes limits or responsibility may not equate with adults', practitioners' or policy-makers' definitions, but they are frames of reference that are meaningful to young people.

Collaboration over Prevention

Young people take risks as part of their transition from childhood to adulthood. The risks they take vary by degree. Collaborating with young people to develop ways of supporting them through this time, and advising them on responsible drinking at all ages – that is, preparing them for adulthood rather than preventing what might be considered part of the normal process of 'growing up' – is likely to be beneficial.

Context

Support for Parents/Guardians

Although this research project did not work directly with parents, there are indications from the young people's narratives that parents/guardians need additional support in

communicating with young people about alcohol. Parents' lack of clarity on such issues as whether or not to provide alcohol at home and to what level is resulting in mixed messages for young people.

ANALYSIS

Two levels of analysis have been conducted. The first is a 'thematic ethnography'. We suggest that the themes and quotes presented within the ethnographic report would prove useful as prompts for intervention work with young people.

THEMES FROM FIRST-LEVEL (ETHNOGRAPHIC) ANALYSIS

DANGERS AND STAYING SAFE

- Knowing the dangers to health is not a deterrent. In part, this is because the impact on health is not immediately apparent.
- Participants commonly associated alcohol consumption with fights and arguments: for example, one young man reported being violent with his mother because of alcohol.
- Young girls expressed concern about being raped when drunk, or losing inhibitions leading to sexual relations.
- Alcohol provided a wealth of fun stories to share with friends, but there was a danger than too much alcohol could lead to the loss of friendships.
- Most girls depended on friends for safety/support. They stay together, and keep mobiles turned on and at hand when out drinking.
- Drinking locations are considered either more or less safe; for example, clubs were seen as less safe, because of the danger of spiking.
- Boys seemed far less concerned about their own or others' personal safety.
- Drinking less, or drinking something 'known' to have a lesser effect, was seen by some as a way of staying safe. However, these rules were not always adhered to.

WHY

- Alcohol is perceived to be ubiquitous in social settings, of both peers and adults. Young people therefore expect – and believe they are expected – to take part in alcohol consumption.
- From watching peers and adults, young people conclude that alcohol consumption is directly related to having fun. Indeed, many think that having fun is impossible without alcohol.
- Alcohol is also used by young people as 'medicine', to increase confidence, forget worries, dispel boredom, relieve stress and help them sleep.

WHY NOT

- The impact of alcohol on appearance (spots, weight gain) was considered an

important reason not to drink, or control consumption.

- Getting into 'a proper state' was generally viewed negatively.
- Excess drinking was a risk to friendship, or meant that you were not able to 'look out for' your friends.

JUSTIFYING BEHAVIOUR

- Young people frequently started responses with 'I know this sounds bad…', revealing awareness of the potential for health and social harm.
- They often discounted the potential for harm by saying that they only drank weekends, the same as their peers, etc.
- They insisted that they make sure their alcohol consumption does not harm others but, if something went wrong, that it was down to the particular drink (or switching drinks); for example, 'it was the Jack Daniels that did that'.

DRINKING PATTERNS & LIMITS

- Drinking patterns were believed to change with age, though not always in the same direction. Whilst many said they had started to drink less as they got older (especially at 18+), others thought they would increase their consumption as they got older. There may be a difference here between an anticipatory 'social norm' (pre-18s believing they will drink more as they get older) and the actual post-18 experience.
- Whilst there were cases of extreme drinking (a 15 year old drinking every night, an 18 year old reporting 3 or 4 day drinking binges with friends), a significant majority don't drink often (once a month, special occasions) and, when they do, they feel that they know when to stop.
- Whilst most young people think they need to limit their drinking, others admit that they don't feel this need – or don't know how to control their drinking.
- Knowledge on 'limits' differed markedly. Some felt that 'older people can drink more', although a more informed view ('everyone has a different limit') was also present.
- Friends look after one another by knowing the signs that limits are being reached, and will warn each other.
- They believed that having a steady personal relationship alters relationships with alcohol: 'if you settled down with a girl, that would stop you from drinking.'

HEALTH PROMOTION, POLICY & ENFORCEMENT

- On the whole, young people didn't think it possible (or desirable) to stop young people from drinking.
- Most felt that health promotion messages and government guidelines were not effective in changing behaviour.
- Some underage young people reported being able to get alcohol in bars or shops, by

using fake ID or by making themselves look older. For some, this was another source of 'fun' and excitement.

- Most did not feel that they were influenced by media and advertising.
- Action by enforcement agencies was variously reported and interpreted. In one area, police were reported to leave young drinkers alone as long as they didn't get too bad and tidied up. In other areas, alcohol was confiscated, which caused resentment (loss of something they had saved for/that was 'legitimately' theirs)

PARENTS

- Young people's drinking behaviour was influenced by their parents in different ways. However, there were clear indications that (in common with comparative research) children of drinking or permissive parents tended to drink more than those whose parents allowed a small, controlled amount of drinking at home and controlled their own drinking. It is witnessing adults'/parent's behaviour around alcohol that makes young people curious.
- Where parental control appears not to be effective, reasons may go beyond drinking/lifestyle issues: ''I thought, you're talking shite … you don't know anything about my life'.
- Some young people are worried about their parents' alcohol use, but this was also justified as 'under control' or 'their choice'.
- It was also clear from young people's narratives that parents are not sure how to change or influence their children's behaviour. In one case, a young girl's refusal to drink at home was interpreted by her parents as an indication that she must be drinking outside the home, when she was not drinking at all.

THE UNSPOKEN NARRATIVE

- There is a sense that, if it were not alcohol, it might be something 'worse' (e.g. drugs). At least alcohol is a 'fun' friend.
- Parents can't be blamed, parents' actions are rational (giving them alcohol, or chastising them for drinking), their own relationship with alcohol is 'normal', they'll sort it out as they get older, they know how to control it, even if they drink a lot they still know their limits.
- They start because they don't want to be "left out", and they want to experience the confidence that alcohol gives them. But they know it leaves them vulnerable: several mentioned drinking at home now, instead of in the park (or having to walk home from the park, drunk). At home, there's always someone to look after them. Or they're scared of what they'll do next time they're drunk – but they can't work out how to avoid that situation.

THEMES FROM SECOND LEVEL ANALYSIS

The second level of analysis takes a more conceptual approach. An initial set of concepts is presented here. A detailed report with recommendations, and a paper for publication, will be produced after the discussions at the workshop have been integrated with the findings.

RELATIONSHIPS

- Alcohol is a mediator of relationships (with friends), a friend in itself (as 'medicine' or as an active 'agent' in its own right), or a disrupter of relationships. Recent social theory points to the role of alcohol as an 'actor' within social networks; part of a complex web of relationships that must be understood as a whole (Demant, 2009: *When Alcohol Acts*), particularly if changes are to be made.
- Whether the young person expresses a communal or a singular relationship with alcohol may be an indicator of the level of future behavioural risk around drinking (with singular relationships indicating higher risk). Further, expressions by an individual of perceived 'maturity' in relation to handling alcohol may indicate enhanced risk.

RISK

- Awareness of health risks exists, but is discounted; such risks are not immediate, or personal risk is minimised because levels of consumption are deemed reasonable or at the same level as peers (i.e. it is 'normal').
- The risk to social standing of not drinking is more immediate, and therefore more salient.
- However, disruptions or risks to friendships and social standing may also be indicated by exceeding one's 'limit' and being ill in public.

GENDER

- There is a significant difference between male and female relationships with alcohol. Demant (see above) has situated alcohol as an actor within girls' 'romantic' networks. It is possible that, for boys, alcohol is situated in networks of emergent masculinity, and these different roles may go some way to explain the gendered attitudes, perceptions and beliefs about alcohol.

LESSONS/THEMES FOR DISCUSSION AND INTERVENTION

- What is alcohol? (What is it? How does it work? Can it really change behaviour, or does it enhance what is already within a person? Is the alcohol in Jack Daniels really any different to the alcohol in WKD?)
- Effect of alcohol use on relationships and friendships
- Effect of their alcohol-influenced behaviour on younger children: is it something they should witness?
- Effect of alcohol on appearance

INTRODUCTION

> [W]e should remember that it is not just alcoholic parents who damage their children. While, of course, it is right that parents should introduce their children to alcohol, it is worrying that a third of 13-16 year olds who drink regularly obtain their alcohol from parents, and a quarter from other adults and older siblings. No wonder children are cynical about the double standards of their elders; by setting bad examples, we are all guilty of abusing our children (Paton, 1999).

An important point to bear in mind as one reads this report is that it is NOT illegal for a person under 18 to drink alcohol at home, or at a friend's house. How the young people acquire that alcohol may or may not be a legal concern: for example, it is within the law for parents to choose to give young people some of their own alcohol when at home, but laws may have been broken if the young person has purchased the alcohol themselves, or had it purchased for them. The same does not apply outside "the home". To quote from the DirectGov website, 'some towns have alcohol-free zones where nobody can drink in public. Even where these aren't in place the police can take away alcohol or move young people on if they have been drinking. They could even be fined or arrested.'[1] We would suggest that the ambiguity contained in these admittedly summarised points is reflected in the narratives of the young people that follow in this report.

This project to which this report relates was conducted in response to concern expressed by NHS County Durham and NHS Darlington over reports about significant problems with alcohol use and abuse among young people under 18 years of age (or what might in certain settings be considered below the "legal drinking age"). For example, at the time of the project's commissioning, Darlington and Wear Valley hospital admissions of under-15s for alcohol misuse were among the highest in the country. Reports from the north of the PCT area also indicated that underage users of alcohol were employing dangerous methods to achieve intoxication and that they were obtaining alcohol from illicit sources. Risks to current and future health of this kind of behaviour are obviously high, and the impact on other areas of public health concern (e.g. sexual health) is substantial. Alcohol is also a significant factor in young people's encounters with legal services.

Commissioners felt that they were not sufficiently well informed about the beliefs and behaviours of this target group to be able to design appropriate and effective preventive and rehabilitative interventions. This ethnographic research project aimed to reveal what we

[1] http://www.direct.gov.uk/en/parents/yourchildshealthandsafety/worriedabout/dg_10026211

have termed the “alcohol narratives” of members of this complex, risk-taking ‘sub-culture’, in order to inform PCT objectives in this area.

The inductive, ethnographic approach used on this research project prioritises the concerns of research participants. These may or may not be the same as those who commission or conduct the research but they are essential to understand if appropriate and effective interventions are to be designed that are sustainable for the target group. However, key research questions guided engagement with our participants:

- Use: Where and how do they use alcohol, and why?
- Effects and risk: How do they explain their alcohol use to themselves and others? How do they interpret its effects on themselves and others? Do they understand it as risk-taking behaviour? If so, how do they explain the risk to themselves? What is their understanding of the risk to health? What is the effect on, and risk to, family life and relationships? What are parents’, siblings’ and other family members’ roles and responses in relation to the child’s alcohol use and associated behaviour?
- Media and messages: What messages and messengers might work to change young people’s understandings and behaviours? Similarly, what messages and messengers would have helped them avoid alcohol use?

The research was also orientated toward themes that other published data indicate may be relevant, such as gender and alcohol’s relationship to sexual behaviour. Statistics on alcohol-related hospital admissions for under-age drinkers suggest there is a gendered aspect to alcohol (mis)use: was this reflected in our participant’s narratives and, if so, how? Research conducted elsewhere suggests either that (a) alcohol is used by young people to increase sexual confidence or that (b) they make no direct link between intoxication and risky sexual behaviour (Bell 2009, Redgrave and Limmer 2005). Did our participants link drinking to sexual behaviour and, if so, how?

Young people’s drinking should be considered as a socially contextualised issue. The literature review that follows this introduction outlines literature on the importance of the relationship between parent and child as a predictor of alcohol use and misuse. However, young people are also situated within socio-cultural milieu with ‘norms’ of behaviour that have an impact on their perceptions, attitudes and behaviour. The North East region has one of the highest levels of alcohol consumption in the country. Balance, the region’s Alcohol

Office, recently conducted the *Big Drink Debate* to gain greater insight into alcohol-related attitudes. Key findings include:

- Overall, 87% of the North East population drink alcohol
- Drinking 2-3 times a week is most typical amongst North East drinkers
- The tendency to drink is higher at weekends, as is level of unit consumption
- 3 in 10 have binge drunk weekly in the last six months
- North East residents typically drink alcohol at home (1 in 2) or in bars, clubs and pubs (1 in 3)
- North East residents purchase alcohol most often in supermarkets, followed by bars, clubs and pubs
- The main motivations to drink alcohol are to relax, unwind and socialise although 25% drink to forget worries or concerns and 20% do so to get drunk
- 2 in 3 North East drinkers feel that driving a car would reduce the amount of alcohol they consume
- 1 in 3 of drinkers have been in a risky situation due to drinking too much
- Family, friends and GPs are preferred sources of help for alcohol problems
- Negative effects of alcohol on health is the main personal concern by those who drink alcohol, followed by the effects it has on weight and also the cost
- Underage drinking, violence caused by alcohol and people being drunk and rowdy in public are the leading social issues
- Of the scenarios tested, a man driving after drinking two pints of lager/beer was the least accepted behaviour, with over 80% reporting it as unacceptable

(Extracted from a Research Digest, written by Professor Eileen Kaner of Newcastle University, for a regional seminar series (2010))

The literature review is followed by an ethnographic summary, which provides a thematic précis of the data generated by the study. It should be considered as a 'first-step' analysis, and provides anonymous quotes that could be used during intervention activities with young people, to provoke discussion. A 'second-step' or higher-level analysis follows, which seeks to highlight concepts that might be used to guide strategic input.

LITERATURE REVIEW

The literature review was conducted early on in the research process and continued iteratively as our research progressed. We appeared to be in something of a 'moral panic' with statements such as that in the Government's Alcohol Strategy (HM Government, 2007:61) that "Young people are drinking alcohol at a younger age and those who do so are drinking in greater quantities than ever before. This claim was addressed by authors such as Measham (2008), comparative studies from across Europe (Järvinen M, Room R. 2007) and a slew of research commissioned by the Joseph Rowntree Foundation (Velleman 2009; Eadie et al 2010; Valentine et al 2010; Seamen and Ikegwuonu 2010; Sondhi and Turner 2011; Percy et al 2011), and *Alcohol Nation,* an influential new book by Sigman (2011), all of which were published during the course of our study. Given the volume of research being produced, we decided to focus particularly on links between parental alcohol-related attitudes and behaviour and adolescents' use/misuse of alcohol. Chalder et al state '[a]n early study by Kandel et al. (1978) found that 82% of drinking parents raised offspring who also drank and that 72% of families who abstained from drinking alcohol had children who also abstained. Similarly, Kushner and Sher (1993) compared the children of parents with alcohol problems with those without such problems and found the former were twice as likely as other children to show symptoms of an alcohol use disorder (2005: 107). The purpose of this review is to provide more up-to-date insights into this important aspect of young people's relationship with alcohol.

The research design gave young people the option whether or not their parents or guardians could be interviewed by the researcher. No young participant took this route, and no conclusions could or should be drawn from this. However, the young people's narratives do give interesting insights into what might be termed their 'alcohol-mediated relationships' with their parents/guardians. This review is included in the report to support the reading and interpretation of the narratives reproduced below.

SOURCES AND SEARCH CRITERIA

The core search criteria for this quick review consisted of the following string, with variations where database search fields did not facilitate a complex search or returned too many results. Dates were generally restricted to 2000-present.

"young people" AND (alcohol OR drinking) AND (parents OR parental) AND treatment"

A brief search of PubMed returned many thousands of hits and so a purposive search was conducted instead. This report is based on searches of the BMJ's multiple journals option (n=352), with "review" added to the search string, the journal Addiction (n=155), and the journal Alcohol and Alcoholism (n=151), together with a quick search of highest match returns from Google Scholar. Additional articles mentioned in the selected papers and appearing to have particular relevance to this review were also accessed and included in the analysis (Malone et al, 2002; Scholte et al, 2007).

The searches described above have been supplemented with relevant literature included in the general review which informs the "Alcohol Narratives" project.

METHODS

Abstracts were downloaded for papers that indicated links between parental and youth behaviour, and/or longitudinal research. Abstracts were read for relevance to the review question and, from these, 19 papers were selected for review. Sixteen of these were successfully downloaded. Of the three that were not downloaded, one is a large systematic review (extracts of which will appear in this report), one was rejected as not applicable upon further inspection, and one was unavailable.

EXPECTANCY THEORY

Some of the papers used 'alcohol expectancy theory' to explain their findings. The theory can be defined thus:

> 'Within this theoretical framework, individuals' expectations about the behavioral, affective, and cognitive effects of alcohol (alcohol outcome expectancies, or AOEs) are considered to be critical determinants of differential consumption patterns. That is, as a result of indirect (i.e., modelling behaviors of parents and peers, alcohol use depicted in the media, etc.) and direct drinking experiences, individuals are thought to acquire specific AOEs that proximally influence behavioural decision-making concerning the use of alcohol […]' (Wall et al, 2003).

FINDINGS: THEMES

A thematic approach was used to highlight the main connections between parental and adolescent drinking behaviour. The results are presented as broadly summative quotes taken from the (mainly discussion sections of) relevant articles.

- **CONTEXTUAL FACTORS**

  Kenny et al – [Australia, n=777 young offenders] "Our initial analysis revealed that contextual factors were more predictive of high-risk drinking in young offenders than individual factors […] A large body of research shows that young people who live in intact families and who are adequately monitored and supervised are less likely to engage in hazardous alcohol use than young people without adequate supervision and monitoring. Single-parent families (headed mostly by mothers) are associated with decreased monitoring and supervision of adolescents."

  Kestila et al – [Finland, n=1894 young adults: this study took a retrospective look at respondents' self-reported childhood influences of drinking behaviour] "A variety of childhood adversities predicted heavy drinking in our study. Our results strengthen the previous findings which show that adverse childhood circumstances predict alcohol use in adulthood […] The strongest [mediating] factor [on current consumption] was the respondent's own educational level […] Our results support other data showing that children of parents with alcohol problems are at a higher risk of using excessive amounts of alcohol themselves, although we found significant associations only in the case of both parents' alcohol problem."

  Vellerman et al – [Review paper] Children living in families where one or both parents misuse alcohol face many adversities. This research has shown how, in many of these families, children witness significant domestic abuse and interparental violence, and suffer a much greater incidence of physical violence and emotional abuse themselves. Although a wide range of coping strategies and tactics was reported, most young people told us that it was extremely difficult to cope within this environment."

- **PARENTAL SUPPLY OF ALCOHOL**

  Bellis et al – [NW England, n=10,271] "in stark contrast to other forms of obtaining alcohol, youths whose parents buy them alcohol were less likely to binge and only half as likely to drink in public settings. Moreover, they were also significantly less likely to be in the most harmful group showing all three risk behaviours (i.e. binge drink, drink heavily, drink in public places)"

Kloep et al – 42.2% of Scottish underage teenagers interviewed (n=not known) stated they had consumed alcohol with their parents. In Norway, 15% teenagers said the same.

- **QUALITY OF RELATIONSHIP WITH PARENT(S)**

  Cable et al – [British Cohort Study, n=7,023 male, 6,896 female] "Alcohol expectancies and openness of communication with parents predicted quantity of adolescent alcohol use, while norms better predicted frequency. The pattern of influences that emerged provide support for Vogel-Sprott's (1974) notion of an association between socially related factors and frequency of alcohol use and an association between individual control related factors and quantity of alcohol use. However, there was no support for the hypothesized relationship between psychological well-being and the adolescent drinking typologies."

  Choquet et al – [France, n=16532] "Thus the greater is the perceived parental control, the lower is the adolescent's substance use […] This relationship between parental control and substance use exists in intact families as well as in single-parent families or reconstructed families [*though they add that the relationship is less closely related for alcohol than for tobacco or cannabis*] However, "[i]n reconstituted families, adolescents reporting parental control as 'never' occurring were at higher risk for alcohol, tobacco and cannabis use compared to their counterparts in intact and single-parent families."

  Hellandsjo et al – [Norway, n=3368/ESPAD] "The family socialization styles seem to be important for onset of drinking. Most important was the support dimension. The group showing early drinking and intoxication debut perceived significantly lower family support than those with later debut."

  Kloep et al – Support (being good at listening, helping with problems, encouraging, getting on well with each other) and conflict/control (arguing, disapproving of friends, expecting too much, strong views) both affect or are affected by adolescent drinking.

  Kuendig et al – [Swiss 'Health Behaviour Survey' data, 2002] This study considered

"the interaction between [parental drinking and family bonding] in predicting adolescent alcohol use." Results showed that "[g]rowing up with parents who drink excessively was related to a higher frequency of both alcohol intake and experiences of being drunk. In contrast, family bonding was negatively associated, i.e. lower levels of bonding were related to higher levels of adolescent alcohol use. It appears that strong family bonding, i.e. communication, joint activities, and support within the family, might offer a certain degree of protection against involvement in frequent and excessive drinking during adolescence […] Our analyses showed that family bonding was negatively related to adolescent alcohol use in both groups (adolescents with and without perception of excessive parental drinking) and that the effect was significantly greater among adolescents who reported excessive parental drinking than among others (moderation effect)."

McArdle et al – [Surveyed pupils aged 14–15 years in representative samples drawn from five European cities: Newcastle upon Tyne, Dublin, Rome, Bremen and Groningen; n=3984] This study on substance abuse is highly geared toward drug use, but usefully confirms the qualitative dimension to parent/adolescent relationships mentioned elsewhere: "[t]he findings suggest that living with both parents and the quality of the parent–child relationship are associated independently with the rate of drug use by young people […] The similarity of correlates for drug use and regular drinking, with the exception for the latter of family structure, is in keeping with the concept of a common underlying predisposition to substance use."

Petrie et al – [Systematic review on parenting interventions] "[Studies reported] that the parenting programme evaluated led to a significant reduction in one or more of the outcome variables measured, in particular the use of alcohol, drugs or tobacco, compared with controls […] A key feature of the three interventions found to be effective was that they focussed on developing strategies to involve adolescents in family activities, maintain good familial bonds and manage conflict, rather than just focusing on the issue of substance misuse. A second shared feature was an emphasis on parental engagement in an activity-based programme."

- **PARENTAL DRINKING [FATHER]**

  Cable et al – [British Cohort Study, n=7,023 male, 6,896 female] "Unexpectedly,

paternal drinking did not significantly contribute to the models of alcohol use. Malone *et al* (2002) found that paternal maximum use of alcohol predicted adolescents' substance misuse and dependence. Our findings suggest that future studies may need to consider employing two dimensions of alcohol use [i.e. frequency and quantity] for parents as we did for adolescent alcohol use."

Malone et al – [Minnesota Twin Cohort Study] "P-MAX [paternal maximum consumption] was associated with externalizing behavioral disorders in general, especially conduct disorder, as well as with early substance use in the younger cohort and substance-related problems in both age cohorts. These associations were largely independent of any effects of P-AD [paternal alcohol dependence]." In other words, heavy drinking mixed with the adult's tolerance encourages adolescent use/misuse, and suggests a link to "alcohol expectancies."

- **PARENTAL DRINKING [MOTHER]**

  Poelen et al – [Netherlands Twins Register study, n>=1779] "In general, alcohol use of parents showed small but persistent associations with drinking in their offspring in multivariate cross-sectional and longitudinal analyses, in particular for mothers. The relative influence of mothers on regular drinking appeared to be stronger than that of fathers […] Previous research has shown comparable effects of paternal drinking on their offspring's alcohol use. However, it is crucial to understand that because of the relatively strong similarities in drinking between partners (so, parents) it is also possible that fathers are almost as important as mothers, but that in multivariate analyses, partly due to the correlation in drinking between parents, the effect of paternal drinking becomes invisible. Previous analyses of our data did not show differences in magnitude of relative risks for drinking in adolescents accounting for their father's and mother's drinking (Scholte et al, 2007).

  Scholte et al – [study as above] "In contrast to the majority of studies on the association between parental alcohol use and adolescent alcohol use, we examined fathers' and mothers' alcohol use separately. Our study corroborated previous studies that reported that fathers' and mothers' drinking was equally related to adolescent alcohol use. They contradict those who suggested that fathers were more important […] or that mothers were more important […] It may be the case

that fathers and mothers have the same impact on how often their children drink, but not on how much they drink per se."

- **PARENTAL DRINKING [GENERAL]**

  Bancroft et al – Parents could demand that children collude in various ways, but could continue to be seen by respondents as loving and caring. Parents were not acting like adults, perhaps because of [alcohol's] association with the gregarious or aggressive abandonment of inhibitions. Child(ren) constantly on call for emotional support, or child(ren) enforcing discipline over parent.

  Chalder et al – [Sth Wales, n=1744] "A troubling, asocial pattern of drinking emerged among children of parents with alcohol problems that involved drinking alone, drinking to feel intoxicated, and drinking to forget about problems [..]. Social, enhancement, and conformity motives to drink all moderated the effects of parental alcohol problems on drinking frequency, each apparently exacerbating the influence of parental symptoms on adolescent drinking. However, only coping motives appeared to exacerbate the influence of parental alcohol problems on alcohol consumption while conformity motives to drink seemed to attenuate this influence on consumption [...] [C]hildren of parents with alcohol problems who drink solely to cope with negative feelings tend to consume more alcohol than those who do not drink for this reason."

  Hellandsjo et al – [Norway, n=3368/ESPAD] "In addition to family dynamics, our results also showed that teenagers' drinking behaviour related to those of parents and peers. Parental modes seemed to be important both for age of first drinking and age of first intoxication. Mothers' and fathers' drinking frequencies, as reported by their offspring, were positively associated with teenagers' alcohol debut; youngsters with early debut had parents with more frequent drinking."

  Vellerman – [A non-systematic "occasional review" by leader in the field] "Although little research has examined the impact *on* the family of having a relative who misuses alcohol or drugs, there has been a large amount of research on the impact *of* the family. Whereas there is a wide range of determinants of substance misuse in young people, family factors have been shown to be especially important,

accumulating evidence demonstrating that the family can be pivotal in both protecting children and young people from risk and harm, and, alternatively, in increasing the risks that young people will go on to misuse alcohol and/or drugs. There are seven areas in which the family can influence the substance use and misuse of their children:

1. family relations versus structure;
2. family cohesion;
3. family communication;
4. modelling of behaviour by parents;
5. family management;
6. parental supervision;
7. influence of parents and peers."

The authors warn, however, that "working with families as well as young substance misusers to reduce distress and enable both misusers and family members to change needs to be a part of both preventative and therapeutic help [but that] it may be that simply to focus on the substance misuse and the part that families might play in dealing with it is to lose sight of the equally important cultural issues that underpin this approach to substance use and misuse [which include cheap/illicit alcohol, advertising, and the desire for immediate gratification].

- **HARM REDUCTION**

  Bancroft et al – [Scotland, n=38) Parental substance misuse is transgressive, both of boundaries within the family and how the problem is constructed. Boundaries of the family can be reworked [and] include others, for instance aunts and uncles, neighbours, or service workers. The term "family" needs to be rethought, to be considered a malleable, flexible term. What is 'care'? Who gives it?

- **RISK VERSUS RESILIENCE**

  Bancroft et al: Risk from parents – violation of roles and responsibilities. Risk in terms of the boundaries of knowledge: parents attempt to hide their use from their children [to avoid stigma and reproduction of the problem].

  Bancroft and Wilson 2007: The **risk gradient** stigmatizes young people as

manifesters of risk, diminishes ongoing difficulties they face, and denies their coping strategies. The definition of risk as manifesting in institutional settings and services underscores this. It encourages a focus on parent - child risk transfer, to the detriment of other difficulties the child or young person may be facing, and renders the young person invisible when they leave service contexts. Finally, the culturally and legally established distinction between illicit drugs and alcohol tends to isolate families with alcohol problems. Most of the response to parental substance use has focused on illicit drugs, rendering the difficulties of young people affected by alcohol problems less visible except when they are manifesters of risk.

Vellerman et al –

> **Traditional, risk-focused ideas about parental substance misuse**
>
> **Genetic risk**: children of substance-misusing parents are at particular and specific risk of developing behavioural and substance misuse problems of their own.
>
> **Co-dependency**: the children of alcoholics and addicts will suffer particular and significant problems when they are children and are at risk of developing problems (most likely with substances and relationships) in adulthood.

They conclude, however, that "[t]he concept of resilience […] introduces a new theoretical framework for thinking about the children of substance-misusing parents (box above). Resilience is important because it implies that some children, even if they live in disadvantageous circumstances, either are resilient or have the capacity to become so. Thus, it is not a foregone conclusion that all children who live in such circumstances are, or will be, damaged. This has major implications for both intervention and policy. It suggests that intervention should not wait until a crisis is reached and damage is apparent. Neither should it focus solely on reducing risk factors.

DISCUSSION

In a 'Review of reviews' completed for the UK Department of Children, Schools and Families,

Newbury-Birch et al conclude[2] that

> 'Key groups that are particularly vulnerable to alcohol's adverse effects can be characterised. These key groups are young people from socially disadvantaged backgrounds and/or broken homes who begin to drink early and who may have concurrent psychiatric or behavioural disorder problems. Also children of parents with alcohol-related problems may be particularly vulnerable to developing problems themselves. One practical indicator of such young people is alcohol presentations at emergency services on week nights (as opposed to the weekend) and parents who show minimal anxiety about the hospital visit (2008: 35).'

Potentially important caveats to the above statement have been highlighted by this review.

- The quality of the young person's relationship with parents/family is significant. Strong bonds, good quality communication and/or may provide a resilience factor, and this appeared relevant independent of family structure. Perceived parental control related to lower alcohol use. Conversely, poor parent-child relationships should be considered a risk factor for child alcohol (mis)use.
- Alcohol expectancies (the perceived "benefits" to be gained from drinking) may be underpinned by observing heavy and frequent parental drinking. This is relevant in families with alcoholic parents *and* those who merely drink regularly.
- Studies vary on whether fathers' or mothers' drinking is more significant. A sensible approach seems to be to treat them as equally significant.
- Using alcohol as a coping mechanism is likely to increase alcohol intake for children of drinking parents, even where social/peer norms would be likely to moderate consumption.
- Outcomes are not fixed. Problem-drinking adolescents do not necessarily become problem-drinking adults; a key mediator in this process is educational attainment.
- Whilst the problem is significant, it should be recognised that (a) drinking is a culturally-accepted "rite of passage", (b) that a developmental approach to intervention would acknowledge this, and allow for the changes – both positive and

[2] The authors note, however, that no meta-analyses of large-scale survey work undertaken in the UK currently exist.

negative – yet to be faced, and that (c) we must pay attention to the contexts within which adolescent drinking is taking place (e.g. cheap/illicit, media, etc)

STUDY SETTINGS

Focus groups were conducted in different communities across Co Durham and Darlington. Whilst individual settings cannot be named for reasons of maintaining confidentiality, they included secondary schools, youth clubs, and agencies specialising if offering support to young people who are known to have an existing or potentially problematic relationship with alcohol. As a further guide:

Fe is a secondary school

Mo is a community college setting

Yo is a youth offending team setting

Sh is a secondary school

Sw is a youth support setting

Ba is a youth and community centre

Access to the researcher was voluntary, but in the main sampling was to some extent purposive, in that we wanted to speak to young people who had something to say about young people's use of alcohol. Participants came from across the allowable age range (11 to 18 years), from both genders, and from those with varying relationships with alcohol.

PARTICIPANT INFORMATION

Our approach requires us to assure our participants that their identities remain confidential. Consequently, participants are identified only by a code. However, that code has a structure which provides the reader with other useful information:

EXAMPLE

Sw41m18

1	2	3	4
Sw	41	M	18

where

Part 1 indicates the community/site

Part 2 is the participant number

Part 3 denotes male or female

Part 4 reveals age of the participant

An exception to the above schema is the setting identified as "Mo". The focus group conducted here was chaotic and the researcher was unable from the audio-recording accurately to ascribe quotes to specific individuals. Further identification in this case is therefore by male/female only.

ETHNOGRAPHIC REPORT

This ethnographic report is presented in considerable detail. Despite the wide use of ethnography in public health research, resulting data is rarely presented in this way. It is our contention that, if the findings of research are presented using rich detail, drawing more nuanced conclusions becomes possible. This is likely to enhance the interpretation of evidence for policy into practice, especially as practitioners focus on the so-called 'hard-to-reach'. Rather than 'hard-to-reach', we contend that such groups are the 'easily ignored'.

VIEWS ON DRINKING

"WE'VE ALL BEEN THERE": ALCOHOL AS A SOCIAL NORM

The report will begin by asserting that whilst alcohol might be present in most young people's lives it does not necessarily follow that, in terms of risks to health and wellbeing, all will have a problematic (or potentially problematic) relationship with it, as the first example establishes. In a group of 6 males and 2 females (all 15 years of age), most had shared their first experiences of drinking as a group. They, together with some other friends, had gone to the woods and got drunk. Whilst the memory provoked a lot of laughter and storytelling, none of the youngsters had made a regular habit out of drinking, most sticking to the occasional drink on a 'special occasion' in the home with their parents, and some not drinking at all. Alcohol consumption and drunkenness to them was something that 'happens everywhere, [but it's] not our business'. Yet, in a way, it was their business and a cause of problems for them: as one of the males remarked 'you get labelled as a teenager, people assume that you're always up to no good. It makes me feel angry, and sad and lonely at times.' They suggested that alcohol was an issue in their village because there was nothing else to do for young people, but when one of the males was asked if for that reason he, too, might end up passing time drinking he said 'I'll work instead' (Sh[Group]m&f15).

However, a very different picture emerged from the group of 9 girls of the same village, in the same school, interviewed an hour earlier. Also 15 years old, they all drank regularly, with one girl admitting she 'drink[s] nearly every night.' This girl, the most vocal, and her friend, narrated many stories about nights out, drunken experiences, tips on the best drinks and how to cure a hangover. According to the most vocal girl, you can take 'paracetamol to cure a hang over', 'coffee to prevent a hang-over' and 'McDonalds will make you feel sober again' [Sh[Group]f15).

Another group interview with 7 males and 2 females served to further confirm that

alcohol played a large part in these young people's lives. They agreed that 'if there was a substitute for alcohol, it would be sweet, I could live without it if there was a substitute for it! Cannabis! Yeah, smoke that and get high all day! We'd be able to chill out! (Mo[Group]m&f).

Research participants generally believed that alcohol is becoming more of a problem for young people today than it was previously. One male explained

> '… if you think back to like 10 years ago, there wasn't as much problems with underage drinking and that as there is now. I don't know, I think it's probably, underage kids, growing up, having kids, but they're still drinking, so then their kids drink, and then it just keeps going up like that. And then they pass it on to their friends and then they'll do it and it will just carry on like that. One big circle that's getting bigger and bigger.' But when asked if there was anything that could be done to prevent it, he said 'probably not, it's just the experience, it's part of growing up (Sw1m18).'

His view is shared with a lot of the people we spoke with, raising concerns about perceptions or prevalence and the inevitability of adolescent drinking: as Lintonen and Konu suggest, '[r]egardless of the origins of [social] norms' misperceptions, the biased beliefs are likely causes of increased drinking both on individual and group levels. The situation is even worse from the health promotion point of view since the situation leads the adolescents to believe that although "everyone" drinks rather heavily, only a few experience serious harm' (2004: 68).[3] Another male participant suggested that 'they should make it more expensive, but it won't stop people from drinking, they'll just pinch it instead. I don't think nothing can change it, if they want it, they'll get it. Even if it's made illegal and it's not even on the shelves in the shops, people will just go abroad and get it.' Two female teachers added that 'they think it's perfectly acceptable behaviour. When we talk about binge drinking in class, there is a lot of giggling. It is expected behaviour and it is exceptional not to do it.' One girl said that, according to her dad, 'well, we've all been there' (Sw2f15).

"A PROPER STATE"

Whilst getting into a 'proper state' was not considered desirable by most, and

[3] Perception of prevalence or ideas of what is 'the social norm' can have a significant impact on young people's willingness to participate in or abstain from alcohol use (and other risky health behaviours). Work undertaken in Darlington schools appears to demonstrate that locally-generated information and statistics, appropriately disseminated over an extended period, can beneficially alter young people's ideas about what constitutes acceptable behaviour among their peer group.

getting sick was often quoted as one of the reason for slowing down or limiting alcohol consumption, stories that include one or more of the youngsters being sick are generally concluded with a 'yeah, it was funny!' For example, being brought home by the police 'was quite hilarious, just for the fact that I was being really gobby, well, apparently I was, I can't really remember' (Sw2f15). Or: 'do you remember when I'd had loads of vodka and I was sick all over your bedroom window?' (Sw4f16) 'Yeah, it was funny!' (Sw3f17). One male initially considered his first experience with alcohol to be bad, because he had been sick, but his views changed during the week afterwards, which made him look back on his first experience as a positive one (cf Becker 1953[4]): 'It was bad at the time, but when I look back on it it was good. Because I slept in some sick on a doorstep at two in the morning and I got marched home by the coppers and I was like [noises of being sick] and then later on, like a week later, you're like 'get on! Last weekend was mint!' (Mo[Group]m).

There is a need, it seems, to create a "good" narrative from what may originally have been experienced as "bad" drinking. This may be indicative of a stage in self-development (see McLean et al, 2007) or, as with smoking, be symptomatic of the kind of gendered "identity work" that adolescents must 'undertake to achieve a socially and culturally acceptable image' (Amos & Bostock, 2007). Whatever the motivation, raising awareness of and discussing the reasons for such a narrative shift may be an opportunity for intervention and a means of developing resilience.

GOOD DRINKING, BAD DRINKING

Leah (Fe7f15) delights in being the centre of attention by speaking for the group. In a short black mini dress, silk fascinator in her hair, and glittering eye shadow, she is dressed for a weekend, not school on a Thursday. Asked what there is for young people to do in the area, she replied 'well, there's the E-Café so youse can play pool or watch TV but it's only for an hour from 7.30 to 8.30. Then everyone goes out and gets smashed. But by the time you get down the woods to drink, there's less time so you have to get smashed quicker.' Here, the provision of a youth leisure facility is not solving but seemingly exacerbating the alcohol problem. It does not stop underage drinking, but simply creates a delay and an excuse to binge. What do Leah and her friend Hannah (Fe3f15) drink? 'Vodka an' that', they say. Despite looking much older than eighteen, they do not attempt to be served alcohol in shops or bars: 'Either ask

[4] Becker suggested that marijuana users only learn to gain pleasure from the drug when they have learned to smoke in a way that produces effects, and when those effects can be connected with the drug use. Here, we suggest, the 'pleasure' comes from complying with perceived social norms and being able to participate in the story-telling around drinking.

someone you know or if you're really desperate, just ask anyone. If you don't know someone, it takes ages. But you will get it.' When asked why they would be desperate for the alcohol, Hannah (Fe3f15) says that 'if you have a downer and get depressed you look towards the weekend get like confidence, makes you feel better.' The idea that alcohol makes life better is already firmly established in the minds of these 15 year olds. However, they believe that they drink responsibly: 'it's about knowing your limits' they say in harmony; but they then cancel out this apparently 'mature' logic when Leah (Fe7f15) reveals, 'but if you're sober, you see people being acting like idiots. And you think I shouldn't be watching them, I should be one of them.' She admits they act like idiots and yet she *should* be participating in what would, then, be "bad drinking".

Stacey (Yo8f12), also aware of "bad drinking", relates a version of her life that is inaccurate but telling. She begins by saying that she has never touched alcohol because 'it's bad for your kidneys', that her peers drink heavily and that she doesn't, but the youth worker present suggests that she open up to me about her alcohol experiences. It transpires that Stacey physically attacked a younger girl after spending the evening drinking vodka. Her peers had goaded her into chasing the girl and beating her for no reason, stating simply that she would be 'chicken' if she said no. Stacey did attack the girl and got into trouble with the authorities. Stacey knows exactly what people want to hear and, in this case, the narrative has become almost scripted and certainly repetitive: 'I won't ever do that again because you shouldn't listen to pressure and you shouldn't drink because it's bad for the kidneys'.

Jamie (Yo5m14) also spoke about 'knowing your limits' and parental communication, which, to him, equates with his self-styled "good drinking". 'I know meself, no one's gonna make us do what I don't like. Like, say me friends are smoking, right? I don't like it and I say to them, gan a' stand round the corner from me, I'm not doing it. Me mam and dad give us, say, twenty quid worth of cans when they're taking us to a house party. 'Cause they're taking us there and picking us up, they don't need to worry'. It should be remembered that neither the action by Jamie's parents nor (presumably) the parents of the host of the house party was illegal. For another 17-year old male, however, there appear to be no limits, even though he is aware of his actions: 'I just want to show off and drink more and more and more until I can't take it anymore. I'm just trying to be clever, thinking I can drink as much as I want and I'm going to be alright' (Sw6m17).

There is a constant contradiction: knowing the risks to health of underage alcohol

consumption, yet fearing the sense of 'losing face' amongst the peer group; 'knowing your limits' yet ending up in a police cell; being told by various forms of health education to drink sensibly, but being given a significant amount of alcohol by one's parents to take to a house party. The girls we spoke with are, in particular, trying to present themselves as mature and responsible 'social drinkers'. Leah, 15, clearly views herself as the rational drinker - 'I'm always helping me friends get home safely' – yet admits that her drinking is 'out of control'. She looks to the future when she says 'I'll be stable in the future. I'm just letting me hair down 'cause I'm young'.

IDENTITY & GENDER

ALCOHOL AS AN IDENTITY MARKER

In addition to alcohol being a 'tool' which young people use in the 'risk-taking' that is associated with this period of their lives, the specifics of adolescents' consumption can also be tied up with concepts of their peer-to-peer or group-to-group identities. Detail within the narrative may, however, indicate higher than average or increased risk-taking. As Hannah (Fe3f15) puts it: 'we hang around with older guys. Kids our age are stupid, drinking things like WKD and Lambrini. That's not proper drink'. The light, sugary alcoholic drinks – classified as 'not real drink' – are here being used as a marker of maturity; Hannah and Leah (Fr7f15) do not socialize with 'kids' who drink these products.

Whilst Leah and Hannah are using alcohol to position themselves as more sophisticated and mature than their peers, Chantelle (Yo4f13) and Charlene (Yo5f13) justify their consumption of these sweet concoctions by claiming 'it's not alcohol'. Several similar indications of misinformation pepper this report, and reveal another potentially urgent area for (population-level) intervention. And in yet further contrast, some young people appear to be clear that the "decision" to drink is likely to be tied up with "identity work".

> Sh7f15: '[People drink] to try and fit in.'
>
> Researcher: 'So, how important is it to try and fit in?'
>
> Sh7f15: 'No, it's not really important, like, you know right from wrong, you don't have to like … smoke if you don't want to, you don't have to drink and stuff, you don't have to …. fight if you don't want to. If they want you to call them friends, if they are good friends and they know you don't want to then they won't ask you to do it.'

GENDERED DRINKING

Whilst Hannah and Leah lived for each Saturday night and could not imagine a social

life without alcohol, Joel, Colin, Dylan and Jon (Fe1m15-Fe4m15) have a very different alcohol narrative. Jon says 'we occasionally sleep over at each other's houses. We might have a can in front of the telly, never out. I don't really drink except one can on a Saturday night. Honest, I don't see the appeal. Anyway, someone's got to look out for the lasses.' Jon may have been stretching the credulity of his story, but the gendering narrative[5] is also reflected in Jamie's (Yo5m14) experience:

> Boys can take it more. Girls, after a couple, are all laughy and hyped-up. If we have Stella, they'll drink WKD or something. But we're sensitive of them. If we know they've had too much we take it off them. They [girls] are stupid with drink [...] One lass walked out in the road and we had to catch her.

Jamie tells me that girls are more at risk than boys when drinking: '[They] get taken advantage of, I suppose. They can't go near huge groups of guys drinking, it's scary for them.' The associated risks surrounding sexual behaviour also – according to all respondents of all ages and both genders – directly affect females more than males. This may be indicative of pressure on young girls to be sexually active, despite fear of the consequences.

DANGER

All participants knew there were dangers associated with drinking alcohol, but in most cases, these were not a reason to stop drinking. Dangers to one's health are not immediately apparent, and the young people did not have concerns for the future; they were young and healthy at the moment, so were not going to spend time worrying about future implications of their current behaviour.[6] Right now, the objective was to be young, do what teenagers do and have a good time. However, there were other things and experiences the young people regarded as undesirable. The issue of wasting emergency services' time was mentioned in two interviews:[7]

[5] We select words carefully here. There is a sense that these narratives help to create and actively maintain gender roles, rather than simply reiterate existing gendered positions. If so, further research is called for, and this indicates additional routes for intervention.

[6] There are indications that the dangers to health of smoking can exact a different narrative, in that young people are willing to discuss the impact of smoking on their current health. This may be an effect of the relatively advanced debate surrounding tobacco that has been generated by comprehensive and long-term health promotion and population-level intervention, when compared to alcohol.

[7] The youth organisation Just 4 Youth, based in Middlesbrough, have recently conducted a piece of research on this subject. It is possible that the young people interviewed here were aware of that work and therefore this feedback may not have been 'spontaneous'. .

> Sw5f16: 'If people didn't drink than there wouldn't be any more…I don't know…any more like fights and stuff and the police wouldn't have to deal with that. And then the NHS wouldn't spend as much money like on people drinking.
> Sw6m17: 'Why would you say that? There is more [risks] for me because of my anger. So when I have a drink and I get angry about something I take it really really seriously and I'll make it into something 20 times as big as what it actually is. So that is a risk for me, because everyone could say the tiniest little thing and when the drink is in me I'll go absolutely mental and I don't stop, do I? I don't stop until I'm either in hospital or with the police.'

Participants commonly associated fights and arguments with alcohol consumption. More extreme were the girls' concerns about being raped or taken advantage of and getting pregnant. In the short exchange that follows, however, it is "other" girls that engage in this behaviour, not the narrators:

> Sw4f16: 'If you get too drunk you like…
> Sw3f17: 'You get vulnerable don't you, like some people they can just do things that they wouldn't normally, like…I don't know, have sex or summit. They're just not bothered…
> Sw4f16: They just start flirting and that, 'would you like to come back to mine' and stuff like that.
> Sw3f17: I'd never ever do that!
> Sw4f16: No!'

Stacey (Yo8f12) is attending a Youth Offending Service (Prevention) after drinking and attacking another young girl. Stacey blames alcohol and peer pressure. She says that when she gets into trouble through drinking, her mother is particularly disappointed in her. Stacey's youth worker explains that Stacey's mother puts tremendous pressure on Stacey to not be like her elder sister who, aged fourteen, had her first child. In Stacey's words, 'me sister got pregnant 'cause she got drunk'. Katie (Fe9f12) also mentions this: 'me sister's sixteen and she's got a bairn from her ex-boyfriend and she got mortal [drunk] and pregnant to another bloke when she was still wi' him, so he spiked her drink and she was spewin'.' As much as she likes a drink, Leah (Fe7f15) does not like the association with other kinds of risks:

> People we knock about with take drugs. MCat and that. And get knocked up. At least we're not doing that. But we've still got the same status as them. People think we're the same. 'Cause we're young and all that…

Here, as elsewhere in this report, alcohol is either imbued with agency[8] or blamed for removing the young person's ability to exercise their own agency. There is potential here to discuss with young people where vulnerability lies or when vulnerability arises – before drinking starts, or when the young person has had too much to drink.

Others seem to relish the danger of risk-taking. Marcus, for example, is desperate to be perceived as an adult. His attempt to be 'grown-up' involves risk-taking behaviour that he is terribly proud of, and embellishes regularly. When asked what he does in his free time, Marcus (Fe6m12) yelps 'Drink! Smoke fags!' He tells excitedly of being served alcohol and cigarettes in shops and bars, but then reveals a darker story, one that the researcher hoped was embellished but which was confirmed by the youth worker. Offered cannabis by a 'what-you-call-it, a, erm…dealer, yeah, a dealer,' Marcus began having drunken sleepovers in his house. The community that surrounds Marcus nourishes his unhealthy attitude towards drink and drug misuse and, in his attempt to impress older people around him, Marcus finds himself having sleepovers with the local drug dealer. Marcus claims to be bisexual and his friends Katie and Molly, also thirteen and also present in our interview, show concern. 'Marcus phoned us from there, crying. I dunno what was happening, but he could be raped or summat!' He loves, and is excited by, the 'buzz' of drinking alcohol and smoking cannabis, the risks of running with grown-ups and the reputation that goes with it. Yet, his youthfulness is apparent in the fear he demonstrated to his friends and more casually when he asks me: 'have you ever smoked bush? I love smoking bush'. Those listening to his narrative assume he means 'grass', cannabis. Asked if he is scared of this dealer, Marcus replies no, because he is 'good protection'.

Interpreting his narrative and naivety, Marcus appears to have been 'vulnerable' before the use of alcohol, and his narrative encapsulates – in extremis – the kinds of issues that all young people are dealing with: an environment that valorises and makes a 'norm' out of alcohol use, adult enablers, a peer-friendship network that attempts to support him and take on the responsibility that should be provided by adults, and the concept that alcohol (and other stimulant) use makes him into an adult.

WHY

ALCOHOL AS FUN

Whilst most agree that "you make your own decisions", alcohol is perceived to be

[8] Agency – the capacity to make choices and to impose those choices on the world.

ubiquitous in social settings of both peers and adults and therefore young people expect – and believe they are expected – to take part in alcohol consumption.

> Everyone used to drink in the reccy and that. Everyone used to just like…get loads of drink on a Friday night, that's when like, I started noticing people drinking and than after that I started joining in. Looks fun doesn't it? Everyone's like having a good time really (Sw3f17).

'Because everyone else was' – 'Because all the big people were' – 'Because my mum is an alcoholic' – 'All of my friends and parents and that' – 'I can't think of anyone who doesn't drink' (all taken from focus group at setting 'Mo')

Besides the expectation, young people also get the impression from watching adults and peers that alcohol consumption is directly related to having fun. Once the young people have been initiated in the use of alcohol, many think that having fun is actually impossible without alcohol. 'Being drunk looked cool,' said a 15-year old female (Sh10f15), whilst others declared:

> Sw4f18: 'It was fun, it was something to do, cause there wasn't really much to do, so… I'd probably be bored if I didn't drink. Yeah, I don't know like, it's different if you're sober and everyone else is drunk…it's like…weird. I don't know really, it's the fun of it, you have loads more fun when you're drunk, or everything just seems more fun. It passes the time a lot quicker somehow…' (Sw1m18).

> 'There's no point in going to a party and just being… (Sw4f16)
>
> …sober Sw3f17 yeah!'
>
> …yeah!' (Sw4f16)

> 'I don't understand how people can go out and just have a few drinks, but if, say you're at a party and you don't take drink and you don't have a drink, I don't think you can have a good time' (Sw6m17).

ALCOHOL AS MEDICINE

In addition to this, alcohol is also used by the young people as a 'medicine'. It is used to increase confidence, to forget worries, to dispel boredom, relieve stress and help them sleep. Although the numbers are relatively small, there is some correspondence with what we shall later highlight as a difference between individual and collective relationships with alcohol, with the former being potentially indicative

of problematic relationships. Reporting on another qualitative study on alcohol consumption by young people (in Scotland), Pavis et al write that 'although there was a degree of overlap between the 'reasons for drinking' categories,[9] those who drank *primarily* under peer influence/pressure were more likely to talk in negative ways about alcohol than those who drank *primarily* to alter their mood or to relieve stress (1997: 319. Emphasis in original).

> '[Drinking alcohol makes me feel] just happy, really, just nice to be hanging out with [my mates] and to be doing something other than like, watching TV or something really. Just puts me in a better mood, and it's just something that you can do with your friends, like every so often and it's just a teenager thing really, like, there's people that will say that they don't drink and that, but like, everyone is going to have a drink in their teenage years, to be fair. You know what I mean? It's just like, a normal human thing really' (Sw2f15).

> 'So, if like my dad died from….I don't know, his liver being like, properly messed up, I'd probably like, keep drinking, because it's just a way to deal with it, if you get what I mean? It just makes you feel better for that space of time when you're like … drunk.' Sw2f15

ALCOHOL AS SYMBOLIC OF YOUTH

Almost without exception, young people explained that in their communities 'it's boring', 'you get done by the police', 'the youthies are for younger kids …nothing for us'. This type of narrative is common in any study of young people in the transition from childhood to adulthood, and age was a factor. The girls and boys aged between twelve and fourteen suggested that a youth club specifically for their age group would be entertaining. In another focus group, however, older teens explained why this is not beneficial: the 'youthies' are 'only open for an hour, 7.30 to 8.30. Then everyone goes out and gets smashed. Less time, so drink quicker.' Jamie (Yo5m14), for example, 'hangs out' in the parks, playing football. Or saves his pocket money and goes into Darlo [Darlington] with his friends. Jamie told me he has never tried to get served in a pub. 'But my cousin does, he's 16. There's a pub in Darlo where they will let anyone in, absolutely anyone. A 13yr old will get served, no bother. It's a dirty pub, not a nice pub.' This kind of adult "enabling" of underage drinking complicates the moral judgments of young people.

Twelve-year old Molly (Fe2f12) described her typical Saturday night: 'I stay at me

[9] These categories included peer influence, social facilitation, mood alteration and stress reduction.

friend's house, do nails and make-up and all that. And when her brother goes out, we get his bottle of vodka he hides in the tumble dryer.' For Hannah, and her fifteen year old friends, it 'depends. House party, drink there. If not, nights down the wood' (Fe3f15). Hannah explains why they go to the woods:

> 'You get done by the police for being in areas where you actually can go. The parks that have houses round them, you get shifted. There's an under-12s sign in one of the parks. You can't go in if you're older than 12. No dogs, no under 12s. And other parks you can't be there after 9pm. It depends on the police officer.'

A lack of facilities would be a convenient narrative through which to justify underage alcohol consumption. What we have, though, are narratives where young people are apparently excluded from public spaces, and police officers (as representatives of adult authority) appear to perpetuate the idea that there is a *problem* of youth, whilst other adults enable those problems and confuse the *concept* of youth. If the young people conceive that they have no legitimate, meaningful and age-appropriate identity in their own community, then it follows (to them) that they should mimic those who *do* have a legitimate identity (that is, adults).

WHY NOT

IMPACT ON OTHERS

But there are unspoken rules about alcohol consumption for young people. As we have already seen, there are social (including peer) repercussions to young people drinking too much and too often, and there are aspects of the experience of being drunk that are not regarded positively by the young people. Most importantly is that young people regard themselves as examples for younger people in the family or the community, and they feel upset and embarrassed when these younger people see them in a drunken state.

> Sw41m18: 'In the house with my dad there's two young bairns, it's not a good example for them, so I don't go there. I don't drink in front of the kids.'

> Sh7f15: 'The next day I felt like really upset, because I put so much stress on somebody that night and trying to help and stuff and they were really upset as well. And I felt bad that my little brother and sister saw me like that as well'

Excessive alcohol consumption can also affect friendships, which is another real concern for the young people.

> Ba37f15: 'Sometimes you feel a bit embarrassed for them…'
> Ba34f13: '…and sometimes you could be a bit scared for them, but they don't think of it that way, like you could feel like scared for them, and they could think 'well why are you trying to control my life?' and than they might fall out with you if you're trying to do something that will help them.'
>
> Sh20m15: 'I think [people who spend £50 in the pub every weekend] are idiots, I don't want anything to do with them.'

Similarly, another male explained:

> 'A couple of times I've had people be sick and fall all over the place … most of the time, I just ring an ambulance, get rid of him. Because I can't be arsed. But ehm, it depends who it is really. If it's a really annoying friend I'll just phone an ambulance and get rid of him, but if it's somebody who's not too bad, I just tell them to go to the toilet, throw up, come back and then shove a duvet over him mostly. It's just another night out really.'

IMPACT ON SELF

With appearance being a pivotal aspect of teenager identity, the negative affect that alcohol can have on the appearance was also stressed as important. For example, after having told the researcher that he was upset because his mum feels terrorised by his drunken behaviour and has fled out of the house to find refuge in her car, one 17 year old male said that the only thing that would actually stop him from drinking was if he got too fat: 'The only thing I get bothered about is putting on weight, that's the only thing that puts me off. I know it might bother me later in life, but I'm alright, no worries, but I just get scared of being fat. I wouldn't be half as big if I didn't drink so much!' (Sw6m17).

A 15 year old girl explained that she didn't want to drink for fear of getting spots. However, her refusal of alcohol caused concern with her parents, because they assumed that if she didn't want to drink inside the house with them, she must be doing it outside the house with her friends.

As mentioned already, being sick and 'getting into a proper state' is viewed negatively by most young people we spoke with. Whilst it is clear that alcohol and experiences of alcohol consumption provide a wealth of material for stories and

laughs to share with friends, too much alcohol is seen as damaging to friendships by some young people; for example, this friend of a heavy drinker told me: 'Your friends can get sick of it, and don't want to be around you anymore' (Sh8f15). Other problems included the smell of alcohol on someone's breath, a concern that 'when everyone's drinking, there's no-one there to help you', not being able to remember what you've done, and fighting.

ALCOHOL AND ITS LIMITS

Young people's perceptions of alcohol can be striking. Asked what they usually drink, Charlene responded confidently, 'Blue WKD. But that's not alcohol though, is it? Cos it's sweet and that' (Yo5f13). The researcher tells her it is in fact alcohol. 'Yeah, but it's not like cider or vodka or that. They make us do bad stuff'. The agency of alcohol is a common theme: young people avoid certain types of drink because they are said to have certain behaviour altering properties. Jamie (Yo5m14) told of his experience: 'I drink lager and that. Just on a Saturday night, I'll have a few. The one I got drunk on and arrested for was that cider stuff. That's what gets you into trouble. It makes you go absolutely berserk, mad. It made me kick off and I couldn't control meself. I was shouting in me garden and the old lady across the road got scared. Ended up in the cell.'

Whilst some young people do think they need to keep a limit to their drinking, others admit that they don't, or that they feel unable to. But knowledge about what is a suitable limit differs markedly. For example, in a conversation with a group of 7 females and 1 male, the view was expressed that 'older people can drink more', but also the more informed view that 'everyone has a different limit' and you shouldn't 'try and keep up'. A lot of young people aimed to get 'tipsy' (although this is not a word that males use) not 'completely smashed'. But the meaning of tipsy is different to different people. For example, one girl explains how 'your eyes go funny, you feel like you're head is blown up, you feel sick, you feel like it's spinning' (Sh7f15). Another 15 year-old girl says:

> I just get to the point where I'm like really happy and that I can control myself, whereas you can just get completely smashed and you just be like on the floor, I don't like it, so I try to control how much I drink and stuff. The point where I'm like … when I can't see as well as I could and like, I'm just all over the place, and then I tend to stop drinking (Sw2f15).

Joel limits his intake when he notices, or is told by his mates, that he 'lick[s his] lips a lot and every now and again I'll open my eyes that wide.' He tells me that when that happens, 'Eh, makes you just slow down, it's like, just stick to like fizzy pop and stuff. 'Cause I don't want to have to get up on a morning and throw up all morning' (Sw1m18). However, another male tells me he didn't ever think 'I can't drink anymore':

> Not until I wake up the next morning and I can't even remember that I drank as much as I did. At the weekend I never think, oh, I can't drink any more. I used to just keep drinking and drinking until there was absolutely no drink left whatsoever. Yeah, I started drinking more and more, I don't now anymore, but I used to just drink as much as I could (Sw6m17).

His girlfriend, on the other hand, has a totally different attitude to alcohol: 'Well, no, you don't have to get really bad and that, you don't have to be drunk and you can still have a really good time. I went to a wedding, and I wasn't drinking, even though I didn't have a drink, it was still good' (Sw5f16).

Several males felt that a relationship with a girl can markedly change attitudes towards alcohol: 'I never go out drinking on the streets anymore now, but that's only because I'm going out with her, she keeps me on a lead. So it's mostly at home, I still see my mates now and again, but if they're going out I still go out with them, so…' (Sw6m17). Similarly, 'if you settled down with a girl, that would stop you from drinking. Even you [pointing to another male in the group], you're having a baby, now you're a dad.' (Mo[Group])

DRINKING PATTERNS

Drinking patterns – or assumptions about patterns – appear to change markedly with age, though not always in the same direction. Whilst some say that they have started drinking less as they got older, and especially once they're the legal drinking age, others say they will increase or have increased their drinking as they get older:

> 'I don't know, I just drink more and more now really, as I'm getting older, I just tend to do it a lot more with my friends and stuff. I suppose when I get to that age where I can go clubbing and stuff, it might not be that good, because I've already done it all before … so … Yeah, I'll have a couple when I'm by myself and just like, just something to do while I'm watching TV or summat, just to get me in a better

mood. And when I'm with my friends I'll just drink like, more than I do at home' (Sw2f15).

'We don't go out on the streets no more. That's what we used to do. It gets boring and nobody goes out on the streets no more, that we used to knock about with. It's just like youths. They're kids aren't they? Yeah, everyone else is either driving now or … gone in the army or summat or in prison' (Sw3f17 & Sw4f16).

Reaching 18 is clearly seen as an important marker. For some it means that the secrecy and excitement of doing something illegal is lost and therefore drinking loses its attraction: 'Cause when you're young you drink loads, and when you turn the legal age to drink you don't wanna. It's not as much fun! 'Cause you know you can do it' (Mo). But for others, the feeling of being able to walk into a shop and buy alcohol legally gives a great sense of satisfaction, enabling them to drink whenever they feel like it and provide alcohol to their friends (over or under the legal drinking age): 'The first week when I had turned 18 I tended to buy a lot more alcohol, because it's like … being able to walk into a shop and pick it up and just sit it on the counter it was great! It makes you feel great!' (Sw1m18). However, at the same time this young man's drinking had slowed down; when he was younger he used to go out and drink 'once a week, big binge' (Sw1m18), whereas now he's a little older he says he will 'have like a couple of cans on a weekend, like, for a little detox, just to chill out after a hard week, but eh, I don't know, I only really binge on special occasions, like birthdays and stuff. [A binge is] anything more than about 8 cans' (Sw1m18).

When asked how their alcohol consumption might change with age, Leah says: 'when I'm an adult, I'll drink wine. Wine's sophisticated' (Fe7f15). Meanwhile, Molly (Fe2f12) remembers being given a glass of wine by her parents on her tenth birthday: 'yuck, it tasted like wee.' The sugar content in drinks like WKD make the alcohol palatable alcohol for young children, while the acid of wine makes them wince. For older teens, WKD is like juice, whilst wine is the epitome of mature drinking and an aspirational symbol of age, status and identity. This transition is clear when Collin (Fe2m15) talks about Lambrini. 'It's embarrassing when you hang around with someone who is drinking Lambrini, 'cause, well it doesn't get you drunk and it's really cheap. Used to be that you felt nice and elegant drinking it. Now it's what the kids have.'

Whilst one female said 'I drink till I can't walk anymore, I'm party person, I get loud, I drink nearly every night' (Sh7f15), and a male told me that he drinks 'with mates, we

get wasted for several days (3-5) at the time' (Sw41m18), it is important to remember that the large majority of the young people spoken to don't drink as often, and when they drink they do not drink 'to the point where I'm rolling on the floor, 'cause I know when to stop. Once a month at the most' (Ba37f15), or 'only on special occasions, Christmas, wedding, birthday with family, one or two drinks, only if I feel like it.'

For Jamie (Yo5m15), however, the experience of having his DNA taken in five different ways and sleeping on a 'wooden block' with no clothes ('in case I killed meself'), came as a shock. 'You get treated the same if you're a murderer or if you had too many cans'. Did it change his drinking patterns? Jamie says yes, and that he will 'never drink that cider stuff again in me whole life'. The agency here is with alcohol. It was cider's fault, not Jamie's. The need for education on the effects of *all types* of alcohol is crucial. Jamie claims that there are two kinds of alcohol consumption: good drinking and bad drinking. After his police trouble, he subscribes only to the former. Placing responsibility with the type of drink instead of with himself, Jamie is convinced that 'knowing his limits' is enough to avoid trouble in future.

JUSTIFYING BEHAVIOUR

Young people provide many justifications for their behaviour, frequently starting stories with 'I know this sounds bad' or 'this is going to sound bad' and thereby indicating they understand that consuming alcohol in large quantities is a bad thing to do. Having nothing else to do is one thing that is quoted frequently: 'There's nowt better to do, except get drunk and being useless' (Mo). Their community can also be blamed for their behaviour: 'my older brother moved out of Darlo, that's what you need to do if you want to get out of the drinking and drugs (Sw41m18).

Discounting the harm relating to the impact alcohol can have on one's health or life in general is another way of dealing with it, especially where their own actions can be perceived as consistent with some local or group norm: 'I only really tend to drink on the weekends, so it's not harming me as much, 'cause like, everybody does it really' (Sw2f15). Furthermore, many young people assured us that the way they use alcohol does not cause distress or harm to anyone else, and therefore is not an issue. The way to ensure this is by choosing a location where they are not near other people: 'in a field we're out of the way we wouldn't disturb anyone'; 'we don't cause any harm!' (Mo)**.** But if something does go wrong, or young people do cause trouble

whilst they are drunk, some are happy to point to a particular drink – one they may not drink normally – as the sole cause for their behaviour: 'it was the Jack Daniels that did that, I'm not drinking that again!' (Sh7f15). On the other hand, as one female explained:

> Some people, they get drunk and they start getting into trouble with the police and than they say, 'oh, it was because I was drunk'. I hate it when they use that as an excuse! (Sw3f17)

SAFETY

Safety when out drinking was an issue that emerged from several interviews. Most females said that they depended on their friends for some support; they stay together and keep their mobile phones turned on and at hand at all times when out drinking.

> Sw3f17: Yeah, I do think it is important to stay together like, but when I've had a drink and that and I'm like buzzing and that, I can't be bothered looking for her, so I just go off.
> Sw4f16: I was trying to look for you and I was just wondering, I'm thinking, if I go downstairs to try and look for you, then I'd just get lost myself.
> Sw3f17: I didn't want to come back and then I did and then we went to [another club] didn't we and…
> Sw4f16: …and that's when we found each other again.
> Sw3f17: I always have my phone on me, it's always in my hand, if I lose it then I'll cry
> Sw4f16: I know, we'd never be able to find each other again!

Also, a drinking location can be considered more safe or less safe: for example, 'when you're clubbing you don't know who … could be like paedos or summat, anything could happen, they could like spike your drink or anything … when you're at home, you know you're going to be safe (Sw2f15).

Safety, as provided by the home environment, featured in many of the narratives, especially those of girls. There appeared to be an increased preference for drinking at home, rather than in the parks and public spaces young people are often assumed to occupy, because they felt it was less risky in terms of personal safety. Drinking alcohol in the home is not illegal for under-18s. However, recent research has

demonstrated even a small amount of parentally-supervised drinking can increase the risk of harmful use by adolescents. In a Dutch longitudinal study, the authors concluded that 'perceived alcohol availability at home was the only parenting factor predicting an increase in alcohol intake and alcohol problems 2 years later (van den Eijnden et al, 2011). In a comparative US/Australian study too, 'adult-supervised settings for alcohol use resulted in higher levels of harmful alcohol consequences, contrary to predictions […] (McMorris et al, 2011). Both studies also indicated that a permissive home environment (parental alcohol use, alcohol availability in the home) has similar effects. The home is not necessarily, therefore, a "safe" environment in terms of impact on adolescent attitudes to drinking.

Males seemed less concerned with personal safety, or with the safety of their friends:

> 'We just go out and see what happens, see how it goes and that. We might end up drunk, but it's usually alright, we just all stumble out of the pub, grab some pizza and get a taxi. I mean if someone ends up worse than others, we just … look after him, it's like … I don't know … there's no like … guidelines which guide you as to what to do … most of the time, I just ring an ambulance, get rid of him (Sw1m18).

It would seem, therefore, that this young man and his friends are unclear about the best course of action, should one of their group become incapacitated; there are no guidelines. They do, however, have ideas of their own. Drinking less, or drinking something different that is assumed not to have the same effect, are strategies seen by some as ways to keep safe, although these "guidelines" are not always adhered to:

> 'I do like drinking like, whisky and stuff, just because like … I can handle it and I know when like, the limit is when to stop, whereas when you're drinking cider, you just down it, because it's just like water to me basically, so I can just drink like a lot of it and than it just makes you feel like you're going to end up throwing up, so I just vary really, I just mix drinks just to be safe' (Sw2f15).

> 'I always say next time I drink I'm going to make sure I don't drink as much, but every time I say that I always end up drinking the same amount or more. I just like to drink' (Sw6m17).

GOVERNMENT CONTROL?

It's a blisteringly hot day. Joe, Colin, Dylan, and Jon, all aged 15 (Fe1m15-Fe4m15 incl.), take a break from their band practice in Joel's garage and walk to the park. They stop at the corner shop and buy a 97p, two litre bottle of lemonade to share. The boys cross the road to lie on the grass. Passing round the lemonade bottle, the boys discuss song ideas for their next practice and bathe in the sunshine. Two police officers, who had been standing outside the shop, come over. 'They got angry at us, telling us to pour it out, coos it's vodka,' Joe, the most vocal of the group, tells me. 'We said it's just lemonade, but they said it was vodka. They saw us come out the shop that doesn't sell drink, they watched us sit down. We didn't have vodka on us! We told them to taste it or smell it, but they said that was cheeky. They got really mad at us for talking back and took our names, told us to move away from the park. Then they realized we were telling the truth and we ended up having a good laugh with them.'

On the whole, young people didn't consider it possible (or desirable) to stop young people from drinking, but they did think that there could be more information about the effect that alcohol can have on their lives. 'They should show people what it does, because kids don't know … tell them how hard it is to stop' (Sh7f15). Solutions offered included 'make it more expensive' (Sw5f16); 'stop selling it altogether'; 'legalise drugs, they're better for you – I wouldn't drink anymore', and 'give us something better to do in community.'

GOVERNMENT GUIDELINES

However, most thought that government messages and government guidelines were not effective in changing people's behaviour:

> There's guidelines, where you're supposed to have only three or four units, but [my use of alcohol] is definitely the most common way. They're there for a reason. But they're a bit … dull. You can't have much fun with them guidelines (Sw1m18).

In some cases, young people are able to get alcohol in bars or shops by using fake ID, simply because they look older or by putting on lots of make-up and making themselves look older:

> I had loads of make-up on and stuff, and I went in and I was proper scared about

> getting a bottle of cider and taking it to the till. I was only about 14 and I took it there and he served me! Like, he took the money off me and he gave me it! And I was like, oh, can I have some fags as well please, and he was like 'yeah, of course you can!' I was buzzing, I was absolutely buzzing! (Sw3f17)

CONTROLLING PRODUCT PROMOTION

The media was seen by some as a tool that could support a stronger message against excessive use of alcohol:

> Sw3f17: It depends on the kind of headline and that, like 'drinking caused me to lose both my legs' or something like that or 'drinking paralysed me' and all that, I think that should put you off! But then there's other things like, 'I binge drink every day'; that's the wrong headline to put in a magazine, because some young people who like look at it might think: 'ah, I might do that!
> Sw4f16: Not really. Why would they want to go and binge drink?
> Sw3f17: I don't knaw, say, a fourteen year old might be curious what binge drinking is, because they probably don't know what it is. I didn't know what it was when I was thirteen!'

> 'I think if there was a TV show … like in Eastenders. You know, Billy who died in his own spit, because he'd had too much drink. Like, that scares me. So I know that if you drink too much, you can like … die!' (Sw5f16)

In complete contrast, most tended to believe they were not influenced to drink by alcohol advertisements and related storylines on TV: 'The Fosters ad is good, but it doesn't make me want to drink, it's not like that in real life. You know that you wouldn't really suddenly be on a hot beach, you've just got to use your common sense' (Sh20m15). There were notable exceptions, though. One male told me, '[seeing drunk people in soaps] is funny, I don't know, just the way they fall about and I think, do I get like that when I've had a drink? It just makes you feel like having one' (Sw6m17). And similarly, another male suggested that 'when I see adverts about discounted drink on television, it makes me want to go out and buy it!'

All forms of product promotion and placement were not, therefore, generally considered important in influencing behaviour. However, there is a significant amount of data to show that films, TV, social networking and advertising do impact on young people's take-up of smoking; we propose that it is likely that young people's relationship with alcohol is similarly impacted, and thus this may be an

additional area for consciousness-raising intervention. Indeed, a recent systematic review concluded that there was 'some evidence for an association between prior alcohol advertising and marketing exposure and subsequent alcohol drinking behaviour in young people' (Smith and Foxcroft, 2009). The authors also note that two subsequent studies

> […] showed significant relationships between receptivity to alcohol marketing or alcohol advertising in young people. Eleven year olds in the highest centile of exposure to TV beer advertisements, alcohol ads in magazines, in-store beer displays and beer concessions, radio listening time and ownership of beer promotional items were 50% more likely to be drinkers than youth in the lowest centile of exposure one year later controlling for demographic and psychosocial factors and prior drinking.

YOUNG PEOPLE AND THE ENFORCEMENT AGENCIES

Action by enforcement agencies was variously interpreted. One young man said, 'I used to like, go down to [the park] or like, go camping … with, like, some friends, which the police knew about, but they just said that like, as long as we were not proper bad and that we tidied up after ourselves then, they don't really mind' (Sw2m15). In contrast, some complained:

> Sw3f17: If the police come they take all the drink off us.
> Sw4f16: Yeah, it's annoying when they take all your drink off you!
> Sw3f17: Yeah, 'cause you're saving for it all week and then you buy loads of drink and then the police come over and then they take it off us.'

For other youths, police dispersal tactics and "catch and convict" targets mean that to challenge the police becomes a certain type of *rite de passage* for some: 'people think they're rock hard 'cause they get in trouble with them' (Yo5f13).

Chantelle (Yo4f13) and Charlene (Yo5f13) are thirteen years old, and giggle as they tell how they spend their time. 'Hang around at the tab house, you get drink and fags there. £2 for 40 fags and they're real fags 'n' all!' They have been caught by the police, they say, but suggest they are able to control how the encounter with authority is played out. 'They take the drink off you and pour it down the drain,' Charlene explains, 'and they say "we'll take you home to your mam and tell her. Unless you take us to where you got the drink and fags".' So you just take them to the tab house and all that.' This police action does not stop youths drinking alcohol

and smoking cigarettes, but it does put the young people in an awkward position. It creates the potential for violence within the social group, because they have revealed the identities of the older teens who run the tab house. Kyla (Yo6f13) explains her preference for the other option: 'It's better the police take us to me mam's and I get shouting off me mam. If they take us to the tab house, I'll get brayed [beaten up] by them [the older teenagers] for telling the police.'

From the narratives collected enforcement action appeared to vary across the study area, with various consequences for the agencies' relationships with young people. Again, young people suggested that they were all "being tarred with the same brush", but this may be because a minority appear to use these encounters to assert status among peers.

PARENTS

Young people's behaviour, as narrated to the research team, was influenced by their parents in many different ways. Some revealed that either or both parents were alcoholic and provided drink to their children, as evidenced by this account:

> Like on Sunday, and I know this is going to sound bad, me and my mam were getting ready and she was like…oh, shall we share a bottle of lager? And I was like, but it's first thing in the morning, and she was just like yeah it's nice having one first thing in the morning, just when you wake up and you have a bit of a refresher. And I thought 'ok, why not?' and I had a bottle of lager, and I got to hers [girlfriend] and I thought, I wouldn't mind getting some more drink! So if I'll just have a little bit then that's it I'll just want more and more and more (Sw6m17).

Others provided only a small amount of alcohol to their children. As outlined on Page 39 above, such provision, regardless of amount, has been shown to have some correlation with problematic adolescent drinking.

> 'I drink a couple of drinks with my parents on New Year's Eve' (Sh22m15).
> 'Dad lets me drink, he gives me a carton and says: 'that's enough' so I don't go all out' (Sh7f15).
> 'My mam and dad allow me to drink, but only in the house, not in the street.' (Sh10f15).
> 'I'm allowed to drink, but only when mam and dad are there' (Sh11f15).

> ‘I’m allowed to drink at home, so I have no need to nick it, but only when I’m in the house’ (Sh12f15).

Some parents grounded their children when they found out they had been drinking, whilst some, reportedly, threatened their children they would ‘kill’ them if they caught them drinking. Strong rule setting would, according to Van Den Eijnden et al (2011), be likely to discourage drinking by their children, but as the following comment demonstrates, general rules may not translate easily to every case or context:

> ‘My dad told me about the effects that drinking alcohol can have on your life and on your family. But I wasn’t listening, I thought, you’re talking shite, you don’t know anything about it, you don’t know anything about my life. You don’t realise it can happen until it does’ (Sw41m18).

In many cases though, it is adults’ use of alcohol that makes the young people curious and want to try it out: ‘You see your mom and dad go [participant makes high pitched ‘pew’ sound] and you’re thinking, ‘I wanna try this!’ and than you go whoo [sound of elation] and then you go uuurrrgg! [sound of being sick]’ (Mo[Group]m).

Some young people are worried about their parents’ behaviour around alcohol, although in most cases this behaviour is considered ‘under control’ or otherwise ‘their choice’, so not something the young people seem keen to change or challenge:

> Ever since I was a kid my dad is like an alcoholic, so I’ve just been brought up in that environment like if you get me, like being around alcohol all the time and my mam likes the occasional drink, actually, quite a lot … I wasn’t really too bothered to be honest, because like, I think it’s their choice really, so it’s just like, well, they can get on with it (Sw2f15).

It is also clear that many parents are not sure how to change or influence their children’s behaviour. Reading between the lines of our participants’ narratives, we discern that some parents don’t want their children to drink, but the young people themselves are not changing their behaviour. The issue of providing children with alcohol confuses and complicates matters for parents and young people alike. There are “unwritten rules” or “old wives’ tales” about kinds and quantities that are considered suitable: too much and you’re considered an alcoholic, endangering your

child; too little and you're considered tight, exposing your child to drinking behind your back and on the streets instead:

> I think they'll probably give something [advice] somewhere in the middle, because they don't want to give like, if they don't give enough they'll get called tight and if they give too much they'll be called allsorts like … alcoholics and stuff like that, that kind of thing. I think it's the pressure. People pressure people into it' (Ba36f15)

THE SOCIAL CONTEXT OF DRINKING

COMMUNITY REPRODUCTION, COMMUNITY CARE

Social context is something that must be accounted for if we are to understand fully the causes of underage risk-taking.[10] What behaviours are young people mimicking, and why? What in their environment – spatial, social and familial – encourages them toward alcohol consumption, and possible trouble?

Dylan (Fe3m15) says that his street is in a particularly disadvantaged area. He is surrounded by drug dealers and violence. He chooses not to socialize in the streets near his home because of one particular incident where a teenager was 'lying drunk outside me house: well, I thought he was drunk, but he had a needle in him. That place is a craphole'. Dylan and his parents get abuse and harassment from their neighbours, but when asked if they contacted the police, he responded: 'No point. They're pretty much stationed on our road. Always one policeman at one end of the street and a policeman at the other'.

The public solution to problematic youths is to remove them from public space. Hannah (Fe3f15) explains that she and her friends hang out in the woods, not just to hide from the sight of police or parents. Their local park is designated for under-12s only, and it seems to them that they are subject to a sweeping solution to youthful anti-social behaviour and that they are 'outside' community. In contrast, young people can reveal a sense of communal responsibility. Jamie (Yo5m14), a young man who has had his own problems with alcohol, explained that he would never drink in public, in view of younger children. 'Me and me mates go to these huge fields out of

[10] Paying attention to the 'social context' of risky health behaviour has been suggested as a means to understanding the complex of influences on smoking, drinking, obesity, and the like. It takes account of such things as personal, familial, environmental, cultural and historical factors, which will vary from place to place, and between sectors of a community (thus adding to the difficulties for intervention). See Thombs et al, 1994; Poland et al, 2004; and Lewis and Russell, in review.

town and have a drink and a laugh,' he said. 'There's a play park just out the front me house but the bairns play there, so I cannat. I don't know really, it's just not nice, don't want bairns seeing that. When little kids are playing, drinking might scare them or make them think, I wanna try that.'

It became clear that while young people could not always depend on the adults around them for responsible guidance, they can be supported – not simply 'led astray' or tempted – by their peer group. When Marcus (Fe6m12) spoke of joint-smoking sleepovers at the home of a drug dealer, Katie (Fe9f12) was quick to tell him to avoid such types: 'That guy asked me to go and get his weed from another guy. Marcus, I just said no, I left his house, easy, like. I left because I didn't want to. You want to grow up, Marcus'. Similarly, Dylan (Fe3m15) explained that 'we were at a party and in this room, people were saying we're going to have a couple of joints, you can join it. I said no and went downstairs and people were just saying "don't bother".'

The context, however, can push young people into conforming to the perceived 'norm' of alcohol use. The pressure faced is starkly revealed in Debbie's narrative: Debbie (Fe10f12), a nervous girl, explained that she does not drink alcohol because the effects of it terrify her. She feels outcast in her peer group because she does not drink and, each day on her way home from school, she is chased and sometimes beaten by the young people who mock her for abstaining from underage drinking. On one occasion, her peers threw glass bottles at her as she ran home. At home there was no adult to help her, and she waited on the stairs sobbing until, some hours later, her grandparents came home from the pub, intoxicated. Debbie was sent to bed. This pressure, with a lack of concern from friends and family, is not something that Debbie gives into. The significant question, however, is how long a young person can withstand such pressure.

FAMILY

Joel (Fe1m15) also tries to be an observer rather than a participant in peer and familial drinking patterns, in order to learn from *their* mistakes. Among our respondents, his narrative was unusual:

> Me sister got a bottle of Bailey's and she threw up on Christmas Day and her memory's crap and she's wrecked. She threw her laptop across the room accidentally when she was drunk. And my cousin is twenty years older than me and he's a wreck too. Me dad's a drinker but he's fine with it. And I think, I'm

> related to both of them and I don't know which way I could go, so I control that and don't risk it.

Again, significant in the data was the number of cases in which parents gave their children alcohol. The young people demonstrate that they know this is wrong, but go to great lengths to justify why it was not irresponsible or neglectful of the parent to do so, in their case. Twelve-year old Stacey (Yo8f12) says:

> I have vodka on the weekends, from me mam. Just a teeny, tiny glass of vodka. And she puts lemonade in it, so it's not alcohol. Me mam would never give us alcohol, 'cause she says it's bad for us kidneys.

The narrative goes from vodka to justification ('teeny, tiny') to blatant inaccuracy ('it's not alcohol') to a rehearsed line on health ('me mam would never give us alcohol 'cause she says it's bad for us kidneys'). Very often, these parents have their own problematic relationship with alcohol, as Marcus' mother exemplifies. Marcus says: 'They [his mum and her friends] were drunk and full of drugs. This woman walked in and went to hit me mam and me mam had had enough so she just … the woman hit me mam so me mam hit her back.' When asked if he thought this fight would have occurred without the influence of alcohol and other substances, Marcus, 12, (Fe6m12) replied 'No. No, because the woman's scared of me mam'. Marcus' own substance abuse and his own desire to have a local drug dealer as 'protection' replicates the situation of drink, drugs, and aggression that his mother finds herself in.

Marcus' 12-year old friend Katie (Fe9f12) also has complicated family stories to reflect upon:

> It was me eldest sister's baby girl's birthday and me eldest sister's got three kids but they've got different dads. The eldest one, his dad's horrible and me mam and dad were out drinking […] and me mam went to the toilet and me dad went to the toilet and me mam came out waiting for me dad and she heard the eldest one's dad say 'I'm gonna effing stick the nut on him' and me mam tried to grab hold of him and he went and nutted me dad. I was stopping at me eldest sister's. Four of them jumped me dad and brayed [beat] him and they came round to the house, seven of them and put her window through and I was upstairs with the bairns and I come down and I saw them all stood there and my sister's boyfriend had to go out 'cause they all had bats and axes and he had to go out with a samurai sword

> and the ex-boyfriend was trying to bray him with a bat […] so my sister's boyfriend hit him […] My sister said to her ex, 'your kid's upstairs in bed' and he started laughing at her. Me dad had called one of his mates and they were on their way round and seven of them started running down and me dad had a pick-axe and got arrested for it.

Katie, at the time just eleven herself, was forced to take on the responsibility of her nieces and nephews while witnessing a violent gang attack, and she told the story in the context of alcohol consumption. Asked whether these family experiences of drinking would put them off or alter their drinking habits, Marcus and Katie both said no; their families don't have *problems* with their drinking. They were then asked what their parents thought of their underage drinking. Katie offered information as both response and, again, justification: 'I ask me dad for drink sometimes but he says no but he said yeah you can have it as a one-off at Christmas, half a glass of wine.' Marcus interjects: 'He bought you a two litre bottle of cider at the weekend'. Katie replies, 'No he didn't. Oh yeah, he bought me a bottle of Lambrini to share with me friends. It was just a two litre though.'

The protection these young people provide to their parents' reputations demonstrates that they are aware of the health implications of alcohol consumption: 'just a teeny, tiny, tiny bit', 'one-offs' for special occasions, 'half a glass', 'to share'; they try to adjust their parent-child relationship by adjusting the measure. But Marcus shows his own displeasure at his mother for putting up no boundaries for him:

> I went into the [pub] and I got served' [We later find out that Marcus was not served, but went around the pub drinking the remains of alcohol in the bottom of discarded glasses]. 'Me mam and me stepdad were in there drunk and me stepdad starts shouting at us to leave them alone. So I says to him to fuck off and he punches us in the face. Me mam says that's what I get for drinking. Told us not to drink again. But they weren't even bothered, I wasn't even grounded the next day. The other day me mam gave us a vodka and coke.

Marcus is receiving thoroughly mixed messages from his mother. A persistent theme in this research is the young people's recognition that parental provision of alcohol to them is wrong, followed by a justification for such actions. In many ways, it seems, these young people are reproducing the risk-taking behaviours of the community and family, their primary source of 'nurture' and example. The

responsible role of ‘being an adult’ is often, negatively, put onto the child. Debbie (Fe10f12) sums it up: ‘It’s quite good that I can be treated like an adult but I don’t really like it.’

DISCUSSION

This research was conducted in various settings and locations across Co Durham and Darlington. The majority of participants were aged between 12 and 15 years old, and were therefore under the legal age for purchasing alcohol and drinking on licensed premises. They are unable to use what might be termed "controlled" public drinking spaces, unable to purchase their own alcohol (except where retailers were permissive or lax, or from illicit sources), and are heavily influenced in their alcohol-related beliefs and behaviours by the proximal familial and communal environment, wider social and cultural attitudes on drinking, and a generalised "marginalisation" of youth.

There was some indication of gender variability in alcohol relationships, although this is also mediated by personal circumstances. The boys tended to use alcohol to support more aggressive behaviour, while girls tended to use alcohol to bolster self-confidence in social or interpersonal situations; whether alcohol does or does not counter inhibitions and increase confidence is a subject for debate, but for the purpose of understanding the behaviour, attitudes and opinions of our current respondents, it is a mute point. The young people believe it does both. It is learned justificatory behaviour, and real to them.

REPRISE OF THE LITERATURE REVIEW

The literature review, conducted before fieldwork commenced, focused largely on the parent-child relationship and how, in turn, this impacted on the young person's relationship with alcohol. No data was collected directly from parents during this project, but insights into parental behaviour and actions came through in the young people's narratives. In the main, they confirmed the findings of the material included in the review. Difficult family environments (whether because of family break-up, violence, or alcohol use and abuse by either or both parents) are predictive of higher alcohol use by the child. However, apparent forms of "control" can also encourage use; even a small amount of alcohol provided by the parent to the child is linked to higher adolescent alcohol use. This is even the case in France, which is one of the European countries often cited as having a "healthy" attitude to alcohol in its traditions of early but controlled introduction of alcohol to young people (Choquet 2007).

This association between parental "permissiveness" and adolescent attitudes to alcohol may be explained by way of "expectancy theory" (Wall et al, 2003), which

suggests that individuals have certain direct and indirect expectations of the benefits that alcohol will bring them, based on direct or indirect learning. A few examples from the many revealed by this study include:

- young people's assumptions that alcohol is required to have fun (indirectly learned from observing parents/adults),
- that alcohol will provide them with increased confidence (learned by observing peers), and
- that drinking confers membership of group (learned by experience) and is one instrument in the necessary process of "identity work".

These "expectancies" however remain strongest where the young person is exposed to high levels of consumption by a parents or parents. Narratives suggesting that alcohol is a way of making one feel better, or that the narrator is more a experienced or 'mature' drinker than others in their age group, may indicate these increased expectancies and should be cause for concern (Malone et al, 2002). Similarly, Chalder et al (2005) suggest that drinking alone, to feel intoxicated or forget problems – that is, 'asocial' relationships with alcohol – may also be more likely where parental drinking is heavy. The narratives in this current study have led us to conclude also that "I" narratives (i.e. asocial) may be more indicative of problematic drinking then "we" (or social) narratives, and could be used as simple indicators by professionals and practitioners.

Young people also find themselves, in Bancroft et al's terms, 'colluding' with parental behaviour (2005). This is strongly represented in this study, with young people regularly justifying parental behaviour in providing them with alcohol. However, we would add that parents (and society in general) are confused about the best course of action when it comes to advising their children about alcohol. If familial attitude to alcohol is the primary influencing factor in young people's current and future relationships with alcohol, then a clearer steer is required from government, public health and other responsible bodies. That said, any intervention focused on families would need also to pay attention to the wider social and cultural environment. Further, young people's own and existing forms of resilience, coping and mutual support should be acknowledged (Bancroft and Wilson, 2007), as should young people's desire to ensure that their own drinking does not unduly influence children even younger than themselves.

FINDINGS

Significant among the findings are the following:

- Parents/carers are confused about the best way to manage their child's introduction to and developing relationship with alcohol.

- Young people whose parents/guardians are providing them with alcohol (of whatever type, and in whatever quantities), whilst they doubt the appropriateness of their parents' actions, find it necessary to justify their parents' actions. They are, therefore, making attempts to ensure that their parents' actions are understood as compliant with public health advice.

- Young people appear to have their own way of categorizing alcohol. The narratives in the study reveal that certain types or brands (e.g. Lambrini) can be dismissed as "not alcohol", or that adding a mixer is understood to negate the alcohol content. There may be a misinterpretation here about the relationship between strength and classification as alcohol. We would suggest that the ability to dismiss "weaker" types and brands, and alcopops, blurs these products' role in transition to drinking more and stronger options.

- A growing evidence base, when combined with narratives in this report, demonstrates brand awareness and use of differing alcohol brands/types to signify age and/or status. There is justification for further investigation into the role of product promotion, in all its forms, in influencing adolescent drinking behaviour, and possible consideration of legislative control.

- At times, it is the alcoholic drink itself that is imbued with agency – 'it was the Jack Daniels that did it'.

- "I" narratives (i.e. asocial) may be more indicative of problematic drinking than "we" (or social) narratives, and could be used as simple indicators by professionals and practitioners.

KEY RECOMMENDATIONS

LANGUAGE

The language used to promote health and reduce risky behaviour needs to be relevant to young people. The research has revealed that young people divide drinking into two clear categories – it is either "good" or "bad" (although not necessarily referred to in this way).

- Good drinking is that which happens on special occasions, or where 'knowing your limits' or 'being responsible' is adhered to.
- Bad drinking disrupts friendships and social relationships, causes violence, or leads to risky sexual behaviour and possible pregnancy.

What constitutes limits or responsibility may not equate with what adults', practitioners' or policy-makers' definitions, but they are frames of reference that are meaningful to young people.

COLLABORATION OVER PREVENTION

Young people take risks as part of their transition from childhood to adulthood. The risks they take along the way will happen to varying degrees. Collaborating with young people to develop ways of supporting them through this time, and advising them on responsible drinking at all ages – that is, preparing them for adulthood rather than preventing what might be considered part of the normal process of 'growing up' – is likely to be beneficial.

SUPPORT FOR PARENTS/GUARDIANS

It should not be assumed that this report advocates an extension of the law into the home. However, there are indications from the young people's narratives that parents/guardians need additional support in communicating with young people about alcohol. Parents' lack of clarity on such issues as whether or not to provide alcohol at home and to what level is resulting in mixed messages for young people.

POSSIBLE INTERVENTIONS

We would suggest that four streams for possible intervention emerge from this study; population-level intervention (media campaigns, health education, etc), strategic/commissioner level intervention (selection of appropriate services, etc), practitioner interventions (themes for healthcare and other professionals to use when working with young people), and collaborative/action-centred interventions (for use by youth organisations such as Just 4 Youth).

- **POPULATION-LEVEL INTERVENTION**
  - Media campaign directed at parents on giving alcohol to young people, and the relationship with the law
  - Campaign directed at young people, aimed at improving their knowledge about alcohol in all its forms
- **COMMISSIONER/STRATEGIC INTERVENTION**
  - Services commissioned to have Investing in Children (or similar) certification, demonstrating commitment to collaboration with young people
  - Ensuring consistent delivery of services across the area
  - Work to improve the integration of young people in and as part of their community
- **PRACTITIONER INTERVENTION**
  - Change language of interaction, making it relevant to young people e.g. "good" and "bad" drinking
  - Challenging work on "knowing your limits" and assumed "control" over one's drinking
  - Challenging work on where vulnerability lies – before the drink, or after?
  - Work on how alcohol impacts on friendships, and on younger children/siblings, and on the self (e.g. appearance)
  - Work on safety, inside and outside the home (including what to do when problems arise)
- **COLLABORATIVE INTERVENTION WITH YOUNG PEOPLE (E.G. BY JUST 4 YOUTH AND OTHER YOUTH ORGANISATIONS)**
  - Brochure, developed collaboratively with young people ("youth-proofed"), outlining this report and its findings: contents might include information on local services, and work on young people's categorisation of different types of alcohol, resilience and responsibility (e.g. problems that might arise in giving agency to alcohol)
  - Further work on "good" and "bad" drinking, and the transformations made by young people, through their narratives, of bad experiences into good (e.g. sickness into "a good time")
  - Programmes on the relationship between enforcement agencies and young people.
  - Resilience: how to say no, and how to stick to one's own limits
  - Intervention work to complement any population-level campaigns, and work on existing government "guidelines" (on limits etc) and what to do for safety
  - Again, challenging work on where vulnerability lies – before the drink, or after?

CONCLUDING COMMENTS

Participants whose parents or carers have a problematic relationship with alcohol are more likely to have current or future problems themselves. The degree of apparent 'mismatch' between young people's knowledge about the harm that alcohol can do (including physical damage, violence, family disruption, undesirable behaviour), and their willingness still to drink and justify their drinking behaviour cannot be explained by simple rebelliousness or desire to take risks. Rather, it is a manifestation of individual and collective reproductions of their social and cultural environment (both proximal and distal).

We have drawn a number of conclusions and made recommendations, but have also presented the ethnographic material in such a way that commissioners of services, practitioners, youth groups and other interested parties are able, by comparing the findings with their own local experience, are able to draw conclusions of their own and develop informed interventions.

The next step for this report is to share findings with Just 4 Youth, a young people's advocacy, support and training organisation based in Middesbrough. Using their considerable experience working with young people, they will produce a "youth proofed" version of findings, conclusions and/or recommendations, as they see fit, that is suitable for dissemination to young people.

REFERENCES

Amos A, Bostock Y. 2007. Young people, smoking, and gender: a qualitative exploration. *Health Education Research*, 22(6): 770-781.

Bancroft A, Wilson S, Cunningham-Burley S, Masters H, Backett-Milburn K. 2005. Children managing parental drug and alcohol misuse: challenging parent-child boundaries. L McKie and S Cunningham-Burley (eds) *Families in Society: boundaries and relationships.* London: Policy Press.

Bancroft A, Wilson S. 2007. 'The 'risk gradient' in policy on children of drug and alcohol users: Framing young people as risky'. *Health, Risk, and Society*, 9: 311-322.

Becker HS. 1953. 'Becoming a marihuana user'. *American Journal of Sociology*, 59(3): 235-242.

Bell J. 2009. 'Why embarrassment inhibits the acquisition and use of condoms: a qualitative approach to understanding risky sexual behaviour'. In *Journal of Adolescence*, 32(2): 379-391.

Bellis MA, Hughes K, Morleo M, Tocque K, Hughes S, Allen T, Harrison D, Fe-Rodriguez E. 2007. Predictors of risky alcohol consumption in schoolchildren and their implications for preventing alcohol-related harm. *Substance Abuse Treatment, Prevention, and Policy*. 2(15).

Cable N, Sacker A. 2007. Typologies of alcohol consumption in adolescence: predictors and adult outcomes. *Alcohol and Alcoholism*, 43(1): 81-90.

Chalder M, Elgar FJ, Bennett P. 2005. Drinking and motivations to drink among adolescent children of parents with alcohol problems. *Alcohol and Alcoholism*, 41(1): 107-113.

Choquet M, Hassler C, Morin D, Falissard B, Nearkasen C. 2007, Preceived parenting styles and tobacco, alcohol and cannabis use among French adolescents: gender and family structure differentials. *Alcohol and Alcoholism*. Advance Access copy.

Demant J. 2009. 'When Alcohol Acts: An Actor-Network Approach to Teenagers, Alcohol and Parties'. *Body and Society*, 15(1): 25-46.

Eadie, D. et al 2010. Pre-teens learning about alcohol: drinking and family contexts. York: Joseph Rowntree Foundation. [http://www.jrf.org.uk/publications/pre-teens-alcohol-learning].

Galloway J, Forsythe A, and Shewan D. 2007. *Young people's street drinking behaviour: investigating the influence of marketing and subculture*. Glasgow: Glasgow Centre for the Study of Violence.
[http://www.aerc.org.uk/documents/pdfs/finalReports/AERC_FinalReport_0030.pdf: Accessed 09.09.09]

Hellandsjø Bu ET, Watten RG, Foxcroft DR, Ingebrigtsen JE, Relling G. 2002. Teenage alcohol and intoxication debut: the impact of family socialization factors, living area and participation in organised sports. *Alcohol and Alcoholism*, 37(1): 74-80.

HM Government. 2007. *Safe, Sensible, Social: The Next Steps in the National Alcohol Strategy*. London: TSO.

Järvinen M, Room R. 2007. 'Youth drinking cultures: European experiences'. In M Järvinen and R Room (eds) *Youth Drinking Cultures: European Experiences*, Aldershot: Ashgate Publishing.

Kenny DT, Schreiner I. 2009. Predictors of high-risk alcohol consumption in young offenders on community orders. *Psychology, Public Policy and Law*, 15(1): 54-79.

Kestila L, Martelin T, Rahkonen O, Joutsenniemi K, Pirkola S, Poikolainen K, Koskinen S. 2008. Childhood and current determinants of heavy drinking in early adulthood. *Alcohol and Alcoholism*, 43(4): 460-469.

Kloep M et al. 2001. Young people in `drinking' societies? Norwegian, Scottish and Swedish adolescents' perceptions of alcohol use. *Health Education Research*, 16: 279-29

Kuendig H, Kuntsche E. 2006. Family bonding and adolescent alcohol use: moderating effect of living with excessive drinking parents. *Alcohol and Alcoholism*, 41(4): 464-471.

Lintonen TP and Konu AI. 2004. The misperceived social norm of drunkenness among early adolescents in Finland. *Health Education Research*, 19(1): 64-70.

Malone SM, Iacono WG, McGue. 2002. Drinks of the father: father's maximum number of drinks consumed predicts externalising disorders, substance use, and substance use disorders in preadolescent and adolescent offspring. *Alcoholism: Clinical and Experimental Research*, 26(12): 1823-1832.

Masten AS, Faden VB, Zucker RA, Spear L. 2008. Underage drinking: a developmental framework. *Pediatrics*, Online version.

McArdle P, Wiegersma A, Gilvarry E, Kolte B, McCarthy S, Fitzgerald M, Brinkley A, Blom M, Stoeckel I, Perolini A, Michels I, Johnson R, Quensel S. 2002. European adolescent substance use: the roles of family structure, function and gender. *Addiction*, 97: 329-336.

Mclean KC, Pasupathi M, Pals JL. 2007. Selves Creating Stories Creating Selves: A Process Model of Self-Development. *Personality and Social Psychology Review*, 11(3), 262-278.

Meashan, F. 2008. The turning tides of intoxication: young people's drinking in Britain in the 2000s. *Health Education,* 108(3): 207-222.

Newbury-Birch D, Gilvarry E, McArdle P, Venkateswaran R, Stewart S, Walker J, Avert L, Beyer F, Brown N, Jackson K, Lock CA, McGovern R, Kaner E. 2008. Impact of Alcohol Consumption on Young People: A Review of Reviews. London, DCSF. See http://www.dcsf.gov.uk/consultations/downloadableDocs/Review%20of%20existing%20reviews%20(Full).pdf

Parker H. 2007. 'Consumption beyond control: the centrality of heavy social drinking in the lifestyles of English youth'. In M Järvinen and R Room (eds) *Youth Drinking Cultures: European Experiences*, Aldershot: Ashgate Publishing.

Paton A. 1999. Reflections on alcohol and the young. *Alcohol and Alcoholism*, 34(4): 502-505.

Percy, A. et al. 2011. *Teenage Drinking Cultures*. York: Joseph Rowntree Foundation. [http://www.jrf.org.uk/publications/teenage-drinking-cultures]

Petrie J, Bunn F, Byrne G. 2006. Parenting programmes for preventing tobacco, alcohol or drugs misuse in children 8: a systematic review. *Health Education Research: Theory and Practice*,

Poelen EAP, Scholte RHJ, Williemsen G, Boomsma DI, Engels RCME. Drinking by parents, siblings and friends as predictors of regular alcohol use in adolescents and young adults: a longitudinal twin-family study. *Alcohol and Alcoholism*, 42(4): 362-369.

Redgrave K, Limmer M. 2005. *"It makes you more up for it": school aged young people's perspectives on alcohol and sexual health*. Report by Rochdale Teenage Pregnancy Service.

Scholte RHJ, Poelen EAP, Willemsen G, Boomsma DI, Engels RCME. 2007. Relative risks of adolescent and young adult alcohol use: the role of drinking fathers, mothers, siblings, and friends. *Addictive Behaviors*, 33: 1-14.

Seaman, P. And V. Ikegwuonu. 2010. *Young people and alcohol: influences on how they drink*. York: Joseph Rowntree Foundation. [http://www.jrf.org.uk/publications/young-people-alcohol-influences-drinking].

Sigman, A. 2011. *Alcohol nation: how to protect our children from today's drinking culture*. London: Piatkus.

Smith LA, Foxcroft DR. 2009. The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health*, 9(51), doi:10.1186/1471-2458-9-51.

Sondhi, A. and C. Turner. 2011. *The influence of family and friends on young people's*

drinking. York: Joseph Rowntree Foundation. [http://www.jrf.org.uk/publications/influence-family-and-friends-young-people-drinking]

Valentine, G. 2010. *Alcohol consumption and family life*. York: Joseph Rowntree Foundation. [http://www.jrf.org.uk/publications/alcohol-consumption-family-life]

Van Den Eijnden R, Van De Mheen D, Vet R, Vermulst A. 2011. Alcohol-specific parenting and adolescents' alcohol-related problems: the interacting role of alcohol availability at home and parental rules. *Journal of Studies on Alcohol and Drugs*, 72(3): 408-417.

Velleman R, Templeton L, Reuber D, Klein M, Moesgen D. 2008. Domestic abuse experienced by young people living in families with alcohol problems: results from a cross-European study. *Child Abuse Review*, 17: 387-409.

Velleman RDB, Templeton LJ. 2007. Substance misuse by children and young people: the role of the family and implications for intervention and prevention. *Paediatrics and Child Health*, 17(1): 25-?

Velleman R, Templeton L. 2007. Understanding and modifying the impact of parents' substance misuse on children. *Advances in Psychiatric Treatment*, 13: 79-89.

Velleman R. 2009. *Children, young people and alcohol: how they learn and how to prevent excessive use*. York: Joseph Rowntree Foundation. [http://www.jrf.org.uk/publications/young-people-alcohol-excessive-prevention]

Wall A-M, Thrussell C, Lalonde RN. 2003. Do alcohol expectancies become intoxicated outcomes? A test of social-learning theory in a naturalistic bar setting. *Addictive Behaviours*, 28: 1271-1283.