

Children, young people and alcohol: how they learn and how to prevent excessive use

Findings
Informing change

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Two linked research reviews examine: how young people acquire their knowledge, attitudes, expectations, and intentions about alcohol; and what interventions work best to prevent excessive use of alcohol.

Key points

- Key influences are:
 - family processes and structures;
 - while there is less consensus about the influence of peers, key processes include peer selection and mutual influence;
 - direct (advertising) and indirect (media representations, product placements, etc) marketing and cultural representations of alcohol;
 - country, ethnicity and race, religion, socio-economic status, and other cultural factors.
- Many of these ideas have been used to develop interventions. The most effective are those based on the family. These have generally worked on a number of aspects of family processes aimed at enhancing family bonding and relationships.
- Interventions based around altering peer influence can work too, although less well. Those linked with ones that also involve the family appear to work best.
- Despite a wealth of evidence that advertising and the media are dominating influences very few preventative interventions have been based on these ideas.
- The review concludes that what is needed is an integrated, planned and implemented community prevention system. Such a universal prevention programme needs to be started when children are young, not when families are starting to consider how to prevent teenage drinking.

The research

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Background

Children start to learn about alcohol from an extremely young age. They learn a great deal from general observation of the media and wider society. However, basic knowledge, attitudes, expectations and intentions are initially most influenced by their families – especially parents, but including others such as grandparents and siblings. Other important influences include peers, school, community, and religious and cultural influences.

Influences

Key family processes and structures have been shown to influence how young peoples' knowledge, attitudes and subsequent behaviour develop. It seems relatively clear that the family can continue to be a moderating influence throughout adolescence and even young adulthood, with parents usually also affecting long-term values.

There is increasing recognition that the influences of family and peers are interdependent. Rather than seeking to determine which has the greater influence, it may be more productive to examine how these two forces interact.

Overall, some processes protect young people, tending to slow down the risk that young people will initiate drinking earlier, and /or will move into heavier or more risky drinking styles; others tend to increase these risks. Each of these issues cannot be examined in isolation.

As children grow, the primary influences usually change from parental influence towards societal as a whole then towards peer influence. However, parental and family factors hold huge sway over how much influence these other factors have, and at which stages they will start to predominate. As young people grow older, their involvement in their community also plays a prominent role in their relationship towards alcohol, again heavily influenced by parental (and later peer) factors.

Parenting style

Protective factors include: 'responsive parenting' (parents who expect a lot from their children and provide them with a sense of self-reliance); consistent child-management, balancing 'care' and control', with clear, consistent and enforced rules; high levels of parental supervision or monitoring; parental modelling of appropriate alcohol use; and clear and open communication of both expectations about alcohol use (or non-use) and potential disapproval if expectations are not met.

Family cohesion

Protective factors include: higher levels of family support and bonding (including eating together five or more

times per week); a child liking or being satisfied with relationships with a parent; a child wanting to be like a parent; and a high level of family co-operation.

Sibling behaviour

Older siblings' willingness to use substances, and their actual substance use, are both robust predictors of later use by younger siblings.

Peers

There is less consensus about the influence of peers. What is clear is that it is not so much that young people are influenced by their peers but that they select like-minded peers leading to a process of mutual influence.

Marketing

Marketing and cultural representations of alcohol – whether direct (advertising) or indirect (media representations, product placements, etc) – exert a very significant influence on young people. Well-designed longitudinal studies show that marketing is a significant factor in the rise in young people's alcohol consumption. Not surprisingly, young people who see, hear and read more alcohol advertisements and endorsements are more likely to drink, and to drink more heavily, than their peers.

It is clear that the influence of the media is massive, in turn affecting the influence of parental and family relationships, especially with children where family controls are less apparent. It is generally accepted that:

- Frequent exposure to persuasive alcohol portrayals via a huge range of media has a major impact.
- The impact of these portrayals can be mediated by the parental and family factors reviewed above. In particular, parental reinforcement and counter-reinforcement of messages, open communication, parental monitoring, and clear rules can help to offset media influences.

Cultural factors

Other major influences are country, ethnicity and race, religion, socio-economic status, and other cultural factors. Examples include:

- An increasing *globalisation* of young people's drinking behaviour, with significant rises in binge drinking in many countries. The influence of family and peers is generally similar across countries.
- For *minority ethnic groups*, many of the same factors are equally important and independently associated with lower risk of regular drinking, including:
 - *family factors* such as: parental monitoring; perceived consequences; maintaining intimacy and connection to the family; family cohesion;

family supervision; low sibling willingness to use; parental attitudes toward their child's alcohol use; supervised provision of alcohol by parents and adult relatives and drinking with a parent (for older children); and greater levels of family social support;

- *individual factors* such as: better decision-making skills; higher self-reliance; lower peer pressure susceptibility; more positive attitudes about school and prior school success; negative expectations of drinking, peer drinking and adult drinking;
- *peer factors* such as having few friends who drink (this is generalised from USA research; very little research on these issues has been conducted elsewhere).
- *Religious identification* is a significant indicator of whether or not people drink, and is often more important than other cultural or social factors. For those who do drink, religious identification is also associated with less risky drinking.
- *Active religious involvement* or faith appears to have a protective effect on young people's drinking. Religious attendance seems to predict decreases in the quantity and frequency of alcohol use. Teenagers showing greater religious involvement and stronger religious values have a lower risk of alcohol use. Other studies have shown that religious attendance predicts decreases in the quantity and frequency of alcohol use even in the presence of peer, family, and school variables. However, these variables are of more importance than religious *saliency* ('How important is your religion?') in relation to later decisions to use alcohol.
- Some studies suggest that familial, religious and peer influences are all closely correlated with *ethnicity*. Muslim young people mostly show lower levels of substance use, including drinking, coupled with higher levels of religious and familial, and lower levels of peer, involvement, compared with white, Black African and Black Caribbean young people (most of whom may be presumed to be either Christian or of no fixed or practicing religion).
- *Cultural norms* are important, as is 'place' or geographical location: the dynamics of neighbourhood and the ways in which the social history and linked physical characteristics of areas of residence may have a significant influence on how people drink alcohol.
- Other factors include taking part in *sport and other extra-curricular activities* (such as youth groups). Young people involved in these are less likely to have problems with alcohol or to be involved in risky drinking (binging, high frequency drinking, drinking outdoors); conversely, young people who do not become involved in such activities are more likely to initiate alcohol use early.

Interventions

Various prevention programmes focus on altering how children learn about and develop attitudes towards alcohol, reducing more general risk factors, or enhancing protective factors and developing resilience.

Evidence of effectiveness is best for interventions based on the family. These have generally worked on enhancing family relationships. This has included: skills training on parental support for children, parent-child communication, parental involvement, and parental monitoring and supervision; and practice in developing, discussing, and enforcing family policies on substance misuse.

Many family interventions are relatively complex, aiming to improve a wide range of family, parent-child and parenting behaviours. But one recent study suggested that the single most important thing that parents needed to do was to regularly and frequently eat dinner with their children (five times per week or more). This study suggested that this relatively simple intervention worked effectively to protect children not only from substance misuse, but also from poor school and academic performance, shown to be an independent factor related to many poor outcomes, including early substance misuse. It is likely that when families eat together most nights all the other important variables, such as family communication and family joint activity, also improve. It may be that persuading families to eat together could work as an important proxy for these other vital family factors – one that is far easier to encourage in the general population than retraining communication, rules, contingencies, and so on.

There is some (albeit less strong) evidence that interventions based on altering peer influence can work, by improving young people's skills to resist peer pressure or deal with life generally, or by training peers to become educators and attitude-formation leaders. The interventions that appear to work best are those interlinked with ones that also involve the family.

Although there is a wealth of evidence suggesting that advertising and the media are dominating influences on young people in this area, there have been very few preventative interventions based on these ideas.

Implications for future interventions

Despite the research evidence, parents do not have a strong sense of the importance of parental influence and modelling of behaviour on subsequent behaviour in their children. Of primary importance is educating parents about the effects of their own behaviour in influencing young people's use of alcohol (or drugs). Programmes need to equip parents with:

- parenting skills, helping parents to develop family cohesion, clear communication, high-quality supervision and the ability to resolve conflicts;
- substance-related skills, providing parents with accurate information and highlighting the need to model the attitudes and behaviour they wish to impart; and
- confidence skills, to enable parents to communicate with their children about alcohol and drugs.

The review concludes with suggestions for how a universal prevention programme might be developed and delivered. The core task is to replace the cultural norm of bingeing and other forms of drinking dangerously, with positive parental role models for sensible alcohol consumption.

Programmes need to:

- delay the onset of drinking, providing coherent messages about which age is appropriate for parents to introduce their children to alcohol;
- help parents to realise that it is a good thing to delay the onset of drinking and that there are things that they can do to achieve this;
- change children's and young people's norms about drinking;
- get parents to supervise young people's drinking when they do start;
- encourage parents to create a strong family life and family bonds, family values and family concern, family rules and family supervision, and a balance between family care and family control.

There are also wider issues about alcohol and its availability and affordability to children.

Recommendations to start to deal with these include:

- an increased use of test purchasing and greater investment in policing underage sales;
- increased enforcement of immediate and severe penalties for those selling alcohol to young people;
- universal adoption of age checks for individuals purchasing alcohol who look under 21;
- advice to parents about monitoring the income and expenditure of children so that there is a better understanding about how much money children have and whether it is being spent appropriately.

Conclusions

The review concludes that what is needed is an *integrated, planned and implemented community prevention system*. This would draw lessons from a range of sources: effective parenting training programmes; organisational change programmes in schools, classroom organisation, management, and instructional strategies; classroom curricula for social and emotional competence promotion; multi-component programmes based in schools; community mobilisation; community/school policies; enforcement of laws relating to underage purchasing and selling alcohol to intoxicated people; altering community and cultural norms so that drunken behaviour is not tolerated (and certainly not encouraged); and how to effect planned policy changes with respect to price, availability and accessibility.

There is evidence from other countries that multi-component programmes can be very effective. However, there have been no research projects of sufficient power to test these ideas in a UK context.

About the project

This was a review of research and policy literature.

For more information

Fuller details are available in two linked reports, both by Richard Velleman: **Influences on how children and young people learn about and behave towards alcohol** and **Alcohol prevention programmes**. Both are available for free download from www.jrf.org.uk.

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