

**Underage 'risky' drinking**

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# **Underage 'risky' drinking**

## **Motivations and outcomes**

**Lester Coleman and Suzanne Cater**



**JOSEPH ROWNTREE  
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# Summary

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This summary draws together the main findings and focuses on the ways in which the research can be utilised. This summary covers the following topics:

- why was the research undertaken?
- research methods
- the main findings
- implications for policy and practice
- questions for future research.

## Why was the research undertaken?

A comprehensive literature review by Newburn and Shiner (2001) recommended that young people's motivations for 'risky drinking' are in need of more research. 'Risky drinking' is defined as *excessive single-session drinking* (otherwise termed 'binge drinking' or 'being very drunk') *in unsupervised locations* (typically either outdoors or in friends' houses when parents/adults are not present). Previous research in this area has either examined drinking in more 'general/moderate' terms (i.e. not exclusively risky drinking) or has been among different age groups. The research is particularly necessary given the evidence from nationally representative samples showing that more underage young people are drinking on a regular basis, with rising consumption levels (especially in single sessions). This research is timely given the recent publication of the Government's first *National Alcohol Harm Reduction Strategy for England* (Cabinet Office, 2004).

## Research methods

Eight-hundred-and-forty-six questionnaires and 64 in-depth interviews with young people aged 14–17 years were completed as part of the research. All interviewees had some experience of excessive single-session drinking in unsupervised environments. This provided an extremely informative and valuable insight into young people's motivations and outcomes associated with their risky drinking.

## The main findings

### Motivations

Young people's statements of their motivations were grouped into the following three themes. First, young people reported *social facilitation* motivations: essentially, an increase in confidence and enjoyment in social and sexual situations. Second, *individual benefits* included using drunkenness as a means to forget problems, for the 'buzz' and a feeling of 'difference', and for 'something to do' given a perceived lack of alternative activities available. Third, *social norms and influences* included the impact of wider social norms and the accepted culture of heavy drinking, peer influence (including peer pressure) and for greater 'respect and image' among the social group.

These findings were not overly distinct from those documented by previous research. This similarity is most interesting and there were two probable explanations. First, that young people's motivations for drinking alcohol, whether in moderation or excess, are relatively similar. Second, although previous studies in this area were not specifically researching risky

drinking, it may be the case that a significant proportion of young people are drinking in this manner.

### Outcomes

Outcomes of young people's risky drinking were mostly harmful or potentially harmful, although not exclusively so. Outcomes were grouped into three themes. First, *health outcomes* included regretted sexual experience, injury, fighting, intoxication and drug use. Second, *safety outcomes* included walking home alone, daring behaviour and pranks, and dangerous driving. Third, *legal outcomes* included trouble with the police. The prevalence and severity of these outcomes reflect the nature of our sample (exclusively risky drinkers) and support the notion that heavier drinking increases the risk of potential harm.

This in-depth study was also able to propose a 'continuum of influence' to depict *how* alcohol may relate to these outcomes. This continuum acknowledges how young people may use alcohol as an 'excuse' for unacceptable behaviour, and also how alcohol may lead to a lowering of inhibitions, impaired judgement and a complete loss of control.

### Implications for policy and practice

It is anticipated that this research will contribute to some of the key issues raised in the *National Alcohol Harm Reduction Strategy for England* (Cabinet Office, 2004), and will be of interest to parents, teachers, youth workers, substance misuse workers and a range of additional health professionals. The implications for policy and practice can be considered in the following four main areas.

### Generic risk taking

The research highlights the close association between excessive drinking and harmful outcomes such as unsafe sex, drug use and fighting. This supports the recently implemented Youth Development Pilot Programmes, which aim to tackle generic risk taking, rather than focusing on individual risks in isolation.

### The importance of harm minimisation

Given that most young people reported that they enjoy risky drinking, promoting 'safer drinking' through a *harm-minimisation* approach is likely to be more effective than promoting abstinence. Skills to reduce the likelihood of harmful outcomes should be conveyed to young people, including those reported in the interviews. Also, given that underage drinkers are more likely to drink in unsupervised, potentially more harmful, environments, this research would support the case to consider safer environments for underage drinking.

### The identification of high-risk groups

This research was informative in identifying groups of young people who would arguably be in greater need of the harm-minimisation strategies. There were three points of interest in identifying these *high-risk groups*. First, the research was able to help assess risk potential through a shortened (13-item) Alcohol Expectancy Questionnaire. The analysis showed that young people's responses to this questionnaire were reliable (in a statistical sense) and were significantly indicative of their frequency of drunkenness and subsequent level of risk. Second, a comparative analysis was able to report associations between motivations and

specific harmful outcomes. Those seeking the 'buzz' were more likely to report a greater incidence of harmful health and safety outcomes such as injury, intoxication and daring behaviour. In contrast, those reporting social facilitation were far less likely to report harmful outcomes. Third, a key finding was that, following first-ever experience of drunkenness (usually around 14–15 years for this sample), drinking excessively becomes more regular and usually takes place in unsupervised, including outdoor, environments for the next two to three years. This is the most critical time for high-risk outcomes. With increased age, young people make the transition to more licensed premises, which offer a more protective effect from harmful outcomes. Young women, as they are able to access licensed premises at a younger age, experience this protective effect earlier than young men.

### **Wider policy issues**

The findings from this research implicate *wider policy issues* by supporting a reduction in the advertising of alcohol, the inclusion of appropriate alcohol education in schools and the provision of more activities for young people in the community. These wider policy issues are a necessary prerequisite to change the popular culture of binge drinking among young people.

### **Areas in need of further research**

The areas in need of further research that arise from this study are as follows.

- A greater understanding of the processes triggering the transition from first-ever alcohol to first drunkenness is required, as this appears to mark a crucial transition to more repeated episodes of excessive drinking.
- This research detailed two strategies that young people adopt to manage their drinking, namely, drinking in groups and eating adequately beforehand. Research investigating other areas of alcohol management is required, as these are likely to provide useful inroads for harm-minimisation strategies.
- More research is needed on subcultures among young people, and how these impact on drinking behaviours and outcomes (particularly risky drinking, drug taking and violent outcomes).
- It would be useful to have a more detailed insight into how parents and carers introduce alcohol to children, and how they monitor and control their drinking. For example, what rules do adults enforce/try to enforce on young people's drinking behaviour? What do adults perceive as acceptable or unacceptable drinking?

- This research suggests that it would be useful to research young people's views on the alcohol education that they receive. In order to keep up with changes in drinking styles and behaviour, it would seem essential to consult on what young people would find useful to know. This

information could inform new training materials for parents, teachers and other professionals. Including young people's views would improve a harm-minimisation approach and would complement information that is already deemed necessary.



# 1 Introduction

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## Structure of the report

In this opening chapter, the background to the research will be provided. This will outline its relevance to current concerns about young people's drinking habits and the key objectives, and situate its contribution in relation to previous research. An outline of the key policy initiatives relating to young people's use of alcohol will also be provided. This will enable the later discussion surrounding policy and practice implications to be situated in the current context. This opening chapter will close by summarising the main methods of research used in this study.

Chapters 2 to 5 will be dedicated to presenting the main findings from the research. Chapter 2 will detail the findings from the brief self-administered questionnaire used to select a proportion of the interviewees. Findings relating to experience and frequency of excessive single-session drinking, most frequented location of excessive single-session drinking and young people's expectancies of the effects of alcohol will be provided. The following three chapters will then detail the findings from the interviews. Chapter 3 will provide an insight into young people's motivations for risky drinking and Chapter 4 will outline the related outcomes of this drinking. Chapter 5 will then present findings from a strategic comparison of the interview data, by examining how these motivations and outcomes may vary by age, gender, rural/urban residence and location (in terms of unsupervised versus more supervised venues). Chapter 6 will provide a conclusion from the findings, and focus on the implications for policy and practice.

## Background to the research and research objectives

One of the most comprehensive literature reviews examining young people's use of alcohol, undertaken by Newburn and Shiner (2001), concludes with six areas of research for prioritisation. One of these, 'young people's motivations for apparently "risky" drinking' (p. 74), is the main focus of this research. There are two components to 'risky drinking'. First, this refers to *excessive single-session drinking* (otherwise termed 'binge drinking', 'risky single-occasion drinking' or 'being very drunk'). Second, 'risky drinking' includes excessive single-session drinking that occurs in *unsupervised environments, typically either outdoors or in friends' houses when parents are absent*. These unsupervised venues contrast to settings where drinking is more supervised, typically with parents or in pubs, bars and clubs. Although pubs, bars and clubs do occasionally permit drunkenness, they are arguably more supervised given that barring or ejection is likely to occur if drunkenness leads to anti-social behaviour. In addition, the Government's first *National Alcohol Harm Reduction Strategy for England* (Cabinet Office, 2004) calls for the greater use of exclusion orders to ban those causing trouble in pubs and clubs, implying that these venues may become even more supervised in the future. By 'underage' drinking, we are referring to young people aged 14 to 17 years inclusive.

The research literature highlights the timely nature of this work. The authors of this report, in reviewing ten recent surveys into young people's use of alcohol (including those with a

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longitudinal design), summarise the current climate of young people's drinking as follows:

*Although the proportion of young people drinking alcohol in the UK has remained relatively stable throughout the last decade, perhaps the most notable finding of this review is the worsening trends in two dimensions. Firstly, more young people are drinking on a regular basis (or at least weekly). Secondly, and perhaps of most concern, young people are consuming alcohol in greater quantities, especially during a single-session. These findings should be interpreted as valid and accurate; they have been derived from nationally representative samples of young people in their thousands.*

(Coleman and Cater, 2003, p. 54)

The negative short- and possibly long-term consequences of this excessive drinking are widely acknowledged. In order to minimise the harm from this risky style of drinking, a credible starting point is to help explore the motivations, values and meanings that young people ascribe to such drinking behaviour. Understanding precisely *why* young people drink in this manner is a useful first step in informing policy and practice aimed at reversing the worsening trends highlighted above. Similarly, documenting and understanding the most frequently reported short-term consequences of this drinking will be beneficial to policy makers and practitioners delivering appropriate harm-minimisation messages. These two specific points of exploration reflect the two main objectives of this research as follows.

- 1 To explore and identify underage young people's motivations for risky drinking (heavy single-session drinking in unsupervised locations).

- 2 To explore and identify the social and health-related outcomes that may be associated with risky drinking (heavy single-session drinking in unsupervised locations).

To outline the value of these objectives, it is clearly necessary to situate our research within previous work so that its contribution to the evidence base can be identified. This will enable us, in the final chapter, to draw comparison between our research findings and those from related studies. A summary of previous research now follows.

The majority of motivational research into underage young people's alcohol consumption has explored drinking in more 'general' terms rather than specifically the more risky pattern of drinking defined in this research (for example, Hughes *et al.*, 1997; Pavis *et al.*, 1997; Honess *et al.*, 2000; Kloep *et al.*, 2001). In these instances, findings have been derived from young people who report some experience of alcohol use, perhaps not always leading to drunkenness or risky drinking. We are aware, however, of four more closely related studies that have explored young people's motivations and outcomes specifically in relation to heavy single-session drinking.

First, Newcombe *et al.* (1995), from a structured questionnaire survey, identified drink-related experiences among 14 and 15 year olds. Reasons for drinking included to mark a celebration, to have fun, to reduce shyness and to help chat up someone. Others reported because their friends drink, because there is nothing else to do and to enjoy the feeling of being drunk. Negative outcomes of being drunk were oriented around deviant behaviour, as

reported by eight out of ten young people in the previous year. This included being noisy at night, threatening behaviour and criminal activities. Although an underage sample with some reference to excessive and outdoor drinking, the quantitative survey instrument and descriptive findings highlight the main differences between this and the more in-depth approach adopted in our study.

Second, Harnett *et al.* (2000) used a youth transitions framework to describe a model of young men's (aged 16–24) drinking styles, some of which included heavy single-session drinking. 'Adolescent' drinking styles are of particular relevance to our research, where strong and cheap drinks frequently result in drunkenness. Other styles of interest are 'therapeutic', where alcohol is used to relieve stress, and 'recreational', where the aim is to achieve a 'high', have fun and lose control in drinking to excess. Our research aims to build on Harnett *et al.*'s study by focusing on different groups of young people – a point raised by the authors as a required area of future investigation (Harnett *et al.*, 2000, p. 76) and by including more specific reference to heavy single-session drinking in unsupervised locations.

Third, a recent Home Office study (Engineer *et al.*, 2003) specifically explored motivations and 'drunk and disorderly' outcomes from 'binge drinking'. Motivations included loss of control, confidence, friendliness, invulnerability, stress relief and to push the limits. Outcomes included fighting, walking home alone, pranks and unprotected sex. Strategies to avoid trouble were also explored and included pre-arranging taxis home, avoiding 'trouble spots' and not wandering off alone. This study was

undertaken among over 18s recruited from licensed premises and, thus, did not capture the elements of underage drinking in unsupervised areas.

Fourth, we are also aware of a particularly closely related study that explored underage young people's patterns of heavy drinking according to 'what, where and why they drink' in North East England (Brain *et al.*, 2000, p. 5). This was unique in making specific reference to heavy drinking by underage young people *and* in the context of outdoor (or unsupervised) locations. The authors concluded that young people sought a 'buzz' that was obtainable from heavy drinking, illicit drugs and tobacco. Their reference to a broader psychoactive repertoire (also see Parker and Egginton, 2002), which included illicit drugs and tobacco, distinguishes it from our study. Our study intends to isolate the motivations specifically for excessive alcohol use, rather than in conjunction with illicit drug use (although we do acknowledge that there may be some comparable motivations).

The key assumption underlying the importance of this research is that the motivations and outcomes specifically for heavy single-session drinking in unsupervised locations may be distinct from other, potentially less risky, forms of drinking behaviour. Therefore, the explanations derived from this research may well differ from previous research that has explored, for example, young people's consumption of alcohol in moderation, in conjunction with illicit drugs, or outcomes from binge drinking in licensed premises.

Finally, it is important to clarify that this research into motivations is dissimilar to studies investigating the predictors or correlates of alcohol misuse. There has been much research

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into this, demonstrating the importance of influences of the peer group, alcohol expectancies, risk-taking propensity, etc. (Miller, 1997; Caffray and Schneider, 2000; Lundberg, 2002; Zweig *et al.*, 2002; Urberg *et al.*, 2003). These predictors are not the focus of this research.

### Policy context of research

Partly in response to the concern associated with the increased frequency of drinking, as well as increasing levels of consumption among young people, the Government has published its first-ever *National Alcohol Harm Reduction Strategy for England* (Cabinet Office, 2004). This Strategy was first outlined in the White Paper *Saving Lives: Our Healthier Nation* (Department of Health, 1999). A consultation document was produced in 2002 (Department of Health and Strategy Unit, 2002) and an interim analytical report, drawing on the evidence on which the Strategy is based, was published in 2003 (Strategy Unit, 2003).

This Strategy is arguably the most significant recent development for alcohol-related policy and practice. It lays out investment and research plans to ensure that services are able to reduce ill health in this context. Effective action to tackle the problems of alcohol misuse will involve:

*... not only Government, but also key organisations such as the police, local authorities, the NHS, Drug and Alcohol Action Teams, voluntary organisations, employers, the drinks industry and others who can influence behaviour, as well as individuals themselves.*

(Department of Health and Strategy Unit, 2002, p. 3)

The Strategy also focuses on tackling the harm among particularly vulnerable or 'at risk' groups. Young people, the focus of this research, can be considered as an 'at risk' group. From the joint consultation process (Department of Health and Strategy Unit, 2002) there have been various views expressed from local and national stakeholders that have particular reference to young people. These include:

- the need to change the binge-drinking culture, especially among young people
- the problem of underage binge drinking, particularly in rural areas
- the strong link between alcohol and crime/violence/antisocial behaviour
- the need for education on alcohol in schools to be a statutory requirement – through Personal Social and Health Education (PSHE).

The Strategy makes particular reference to binge drinking among under 25s, and notes the increased risk of accidents and poisoning among these groups. It states that better education and communication is required to produce a long-term change in attitudes to binge drinking. The Strategy proposes to make 'sensible drinking' easier to understand and to provide alcohol education in schools to help change attitudes and behaviour. In addition, and of relevance to this research, the Strategy seeks to financially support new schemes that provide information and alternative facilities for young people. It is anticipated that the policy and practice implications drawn from this research will contribute to some of the key issues outlined in the Strategy.

Alongside this National Strategy, there are some more specific policy issues worthy of mention. The British Medical Association (BMA, 2003) recently outlined the following four policies for influencing the availability and appeal of alcohol to young people: *age restrictions, pricing, marketing and health education*. In relation to the first of these, the Department for Culture, Media and Sport (2000) is planning to introduce new measures to support restrictions on underage drinking. Nonetheless, underage young people tend to report minimal problems in obtaining alcohol, with an increasing proportion reporting the assistance of friends or relatives (Boreham and Shaw, 2002). In terms of pricing, the limited evidence suggests that an increase in cost may well have a powerful impact on use (Institute of Alcohol Studies, 2002). However, this may equally drive young people to focus more on cheaper and stronger alcohol. With regard to marketing, the BMA (2003) notes that there is currently a voluntary code of practice governing the marketing of alcohol and that complaints can be made if it is seen to appeal to under 18s. However, there are currently no legislative powers to undertake enforcement (BMA, 2003). The BMA has called for a ban on the advertising of alcohol.

In relation to health education, the inclusion of alcohol education in schools' PSHE is not compulsory. Key issues regarding alcohol education concern its timing and how it can reach excluded young people. In addition, research evidence indicates that skills-based education, combined with the translation of knowledge and the acknowledgement of the pleasurable outcomes of drinking, is likely to

produce more favourable outcomes (BMA, 2003). The Children's Bill (derived from the Green Paper, *Every Child Matters*), the new Ofsted framework, new DfES strategies, the National Drug Strategy and the forthcoming National Service Framework for Children all signal changes in policy. Far more emphasis is being placed on the health and well-being of the individual child, and this means an increasing interest by partner agencies in school-based provision. It is hoped that this shift in policy will lead to improved alcohol education for young people.

### **Research methods and sampling strategy**

In an area of relatively new research, it is particularly appropriate to use qualitative methods. These allow explanations and findings, perhaps not yet anticipated or known, to arise inductively from the data. To meet the objectives of the study, 64 one-to-one, in-depth interviews were performed. The interview schedule was comprised mainly of semi-structured questions. This allowed not only the interviewer to have an element of control over the questions posed, but also findings and explanations to arise unexpectedly.

A range of young people were recruited into the research project between June and October 2003, in terms of their age (between 14 and 17 years) and gender. Less pronounced variations were evident for multiple deprivation and rural/urban residence (see Chapters 2 and 3). Participants were recruited from a range of secondary schools, colleges, youth clubs, Youth Offending Teams (YOTs) and Connexions services within the South East of England.

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All participants were selected purposively according to their *eligibility criteria, i.e. aged 14–17 inclusive and experience of heavy single-session drinking or being 'very drunk' in unsupervised locations*. The following description was used in the selection process: 'By *very drunk* we mean that you may not have remembered what you've been doing, or ended up being sick, or falling over, or having a hangover, etc.'. Adopting a description of 'very drunk' was intended to reduce the complexity of defining and recalling 'units' or 'number of drinks' (particularly if drinking in unsupervised locations), and also accounted for individual differences in intoxication thresholds (Murgraff *et al.*, 1999). The piloting of the research methods (20 questionnaires and two interviews in a youth club) provided assurance that this was a reliable measure of young people's excessive drinking.

Participants were either purposively selected via a short screening questionnaire (18 out of the 64 interviewees were recruited in this manner) or in a more 'direct' manner. The latter included through a quick assessment by the researcher or on the recommendation of the local youth/ community worker. It should be noted that this direct approach did not in any way stigmatise the young person who was recommended to participate. It should also be stressed that the questionnaire was only ever intended to recruit a proportion of the sample, since recontacting people and conducting interviews on school/ college premises was always going to be more time-consuming than through a youth group setting.

The choice of sites to approach for interviews was not based purely on their willingness to assist. In contrast, sites were

chosen to enable the research to be undertaken among a relatively diverse population of young people. For example, it was apparent that younger people, particularly 14 year olds, were especially difficult to recruit. Therefore, youth clubs attracting these age groups were deliberately targeted for volunteers.

This systematic selection of young people from contrasting sites gives us a degree of confidence in the relevance of the findings derived. They have been generated from a sample that is assumed to be broadly similar to the wider population of underage heavy single-session drinkers (at least in the South East of England). Nonetheless, it must be emphasised at the outset that the findings have not been derived from a random sample and thus may not be assumed to be representative of the wider population of young people in the UK.

Appropriate ethical considerations were adopted in conducting the research. Consent was obtained prior to interview, the participants had the right to not answer questions or to terminate the interview at any time, confidentiality was stressed and detail was provided on how the research findings would be used. At the end of the interview, the offer of feedback from the study findings at a later date was noted, a £10 CD voucher issued, and a leaflet on alcohol advice published by FRANK was provided (to all participants). Throughout the research process, the ethics guidelines published by the Trust for the Study of Adolescence were followed.<sup>1</sup>

All quantitative data from the screening questionnaire were coded, entered and analysed in SPSS. A mixture of descriptive and bivariate analyses were performed (see Chapter 2). All tape-recorded data (from the interviews) were

transcribed verbatim and thematically analysed. This analysis focused on the generation of common themes and explanations derived from the transcripts. Coding and entering the data into a software package (QSR N6/NuDist) assisted with this analysis. There were two distinct stages to the analysis of the qualitative data. First, a descriptive analysis was performed across the entire sample in relation to research objective 1 (motivations behind risky drinking) and objective 2 (related outcomes). Second, a more detailed analysis from a strategic comparison of the interview data was undertaken. This second stage explored how these motivations and outcomes varied according to age, gender, rural/urban residence and location.

To provide an indication of the accuracy of theme generation and allocation in the qualitative analysis, an additional researcher was invited to take part in the data-coding process. This involved, first of all, the coding of two transcripts to clarify and slightly revise the coding frame where required. The additional researcher was then invited to code a proportion (11 per cent) of the transcripts and a measure of inter-rater reliability was derived. The resulting level of agreement (81 per cent) provides assurance that the findings presented in this report are an accurate interpretation of the data.

## 2 Findings from the screening questionnaires

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### Introduction

The primary purpose of this questionnaire was to select a proportion of participants for in-depth interview. The questionnaire closed by asking participants if they would like to be interviewed, and earlier questions helped identify whether the volunteers were suitable for interview (i.e. if they had experience of heavy single-session drinking in unsupervised locations).

Nonetheless, recognising the opportunity to gather data in this manner, it was decided to expand the questionnaire to provide a broader insight into young people's experiences of risky drinking as well as their expectancies of the effects of alcohol. The findings from this questionnaire provide an interesting introduction to young people's risky drinking and, crucially, helped to inform the interview schedule.

### The content of the questionnaire

The questionnaire took about five minutes to complete. It consisted of four parts as follows.

Part 1 recorded socio-demographic information (age, gender, postcode and ethnicity).

Part 2 recorded experience and frequency of being 'very drunk' and the location where this drinking occurred.

Part 3 recorded young people's expectancies of the effects of alcohol. This question is a modified, and much shortened, version of the *adolescent Alcohol Expectancy Questionnaire* (Brown *et al.*, 1987). Participants were invited to indicate how much they agreed or disagreed with the following 13 statements.

- When I drink alcohol, the future seems brighter.
- When I drink alcohol, socialising is more fun.
- After a few alcoholic drinks, I am less aware of what is going on around me.
- Alcohol helps me stand up to others.
- Sometimes I drink in order to fit in.
- Drinking alcohol relaxes me.
- I have stronger feelings when I am drinking alcohol.
- After drinking alcohol, I am more likely to lose control.
- Drinking alcohol can make me more friendly.
- Drinking alcohol can keep my mind off my problems.
- Drinking alcohol makes me feel good and happy.
- Drinking alcohol makes people more friendly.
- Getting drunk is the whole point of drinking.

By choosing to 'agree' or 'strongly agree', young people were reporting more positive expectancies, relative to those who chose to 'disagree' or 'strongly disagree'.

Part 4 invited young people to take part in an in-depth interview, at a later date, and included an assessment of their preferred means of contact (mobile, telephone, email, etc.).

### Profile of the questionnaire sample

The questionnaires were administered in five different sites in the South East of England. Table 1 provides detail on the type of site, the number of self-completion questionnaires (SCQs) returned and the questionnaire response rate. All school and college students were invited to complete the questionnaire. No one opted not to complete a questionnaire in advance of them being administered. The response rate is therefore derived from uncompleted or defaced questionnaires from the total questionnaires administered.

The sample was exactly evenly split by gender and the vast majority (93 per cent) of the sample were self-defined as 'white'. All participants were between ages 14 and 17

inclusive, with a mean age of 15.7 years ( $SD = 1.1$ ). As shown in Table 2, the sample was skewed to the older age groups within the 14–17 age range.

Ninety-three per cent of young people provided a postcode that was used to indicate their rural/urban location and index of multiple deprivation.<sup>1</sup> Both items were defined in relation to the census ward identified from the postcode. Using this classification, 74 per cent of young people were from urban areas and 24 per cent were from rural areas. The sample was approximately evenly split into areas of relatively high and low multiple deprivation, although it should be noted that only 7 per cent of respondents were living in the *most* deprived, Level 1 areas (Table 3).

**Table 1 Questionnaire sites in the South East of England**

Type of site	Number of SCQs	Response rate (%)
Secondary school	207	88
Secondary school	144	91
Sixth form college	73	94
Sixth form college	41	57
Sixth form college	381	94
<i>Totals</i>	846	89

**Table 2 Age profile of the questionnaire sample (per cent)**

Age	%
14	21
15	16
16	32
17	32
<i>Total</i>	100 <sup>a</sup> ( $n = 846$ )

a May equal more than 100 per cent because of rounding up of numbers.

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**Table 3 Ward-level Index of Multiple Deprivation for questionnaire participants (per cent)**

Index of multiple deprivation	National (England) level (%)	Questionnaire participants (%)
Level 1 – most deprived	25	7
Level 2	25	44
Level 3	25	16
Level 4 – least deprived	25	34
Totals	100	100

The above data provide a certain degree of confidence that this questionnaire sample could be broadly similar to the wider population of young people, in secondary school education, throughout the UK. However, as this was not a random sample, the findings presented below should be interpreted with a degree of caution.

### Findings and discussion

The most notable results, and related discussion, are presented in the following three sections:

- experience and frequency of excessive single-session drinking
- most frequented location of excessive single-session drinking
- young people's expectancies of the effects of alcohol.

#### Experience and frequency of excessive single-session drinking

Ninety-six per cent of the sample had ever consumed alcohol, with 69 per cent reporting having ever felt 'very drunk'. There were no significant differences by gender, rural/urban location or multiple deprivation. Although all

ages reported equal experience of ever consuming alcohol, there were significant age differences in ever being very drunk. Fifty-four per cent of 14 year olds reported ever feeling very drunk, compared to between 71 and 75 per cent of other ages ( $X^2 = 22.3, p = <0.001$ ). This indicates the increased experience of getting very drunk between ages 14 to 15, and is comparable to shifts towards the increased use of alcohol reported elsewhere (Harnett *et al.*, 2000; Honess *et al.*, 2000).

Of the 69 per cent, or 584 respondents, who reported having ever felt very drunk,<sup>2</sup> approximately one-quarter (24 per cent) got very drunk weekly (i.e. 'more than once a week' or 'about once a week'). A further quarter (27 per cent) reported 'once or twice a month' (Table 4).

**Table 4 Frequency of feeling very drunk in the last 12 months (per cent)**

Frequency of feeling very drunk	%
More than once a week	7
About once a week	17
Once or twice a month	27
Every couple of months	25
Less often than above	24
Totals	100

This frequency of drunkenness shows no discernable association with gender, rural/urban location, multiple deprivation or age. In relation to age, this implies that, once a person is drunk for the first time, the frequency of their drinking is not restricted or hindered by their age group; essentially, these 14 and 15 year olds get very drunk as often as older teenagers. This finding is somewhat surprising and of notable concern. Equally, it could imply that the progression from first experience of drunkenness to more regular drunkenness is relatively swift, illustrating the importance of delaying this first drunken experience as a possible means of harm reduction (Thomas *et al.*, 2000). Recording the transition to first drunkenness, alongside first-ever alcohol consumption, has commonly been overlooked as an indicator of potential alcohol-related harm (Coleman and Cater, 2003).

**Most frequented location of excessive single-session drinking**

Seventy-five per cent reported that drinking in an unsupervised location was their most frequented venue for feeling very drunk (Table 5). Thirty-nine per cent reported at a friend’s house, and worrying proportions reported park (7 per cent), streets (6 per cent) and other (mainly beach – 11 per cent).

This drinking location showed no significant association by gender, rural/urban location or multiple deprivation. However, given the UK licensing laws, there were significant and unsurprising variations by age. Younger people were significantly more likely to get very drunk in unsupervised, including outdoor, locations, compared to older age groups who were more likely to frequent bars and clubs ( $\chi^2 = 82.7, p < 0.001$ ).

**Table 5 Most frequent location of getting very drunk – shading indicates unsupervised locations (per cent)**

Location	Valid %
Friend’s house when parents away	39
Own home when parents away	12
Park	7
Streets	6
Other (mainly beach)	11
Pub/bar	20
Nightclub	5
Totals	100

Previous research reports that drinking in unsupervised, outdoor environments is more likely to lead to intoxication, accidents, vandalism and hospitalisations, in comparison to more supervised venues (Pavis *et al.*, 1997; Forsyth and Barnard, 2000). Our data show that younger people, particularly 14 and 15 year olds, are more likely than older teenagers to drink excessively in such locations. To illustrate this particularly important point, it is vital to show that 99 per cent of those 14 year olds who had ever got very drunk reported unsupervised locations as their most frequented place for drunkenness, compared to 54 per cent of 17 year olds. The respective figures for 15 and 16 year olds were 94 and 75 per cent respectively.

**Young people’s expectancies of the effects of alcohol**

This 13-item scale question reported a strong reliability (Cronbach’s alpha value of 0.80). The total score and mean scores derived from the interval data were normally distributed. In other words, a few participants scored very low on the expectancies scale, a few scored very high and the majority fell somewhere in the

middle. This quasi-experimental design (not a true experimental design whereby young people are randomly allocated to groups) allows us to test for significant differences in mean scores but makes causation harder to infer. The explanations presented below must therefore be viewed as more exploratory rather than confirmatory. The minimum mean score a person could record was 1 and the maximum was 5.

A series of one-way unrelated ANOVAs (Analysis of Variances) were performed in order to test for differences in the mean scores generated by this scale. These revealed a significant main effect (or difference) for age:  $F(3,479) = 4.96, p < 0.01$ . Fourteen year olds reported the most negative expectancies of the effects of alcohol (3.11 combined mean score), compared to 15 year olds (3.41) who had the most positive expectancies. Relative to 15 year olds, the 16 and 17 year olds reported more negative expectancies (3.33 and 3.20 respectively).

There may be a range of explanations for this age difference. As 14 year olds are likely to have been very drunk less often than 15 year olds, their first experiences of drunkenness may have been less positive, perhaps being less able to manage or control their drinking. Also, their more negative expectancies may have been instilled through their school health education, or perhaps family influences, in contrast to their own limited experience. The most positive expectancies reported by 15 year olds may reflect the novelty of the effects of alcohol among this age group. This also matches the transition to first drunkenness that is most notable between ages 14 and 15. At this stage, getting drunk is a novelty that is becoming part

of their social lives and they are enjoying experimenting. Similarly, with increased use, they are likely to be more able to control the effects of alcohol, ensuring the experience is almost entirely beneficial. The more negative expectancies reported by 16 and 17 year olds could reflect that the novelty of alcohol, and its perceived benefits, may have diminished with its increasing exposure.

A significant main effect was also reported by young people's frequency of drinking:  $F(4,475) = 12.65, p < .001$ . Those young people who were more positive about the expectancies of the effects of alcohol were more likely to drink frequently. For example, those young people who reported getting very drunk less often than every couple of months gave a mean score of 3.07 compared to those getting very drunk more than once a week who provide a mean score of 3.51. This shows that young people's expectancies of the effects of alcohol, derived in this case from a quickly completed 13-item measure reporting high internal consistency, is clearly reflected in their drinking behaviour.

### Concluding comments from the questionnaire findings

The key findings provided by this brief questionnaire can be summarised as follows:

- There is a notable increase in the experience of getting very drunk between the ages of 14 and 15. This transition ties in with the particularly positive expectancies of the effects of alcohol reported by 15 year olds.

- Recording the transition to first drunkenness, alongside first-ever alcohol consumption, is likely to provide a more accurate measure of potential alcohol-related harm than ‘ever consumed alcohol’.
- Younger people, aged 14–15, who reported experience of drunkenness were more likely to report getting very drunk in unsupervised outdoor, and potentially more harmful, locations (compared to 16–17 year olds).
- A shortened version of the adolescent Alcohol Expectancy Questionnaire offers potential to provide a rapid and reliable indication of young people’s propensity towards possible alcohol-related harm. This scale can provide information on leading attitudes that influence drinking behaviour.
- The explanations for the differences in alcohol expectancy scores are speculative given the non-random sample and quasi-experimental design. More research is required in this area (see Chapter 6).

In addition, the statements used to define young people’s expectancies of the effects of alcohol, shown to reflect drinking behaviour, provided a useful insight into the motivations for young people’s risky drinking. These statements were particularly influential as a starting point in the development of the interview schedule that was used to generate the majority of the data in this research.

Finally, it should be noted that, of all questionnaire respondents, 17 per cent (144) expressed an interest in taking part in a further interview. However, of these volunteers, a proportion were ineligible because of their lack of experience of ‘risky’ drinking. As will be illustrated in the following chapter, 18 out of the 64 interviewees were recruited via the questionnaire. It should be noted that the intention of the questionnaire was not to recruit all interviewees and that a ‘direct’ approach via youth workers was likely to be more productive in attracting prospective participants.

# 3 Young people’s motivations for risky drinking

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## Structure of forthcoming findings’ chapters

The following three chapters present findings from the 64 in-depth interviews with young people. This chapter presents young people’s statements or perceptions of their motivations for risky drinking (or excessive single-session drinking in unsupervised locations) and Chapter 4 presents the outcomes from this drinking. These chapters present findings from the entire sample, whereas Chapter 5, from a more comparative analysis of the data, illustrates how these motivations and outcomes vary according to age, gender, rural/urban residence and unsupervised/more supervised location.

It is important to clarify here that all findings are in relation to risky drinking and getting ‘very drunk’, rather than drinking alcohol in general or in moderation. This was a fundamental feature of the eligibility criteria for

selection (see Chapter 1). It was also made explicitly clear, at the start of the interview, that the interviewer was primarily interested in the motivations and outcomes surrounding risky drinking rather than drinking in general.

## Profile of the interviewee sample

Thirteen different sites in the South East of England participated in the research. Table 6 provides detail on the type of site, the number of interviews and whether they were selected via the screening questionnaire or by a more direct route.

In terms of the interviewee profile (Tables 7–10), it can be stated with reasonable confidence that this is a relatively wide-ranging sample of young people who have experience of heavy single-session drinking in unsupervised locations. Although all had experience of

**Table 6 Interviewee recruitment**

Type of site	Number of interviews	Means of recruitment
Secondary school	9	Screening questionnaire
Secondary school	0	Screening questionnaire
Sixth form college	4	Screening questionnaire
Sixth form college	0	Screening questionnaire
Sixth form college	5	Screening questionnaire
Connexions service	4	Direct
Connexions service	8	Direct
Youth club	7	Direct
Youth club	7	Direct
Youth club	15	Direct
Youth club	3	Direct
Youth Offending Team	1	Direct
Youth Offending Team	1	Direct
<i>Totals</i>	64	

drinking in unsupervised settings, it should be noted that a reasonable proportion also had experienced more supervised (particularly licensed) settings. The sample included variations by age and gender, and the rural/urban proportions<sup>1</sup> were broadly similar to England as a whole (The Countryside Agency, 2003). However, the sample notably included a high proportion of young people from the most deprived areas (in stark contrast to the questionnaire sample profiled in Chapter 2).

This contrast in deprivation between the questionnaire sample and the interviewee sample reflects the recruitment process for interviewees. Although a proportion of interviewees were selected through the screening questionnaire, others were selected in a more 'direct' manner without the use of the screening questionnaire (e.g. in youth clubs). These interviewees tended to be from the more deprived areas, thus making the interview sample different from the questionnaire sample.

**Table 7 Profile of the 64 interviewees – by age**

Age	%
14	11
15	28
16	27
17	34
<i>Total</i>	100

**Table 8 Profile of the 64 interviewees – by multiple deprivation**

Multiple deprivation	National (England) level (%)	Interviewees (%)
Level 1 – most deprived	25	52
Level 2	25	44
Level 3	25	0
Level 4 – least deprived	25	5
<i>Totals</i>	100	100

**Table 9 Profile of the 64 interviewees – by gender**

Gender	%
Male	45
Female	55
<i>Total</i>	100

**Table 10 Profile of the 64 interviewees – by rural/urban residence**

Type of residence	%
Urban	86
Rural	14
<i>Total</i>	100

### Introduction to young people's motivations for risky drinking

In consideration of the wide variety of motivations reported, the first key point to make is that the vast majority of young people enjoyed getting drunk in this manner. Drunkenness was largely an intended effect and a product of one's own choice. The only exception to this was when this choice and control was quashed by peer pressure.

Although this benefit and enjoyment was the ultimate goal, there were three distinct motivations supporting this objective:

- social facilitation
- individual benefits
- social norms and influences.

These categories were derived from the thematic analysis and represent explanations that were repeatedly evident when analysing the data. The themes were initially far more numerous and were eventually collated into the three key groups highlighted above. Young people were likely to report several different reasons, categorised in the above themes, for their risky drinking. The high level of agreement between two researchers (81 per cent) provides assurances that the themes presented here are an accurate interpretation of the data (Chapter 1).

Finally, we have chosen to add the number of interviewees who concurred with a particular theme, to give an indication of how frequently this was raised.

Each of these categories, derived from the thematic analysis of the data, will now be presented in turn.

### Theme 1 – social facilitation (50 interviewees)

The most commonly reported explanation for risky drinking was the increased enjoyment and comfort in a social situation. Within this theme, a desire to increase confidence in two scenarios was evident as follows:

- to increase confidence in a social group
- to increase confidence in sexual interaction.

#### To increase confidence in a social group (37 interviewees)

Many young people said that they get drunk because it enables them to become more confident, friendly and social. It was believed that this, in turn, made it easier to talk and relate to others. Getting drunk was viewed by many as a personal resource to overcome shyness and self-consciousness in social groups:

*Sometimes I can be quite shy around new people ... When I'm drunk, I'm not like really over-friendly or anything, but I can, I'll be like, 'Hi I'm Kate,<sup>2</sup> who are you?, blah blah blah'. And you can talk to different people ... Yeah, it kind of opened doors.*

(Female, 15)

Getting drunk in this manner was also acknowledged as a means of meeting new people and making new friends. It was widely perceived that this friendship development would be more likely when drunk. A loss of inhibitions enables young people to bypass the rules of normal interaction and provides a licence to act more freely:

*When I'm really drunk, sometimes I can get into one of them moods where I can't stop talking and then you got someone next to you that can't stop talking as well, and you just start like telling them loads of stuff that you wouldn't tell no one else if you were sober. And then you start hanging around with them.*

(Male, 16)

Aside to meeting new people, this greater confidence was also allied to increasing bonds with existing friends and the development of closer friendships. This was more apparent on a one-to-one basis. Responses consisted of ideas around spending a lot of time together, being more open and confiding in people:

*I'd say a definite bonding thing was like, when you're really pissed with someone, just like maybe you and another person like getting really pissed together. And talking about things that aren't very conventional to talk about, you know, like maybe things a bit more personal ... and what better sort of bonding is there than that?*

(Male, 15)

### **To increase confidence in sexual interaction (26 interviewees)**

In a similar fashion to the increased social confidence, several young people reported how drunkenness enabled them to 'pull' more easily (essentially to kiss or have sex with someone). This confidence appeared to work in more than one dimension. Not only did some young people report a greater ability to approach people when drunk, but a person who appeared drunk was also perceived to be more receptive to such advances:

*... it gives you a lot more confidence, I mean if you go into a club and see a good-looking boy and you're like, no I couldn't possibly, get a couple of drinks down you, well maybe. He may give me a chance and if he's had a couple of drinks ... when I'm on alcohol, I'm extremely confident.*

(Female, 17)

In contrast, a small group of young men doubted the ability to 'pull' more easily when drunk. Some said that the task becomes harder, particularly if limits of 'acceptable' drunkenness are exceeded:

*Cos like if, at the start of the night when you just drinking and that and you speak to a girl, you're like, alright, but if you're like, urgh, all over her, she's just going to say 'oh, see you later'.*

(Male, 15)

### **Theme 2 – individual benefits (38 interviewees)**

The individual reasons for drunkenness were notably diverse and can be grouped into three areas as follows:

- escapism and 'forgetting problems'
- the 'buzz'
- 'something to do'.

#### **Escapism and 'forgetting problems' (25 interviewees)**

The number of young people who said that they get drunk primarily to forget their problems may reflect the increased pressures that young people are frequently faced with (Balding, 2002).

## Underage 'risky' drinking

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The triggers for drinking were events such as exam stress or failure, splitting up with a partner, and generally feeling upset and/or distressed. The young people explained how being drunk works as a mechanism to forget and sometimes makes it easier to share the problem with someone else.

*If, I mean I've had a couple of times when I've been with one of my girlfriends, if we've split up. I go out with my mates and get bladdered. Stress. Exams, especially. If I've muffed up an exam I go out that very same night and I will get bladdered.*  
(Male, 17)

Of interest, a few young people acknowledged how this escapism was only a short-term solution and that, if anything, the longer-term effects of getting drunk made the problems worse:

*... sometimes I drink to get away from things ... but I don't know that many people that drink just to get away from their problems ... Seems like I'm the only person that does that ... You feel better at the time but then you, after a while, you ... well it never resolves anything. It's just a thing you do cos you want to feel better. Start feeling worse and then the next morning you feel worse and then your problems just increase if anything.*  
(Female, 15)

In addition, some young people describe how their peers will take them out drinking to help them to forget about a problem, which suggests a learnt social belief that this is perceived to be supportive:

*... well, I was feeling quite pissed off last Wednesday, and my mate Brian come round and*

*we, we didn't, we wasn't planning on getting pissed. But, we drunk some wine and then some vodka and then loads of other stuff. And he had to go. So, and I was kind of pissed by then, so I just carried on drinking by myself [laughs a bit]. Thought, 'well, might as well'.*  
(Female, 17)

The majority of this type of drinking is done with others, although one or two young people said that they stay in alone and get drunk when they are upset. This is perhaps the most worrying type of drinking, given that friends are not available to ensure that the drinking does not result in serious harm:

*I mean, if I had a really shit day, I would probably wanna get pissed on my own. I'd sit in my bedroom like, huh! With a bottle of vodka. I wouldn't really wanna go out with all my mates and that because I feel like a downer.*  
(Female, 17)

Although not as extreme as escapism from specific problems, some young people also reported that a leading motivation for getting drunk was a general sense of relaxation and calmness. In this sense, drunkenness is perceived as a good means of escaping from the more everyday stresses of early adulthood:

*More relaxed and happy, yeah. More of an easy-going person.*  
(Male, 16)

### The 'buzz' (23 interviewees)

Several young people reported the 'buzz' and excitement as a leading motivation for drunkenness. Although frequently experienced in a social situation, this sensation of intense excitement was individually felt:

*But, um, usually it's just a hyper, happy mood, running around ... The buzz. Um, the laughter, I mean usually, 99 per cent of the time, 90 per cent of the time, everyone is happy, everyone has fun.*  
(Male, 17)

The 'buzz' was also reflected by young people reporting the differences that they experience while being drunk in comparison to when they are sober. For example, many reported how they like the freedom to behave in a carefree way (and a manner in which they normally would not behave) and also how they enjoy being able to reminisce with their friends the next day. Moreover, some of the young people strive for this drunkenness to experience this freedom and almost become a different person:

*I was just running around chatting to everybody and people I didn't know and making friends with people I didn't know and stuff and was just going off the wall and like at parties and stuff I'd be up and dancing and stuff. I wouldn't usually do that and then I'd just be, you know, completely sort of different afterwards, you know, just go mad basically. You know?*  
(Female, 17)

For others, the 'buzz' was reflected in the knowledge that, although being able to act 'different', these behaviours (some of which may otherwise lead to regret or embarrassment) would soon be forgotten due to the drunkenness:

*It's just always funny. It's like, you don't really know what you're doing most of the time and that's what I find really funny, that's why I like doing it. Cos you don't know, like when you wake up, you don't know what you've done.*  
(Male, 14)

In addition, the individual desire to feel 'different' when drunk also provides a seemingly perfectly reasonable explanation for behaviour that perhaps otherwise would not be characteristic of the person concerned. Furthermore, it could be concluded that getting drunk may also be used as an acceptable excuse for behaviour that may otherwise be perceived to be unacceptable:

*The fact that you can be anyone you want to be. It just, it's kind of an outlet, if you get up on stage and perform you're being a totally different person, you can do whatever you want and no one's going to judge you for it, it's the same when you're drunk. Although some people say, 'oh look at her, she's drunk', most people'll think, 'oh she's drunk, just forget about it', and you can do, say, think whatever you like and nobody's going to care. So that's like the main positive thing.*  
(Female, 17)

Although not as extreme as a 'buzz', the enjoyable, individual effects of getting drunk were typified in the widely reported feeling of 'having a laugh'. Similarly, some young people compared the experience of being drunk to being sober and expressed the idea that it is simply hard to have as much fun while sober:

*It's just more fun when you're pissed. Because, if you're all sitting there drinking coke, it's just like ... This is great [sarcastic] fun. But, if people are drunk, they do funny stuff and you can laugh at them, and you know.*  
(Female, 17)

Similarly, this increased enjoyment was centred on the idea that, when people are drunk, they tend to behave in a more outgoing way, which can often lead to more amusing

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outcomes. Also, the effects of drunkenness lower the threshold of what may be considered amusing:

*But it's just a feeling of being drunk. Like, you and everyone's more funnier, like seems like that anyway.*

(Male, 16)

Given the almost universal positive perceptions associated with getting drunk, the excitement and 'buzz' derived was frequently sought when the intention was to mark a celebration. On some occasions, this would be a specific event, such as a birthday or exam result, while, for some, it was the end of a regular school or working week (illustrating the regularity of some people's risky drinking). Although presented here as an individual benefit, the link with a social setting is clear:

*It just depends what's gone on during the day. I got some exam results today and so I texted all the girls, saying, 'got my results, they're really good, I was really pleased.' So they're like, 'cool we'll go out tonight, meet you so-and-so'. So, that's probably gonna be quite an eventful night.*

(Female, 16)

*Every single Thursday night. Absolutely trashed and don't remember half of it ... I don't know, it's just like everybody tends to go out on a Thursday cos ... I mean, but sometimes you drink I mean, if I haven't had a drink all week, I kind of feel like you know, I wanna go out and get pissed!*

(Female, 17)

### 'Something to do' (20 interviewees)

A theme that was common to many of the young people's accounts concerned boredom as a major reason for getting drunk. It was widely

said that, although there are alternative activities for younger and older people, there are fewer options for the teenage age group. Some said that there is nothing else to do but get drunk. Given the pleasurable effects of getting drunk that are highlighted above, it may be of little surprise that seeking this experience was preferred to 'doing nothing' or 'being bored'.

*Just something to do ... it would just sort of ended up being, 'oh yeah, nothing to do tonight, get drunk' ... because that's the thing, no one thinks they have anything to do on a Friday or Saturday night. Between 13, when you are allowed to go out till a bit later, and my age or whenever you can, you know whenever you start to grow up, you don't have anything to do ... you go to clubs at 18, 12 and under you're at home. Thirteen to 17, 13 to 16, whatever, you just go out on the streets and get drunk.*

(Female, 17)

*I will get bladdered. Sometimes it's just boredom, cos, where we live, there's plenty to do ... but, for our age, it's nothing ... it's cheaper to buy the alcohol than it is to go in the activities.*

(Male, 17)

### Theme 3 – social norms and influences (30 interviewees)

This theme is key in understanding how young people's drinking behaviour can be affected by society and the 'culture' of drinking. Our analysis within this theme indicates three contrasting social norm influences:

- wider social norms
- peer influence
- respect and image.

**Wider social norms (18 interviewees)**

Some young people did not view their behaviour as notably different to other young people's experiences. The nature of this sample (purposely selected as experiencing risky drinking) should be acknowledged in the interpretation of this particular theme. In contrast, getting drunk was seen as a common pastime for most young people of equivalent age and it was commonly believed that all teenagers drink as part of the natural transition to adulthood. This overriding acceptance of getting drunk was considered an important motivating factor:

*Umm. I just, it seems to have happened really naturally to me and all my groups of friends and like everyone I know, it's just so common to get drunk. It's not a big deal at all. I wouldn't think twice about it, so. I suppose that makes it kind of like a normal thing.*

(Female, 17)

The acceptance of drinking as a common and routine social activity was also observed. This reflects Britain's well-documented 'wet' or 'drinking culture'. The normality of this drinking culture was frequently cited as a reason why some people reported getting drunk and why this was often recounted as an event that 'just happens'. In this instance, it seems as if getting drunk is very much the norm for these young people and it has become firmly embedded in their social routine:

*I dunno why, it's just what we normally do.*

(Male, 14)

**Peer influence (16 interviewees)**

The influence of siblings and particularly friends was commonly reported as a leading

motivation behind young people's excessive drinking. However, responses were notably mixed with the peer influence ranging from 'peer pressure' to 'peer guidance'. Some even reported a particular resistance to this peer influence.

Although peer pressure to get drunk was reported by only a few of the interviewees, this explanation is of especial interest since it reflects the most negative reason for drinking. Aside to this peer pressure, the additional motivations for getting drunk reported in this chapter have been a product of one's own choice and borne from a perception of a positive and beneficial experience. Although included here as a 'motivation', these episodes were recalled as unwanted and were explained in terms of feeling guilty, being teased and not being able to handle a social situation when everyone else is drinking apart from them:

*... peer pressure, cos I was hanging around the older kids and I thought 'well everyone else is doing it, why not?' ... And it is a case if everyone else is doing it, you feel, I better do this one, or I'm not going to be in with the crowd ... it was a case of having to cos everyone else was doing it and you didn't want to be out the group, you didn't want to be out the circle.*

(Female, 17)

In contrast to this peer pressure, peer influence was commonly expressed in a less overt manner. For example, it was commonly said that it is preferable to keep up with friends' drinking, and that it is better and more fun to be at the same level of drunkenness. This type of influence, defined here as 'peer guidance', is far less intense than peer pressure:

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*I suppose, if none of my friends went out and got drunk, I probably wouldn't either. I suppose they do influence you subconsciously, like you think you're an individual person but just because everybody does it you do tend to do it.*

(Female, 17)

### Respect and image (nine interviewees)

From this perspective, getting drunk is seen as something that is forbidden and, therefore, associated with a certain image. For instance, some said that getting drunk makes you seem older and 'harder' than others and is a statement of rebellion. We have chosen to categorise this under social norms and influences, as this respect and image appears to be judged by others' opinions:

*Yeah, I think at this age everybody does. It's cos, er, I don't know how to put it, even though you're not 18 but you're drinking because it's like, I don't know, there's a certain little thing to it that just makes you want to drink because you're not 18, because you just want to experiment before you're 18.*

(Male, 16)

*You're seen as sort of, if you're underage, you're seen as slightly sort of dangerous and bad, and naughty and stuff, which can be good.*

(Female, 17)

In further illustration of this normative influence, people who were seen not to get drunk were often regarded as socially inept:

*There is sort of, like, the people who don't drink are sort of, I don't know, they're sort of named as goody two shoe type people. Cos they've never tried it, then they get picked out.*

(Female, 15)

## Summary of findings

For the vast majority of young people, drunkenness was perceived to be a positive and enjoyable experience, and largely a product of one's own choice. This was reflected in the motivations reported. From the array of motivations generated through the in-depth interviews, they were classified into three broad themes of explanation.

### 1 Social facilitation:

- The most frequently cited motivation for excessive drinking was the increased enjoyment and comfort of social situations.
- Within this theme, an increase in 'confidence' in such situations was paramount, and operated at different levels by increasing confidence in a social group scenario (including developing closer friendships) and increasing confidence in securing a sexual interaction.
- There was some conflicting opinion as to whether 'pulling' a partner would be facilitated or hindered by excessive drinking.

### 2 Individual benefits:

- The individual reasons for drunkenness were notably diverse and were categorised as a means of escapism and 'forgetting problems', the 'buzz', and 'something to do'.

- Escapism and 'forgetting problems' were commonly linked to exam stress, splitting up with a partner, generally feeling upset and/or distressed or just wanting to feel more relaxed and calm. Although mainly a group activity, instances of drinking alone in this manner were occasionally recorded.
  - The unique 'buzz' of being drunk was expressed as a sense of excitement, enjoyment and a feeling of difference. The enjoyment was frequently expressed as 'having a laugh' and achieving a level of enjoyment that could not possibly be reached when sober.
  - Some young people got drunk as 'something to do'. This was associated with a sense of boredom and lack of opportunities for 14–17 year olds relative to different age groups.
- 3 Social norms and influences:
- Three contrasting normative influences on excessive drinking were classified as wider social norms, peer influence, and respect and image.
  - The perceived acceptance and normality of young people getting drunk was considered an important motivating factor.
  - The influence of friends was commonly reported as a leading motivation behind young people's excessive drinking. However, responses were notably mixed with the peer influence ranging from 'peer pressure' to 'peer guidance'. Peer pressure was the only instance where the motivations for getting drunk were described negatively.
  - Getting drunk is often seen as something that is forbidden and, therefore, is associated with an image of being older and 'harder' than others.

# 4 Outcomes associated with risky drinking

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## Introduction

This chapter presents the outcomes associated with risky drinking. Typically, these outcomes refer to the behaviours that were reported either during or immediately following a session of risky drinking. The findings presented here are for the entire sample, as they were in the preceding chapter; Chapter 5 will illustrate how both the motivations and outcomes vary within the sample (according to age, gender, etc.).

As a reminder of the context, existing research has largely failed to define the outcomes that *underage* young people report in association with their *risky* drinking. Previous studies have referenced harmful outcomes, although the samples questioned were not entirely risky drinkers, or were from over 18s drinking in licensed premises (Chapter 1).

In addition, it is important to appreciate that the boundary between ‘motivations’ and ‘outcomes’ is frequently blurred, particularly when analysing the interview responses.

Outcomes that were perceived as pleasurable and beneficial were equally interpreted as some of the motivations for risky drinking. This is particularly the case in the social facilitation theme. Some young people reported the greater confidence to socialise in a group as a beneficial outcome and also, therefore, as a leading motivation for future drinking. In this instance, we have chosen to present this finding as a *motivation* (Chapter 3). To make the distinction clear for the sake of chapter organisation, the outcomes presented in this chapter are the more harmful consequences. However, in appreciation of the previous point, although the vast majority of outcomes were harmful (or

potentially so), it should not be assumed that *all* outcomes reported in the interviews were of such concern.

In analysing the data, these outcomes were categorised into three main themes as follows:

- health outcomes
- safety outcomes
- legal outcomes.

In conjunction with these harmful consequences, a fourth theme will be presented illustrating some of the *strategies used to avoid risky outcomes* when drinking to excess. It should be noted that some of the themes do overlap, for example, the legal consequences of anti-social behaviour and the safety issues that could lead to sexual health outcomes.

Finally, as for the preceding chapter, all outcomes were specifically in relation to risky drinking; it was possible that a person could report more than one outcome (and plans to avoid them); an indication of the frequency of occurrence is provided alongside each theme;<sup>1</sup> and a summary of key points will be raised as a conclusion. Each of these themes will be outlined in turn.

## Theme 1 – health outcomes (51 interviewees)

The risky experiences collectively grouped under the ‘health outcomes’ were classified into four main groups:

- regretted sexual experience
- injury

- intoxication
- drug taking.

Many young people recalled incidents where being drunk was perceived as being influential in putting their health at risk. In some instances, excessive drinking could arguably have *caused* such an event to happen. On other occasions, the causal relationship was more tenuous – for example, where being drunk is used as an excuse for such behaviour, or where this has led to the lowering of inhibitions, thus enabling a person to behave as originally intended. The nature of this relationship is critical in helping to explain how risky drinking is associated with these outcomes and is neatly illustrated in the case of regretted sexual experience that follows.

### **Regretted sexual experience (39 interviewees)**

Getting drunk has been previously noted as a means of achieving a sexual interaction (Chapter 4). For some, this was clearly not regrettable. However, most young people said that they had engaged in sexual experiences that they subsequently regretted following their risky drinking. Of all the health behaviours noted in this section, regretted sexual experience was the most frequently documented outcome of risky drinking. The magnitude of the sexual behaviours ranged considerably. For most (32 interviewees), it was ‘pulling’ a person who they later regretted:

*But sometimes you get off with someone and you’ll just be like, Oh why did I do that? He’s really really ugly ... Or like, or like, um, last Friday I ended up getting off with another boy ... No, that wouldn’t have happened if I was sober. It wouldn’t have happened at all.*

(Female, 15)

For others, the regret was concerning the type *and* amount of people they ‘pulled’:

*You end up pulling ranker people and more of them I suppose ... And I pulled like three people in one night and I was so drunk. And it was so rank, and I was just like, ‘Ah I’m never doing that again’.*

(Female, 17)

Some young people also reported sexual intercourse, which they have subsequently regretted, following a risky drinking session. Reasons for regret include concerns over the type of person and possible embarrassment (if the person was not considered ‘a good pull’), and the impact on a person’s reputation. This applied only to young women:

*I went to school and all my other friends, they said to my face, ‘you dirty cow’, cos I did something but I couldn’t remember it ... I felt really bad about it.*

(Female, 15)

Regret was also apparent where contraception had not been used. Interestingly, where this had occurred, the risk was almost entirely related to pregnancy rather than the additional possibility of sexually transmitted infection:

*Most of the times I’ve had sex has been when I’ve drunk, actually all of them, apart from one. Apparently I went off with this group of men ... It turns out they couldn’t find me and I was in the toilets with these men and they told me that like a couple of weeks after and I just thought, ‘oh my god, what am I doing?’ ... when I actually think about it, it was cos I was drunk, and then it makes me feel bad and then I just drink more. So it’s kind of a downward spiral, alcohol.*

(Female, 17)

## Underage 'risky' drinking

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*I've done not having safe sex and that before, and that was when I was drunk. It was like New Year's Eve and I wished I never did that. I would never have done it if I was sober.*

(Male, 17)

### ***How does risky drinking affect these outcomes (using sexual experience as an example)?***

In terms of *how* the risky drinking contributed to such events, there were several contrasting explanations. Clearly, some of these relate specifically to sexual behaviour (see the first example), while others are applicable in explaining other health, safety and legal outcomes reported later on in this chapter. The in-depth interview approach really enabled the relationship between risky drinking and risky outcomes to be examined in great detail. Throughout, the association between drunkenness and outcomes appears to be affected by the degree of inebriation.

As an opening illustration, several young people noted how the effect of alcohol increased their level of attraction to prospective sexual partners. Participants who reported this effect claimed that it can occur with only a relatively minimal level of inebriation. Although not necessarily acting on their enhanced attraction, this was seen to be a prerequisite to a potential sexual encounter. It was believed that this, in turn, could lead to an instance of regretted sex:

*Yeah, well me and my mates call it 'beer goggles' ... You see you think they're fit and they're, well, they're not actually.*

(Male, 16)

An additional explanation was the reported use of excessive drinking as an *excuse for behaviour* originally intended, although also

deemed to be unacceptable. In this manner, drunkenness was occasionally used to explain sexual behaviour and thus preserve one's own reputation. This ties in with the 'excuse' to behave more differently as a motivation for being drunk (see the 'buzz' motivation in previous chapter). This effect could clearly apply to outcomes beyond sexual behaviour:

*If you do anything wrong ... then you can just blame it on the drink ... I planned to [have sex with someone] and then got drunk and did it and blamed it on the drinking ... I say 'Oh it was only cos I was drunk'. But 90 per cent of the time people were saying what they really feel ... Cos they can blame it on the drink.*

(Male, 17)

For others, the effect of being drunk was a clear increase in confidence (see social facilitation motivations) and a *lowering of inhibitions* that enabled the person to act as originally intended:

*You feel more confident in yourself, like, say, that you saw a boy you like and I don't normally tell them, and then in the end you do tell them when you're drunk and just kind of come out with some random things like, 'what are you doing?' and asking loads of people different questions that you don't even know ... Because you have more ... well you don't have as many fear factors and things like that.*

(Female, 15)

It is important to note that the 'excuse' explanation and the lowering of inhibitions both facilitate the enacting of behaviour that was originally intended. In this way, both explanations will apply to regrettable or risky sexual behaviour only if this was the original

intention. Although, for some, this may be the case, we know from previous research that the vast majority of young people do not intend regretted sexual behaviour or sexual intercourse without contraception (Sheeran *et al.*, 1999; Coleman, 2001b).

Of more serious consequence, the drunkenness could result in an *inability to control or recognise a potentially risky situation*. In contrast to the lowering of inhibitions, perhaps accountable by an increased level of drunkenness, this impaired judgement was more likely to lead to regretted sexual behaviour. Whereas lowering of inhibitions enables a person to be in a situation that they could potentially regret, this impaired judgement makes this regret more likely. To illustrate this point, a person could approach and 'pull' a partner through increased confidence and a lowering of inhibitions. With increased drunkenness, a person could then find themselves in a situation where they were less able to control or recognise a potentially risky situation. In the following example, this impaired judgment was reflected in 'forgetting' about contraception:

*Yeah, because if, like, you're really nervous about having sex, you'd have to drink more wouldn't you? And you'd be so out of it that you'd totally forget about using contraception.*

(Male 17)

In extreme cases, there were frequent descriptions of memory loss, ranging from forgetting small details to a complete blackout of forgetting almost everything about an encounter. In this case, the amount of drink consumed would be extremely excessive, probably beyond the amounts leading to a

lowering of inhibitions reported above. This is a particularly worrying consequence of getting drunk, because the individual may not know if the sex was safe as well as consensual. Again, this *blacking out or complete loss of control* could equally apply to explaining outcomes in addition to sexual behaviour. Of all the effects of risky drinking, this instance of complete loss of control is clearly where the relationship with a harmful outcome is arguably more causal (compared to the 'excuse' concept or lowering of inhibitions).

*I've actually woken up next to a girl and I didn't have a clue who she was. And, when I got up, I was like, 'What's your name?' Like, 'Who are you?' She explained herself, I couldn't remember it, man. I was thinking, 'How the hell couldn't I remember that? ... I don't remember'.*

(Male, 16)

### Injury (31 interviewees)

The second most commonly reported health outcome of risky drinking was the sustaining of injury. Although most of the injuries described were fairly minor, a few individuals had experience of being hurt more seriously. In all instances, everyone was certain that being drunk contributed to this outcome. Most said that they could not feel any pain at the time of sustaining the injury and realised only the next day that they had been hurt. It is also important to note that the vast majority of the injuries described occurred while being drunk outdoors, illustrating how these unsupervised environments contributed to such incidents (see Chapter 5):

*I tripped over a wall, I dislocated my kneecap went from the front right round to the back, I cut*

## Underage 'risky' drinking

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*my chin open and think fractured my elbow or something, and I had to get rushed to hospital so we had to cut that holiday short ... I have done everything and drinking is really bad.*

(Female, 17)

For some, there was a strong sense that getting hurt or sustaining an injury was an inevitable consequence of risky drinking. However, the prospects of ongoing injury did not seem serious enough to deter future drinking:

*When you get drunk you've always hurt yourself somewhere, there's no stopping that. You always hurt yourself, if it's something small just like running into a bush of prickles and cutting yourself all over or something big like falling out of a tree or something. It will always happen.*

(Male, 16)

Of all the physical injuries sustained, the vast majority were due to fighting. Most young people considered that a physical fight was much more likely to occur when people were drinking excessively. Although the majority of those who had been in fights when drunk were male (see Chapter 5), some females also said that alcohol makes them more likely to be aggressive. Drinking excessively appeared to influence the likelihood of fighting in several different ways. For some, being drunk seemed to reduce the option of finding an alternative and more appeasing solution to a problem:

*I suppose I used to get like really depressed and stuff and then drink too much, there was like one day my friend's girlfriend like, I knew she cheated on him, cos I was there, and then she denied it to my face and I was drunk and I just smacked her, and knocked her out. And then I beat him up and I*

*just went a bit mad, basically ... it makes it easier when you're drunk. If I was sober, I would have sat her down and would have spoken to them together whereas, because I was drunk, I felt that that was the only way I could do it.*

(Female, 17)

For others, the excessive drunkenness further increased the likelihood of making a poor judgement or irrational decision during a confrontation (akin to the inability to control or recognise a risky situation):

*Uh, it was, I got really lary one time, because uh, some guy down [name of town] punched one of my mates in the face. And I went after him and he just pulled a knife out. And, if I hadn't been drunk, I probably wouldn't have gone after him. So that was pretty awful. But there is something about being drunk that does trigger you off, because I hate violence. I can't stand it. But, if I do see someone I don't particularly like at all, and I'm very drunk ...*

(Male, 15)

In addition, some young people thought that being drunk can make existing tensions turn violent. It became clear that there exists an ongoing conflict between different subcultures in the urban areas (e.g. 'Goths', 'Townies' and 'Skaters'),<sup>2</sup> and that this can easily become more volatile when people are drinking excessively and in public. It seems that 'Townies' have the worst reputation for fighting and many other young people were aware not to antagonise members of this group. However, drinking excessively outdoors appeared to provoke such conflict within these different groups:

*I suppose if Townies, you know, people that go around starting fights and stealing things, like if*

*you're out and you're really pissed, like, you're gonna be louder I suppose ... because you don't realise so much the conventions of society ... You're more likely to bring attention to yourself when you're in the middle of [name of town] and that's a bit scary really, cos I just sort of get started on all the time.*

(Male, 15)

Interestingly, young people also said that, although fights were more common when drinking excessively, they tended to be more serious when sober. This was an alternative and a particularly unexpected finding. This is because these fights were more likely to be pre-planned (unlike the more spontaneous drunken fights), and can involve weapons and the active seeking out of opposition:

*If you get people when they're drunk, they're less likely to use a tool. Like a cosh or something. Cos everyone round like other areas uses coshes.*

*Just a little bit of metal ... Or knives or something. When they're sober, they all think, 'yeh there's gonna be loads of them let's go get a tool'.*

(Male, 16)

### **Intoxication (11 interviewees)**

All young people interviewed reported feeling at least some ill effects of being drunk in terms of hangover or nausea. Some people commented on how being sick was yet an additional inevitable outcome of drinking. Of more serious concern, a proportion of the sample reported some experience of severe intoxication and collapse, followed by involuntary vomiting. For most, it was the speed of drinking together with the mixing of drinks that seemed to increase the toxicity and frequently caught people unawares:

*I had a party here and I mixed cider, beer and vodka together in five-pint glasses. I was absolutely on the floor, I collapsed! My stepdad didn't know what to do with me, he rang my Mum ... I was being sick, I don't remember anything.*

(Female, 15)

On some occasions, the intoxication was so severe that there would be a clear risk of choking through vomiting. This was the case where a person had blacked out because of excessive drinking and where others were not in attendance to monitor the situation:

*I got really drunk ... I was drinking all like bare spirits. And I got really, really drunk and ended up like being sick and couldn't walk or anything. They left me, they like put me in my mum's bed and left me, and they come home and I had been sick everywhere.*

(Female, 14)

Also, on some occasions, young people spoke of the seriousness of such intoxication:

*My mate had her stomach pumped up at the hospital, cos she drank too much vodka ... I didn't know what was happening ... she nearly died on the second one ... I screamed for help.*

(Female, 15)

### **Drug taking (nine interviewees)**

Although many young people did not report any drug use at all, some had experience of using drugs. Often, this was at the same time as drinking alcohol. Please note that these nine interviewees were those who reported taking drugs when they were drunk rather than the total number who had ever taken drugs (which was not recorded). The most commonly used

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drugs were cannabis and various types of stimulants. The link between risky drinking and drug use is complex and varied. For some, the drinking led to a loss of control and a lowering of resistance towards peer influence and pressure:

*I think it's really hard, cos, if you're drunk then, and someone says, 'here we're, do some of this', then you're just going to be like, 'oh go on then', but when you're sober you might go, 'oh no'.*

(Male, 15)

At the other extreme, young people seemed to make a conscious decision about wanting to try something new and different. Some young people explained that they were more likely to try/use drugs when they were drunk if they were 'bored' with the effects of alcohol. They want to move on to another new, and perhaps better, feeling. Despite views and evidence to the contrary, alcohol is still perceived to be far less dangerous than drugs:

*You want a different buzz if you know what I mean? Drinking's alright but then you think 'I want a different feeling', so you do something else ... I was drinking, and I just thought 'oh this is a bit boring', you know, 'I'll try that'.*

(Male, 17)

For the minority of young people who reported taking drugs more regularly, it became apparent that drinking and taking drugs can be an interactive process that is dependent on a number of factors. It would be too presumptuous to claim that drug use was always associated with excessive drinking. The choice can depend on factors such as money, mood and tiredness. For example, having more money available and being tired could lead to

taking 'pills' rather than drinking alcohol. For some, choosing between drugs and alcohol, and opting for specific drugs, was often a conscious and rational decision:

*I drank a bit first and like smoked a bit, bonged [cannabis water pipe] a bit and then like took some magic mushrooms, like yeh yeh yeh. And then I was just sort of completely out of it. You know, having a great time for like six hours. And then I felt myself calming down like, sort of wanting to get to sleep. And then someone said 'oh, do you want half a pill?' And I was thinking 'yeh, yeh I'd like it'.*

(Male, 15)

## Theme 2 – safety outcomes (40 interviewees)

As well as the health effects of excessive drinking, reported above, many young people spoke about situations where being drunk placed their personal safety at risk. This was often because of an inability to accurately recognise a potentially risky situation. In most instances, the young people place the effects of their drinking on such experiences by noting that they would not occur when sober. The distinction between these safety outcomes and the health outcomes reported previously may not appear so obvious at first. The key difference lies in the notion that these safety issues, although having potentially the most serious health (and life-threatening) effects, were not always translated into harmful outcomes. For example, although walking home alone was a risky activity, it did not *always* result in someone being harmed. Nonetheless, the potential risk of serious harm arising from such safety outcomes should not be underestimated.

The three main safety outcomes were as follows:

- walking home alone
- daring behaviour
- dangerous driving.

### **Walking home alone (21 interviewees)**

Some young people, especially women, were very safety-conscious and said that they always either walked home with friends or got a taxi. However, a significant number of young women reported that they often forewent a safe way of getting home if they were drunk. Most said that their parent(s) would not approve of them taking a short cut or walking home alone, but this did not seem to affect it happening again. Many still chose these unsafe methods of getting home, to save money or time. For some, drunkenness appeared to lead to an irrational judgement and an unrealistic optimism about the likelihood of danger:

*I have walked home without getting a taxi when I'm drunk, my mum gets annoyed when I do that, I don't do it very often but sometimes like, say you've run out of money and the others were being a bit stingy ... sometimes, if I'm low on cash, I have been known to ... it doesn't scare me that much ... I just thought it wouldn't happen to me, which is stupid.*

(Female, 17)

Of particular concern, a minor proportion of young women reported that their obvious drunkenness appeared to attract undue attention, increasing their sense of vulnerability. This was exacerbated if they were walking home alone, late at night:

*I was drunk and walking up the road and these three men stopped me and they were going, cos I was dressed a bit like provocative, and they were going, 'oh we really like your outfit, come to the pub with us', and they wouldn't leave me alone.*

(Female, 17)

### **Daring behaviour (18 interviewees)**

Some young people recalled instances where being drunk had led them to engage in dangerous activities. All of these incidents occurred outdoors and were, therefore, a risk particularly associated with outdoor, unsupervised drunkenness (see Chapter 5). Notably, when these situations were recalled, they were considered entertaining, although the potential harm was clear:

*We was out on some scaffolding ... when you're drunk, everything's all over the place and then, then it's all of a sudden it hits you that you're up on a high place and you're drunk ... Dangerous things yeah, like just really being silly, like running about, um, just doing stupid stuff like, things from Jackass, if you ever watched it, or Dirty Sanchez.*

(Male, 16)

*We just got absolutely wasted and drunk ... And then, because it seemed an idea to go down the cliff going down to the beach, because we couldn't be bothered to walk round the footpath. But then it pissed it down with rain. The cliff was made out of clay, we had to get back up a cliff. And I didn't know what the hell I was doing because I was completely wankered.*

(Female, 17)

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### Dangerous driving (three interviewees)

Although a clear minority of interviewees reported such behaviour, these effects were potentially the most serious. Two people reported that they had been a passenger when someone was drinking while under the influence of alcohol. This extremely risky behaviour was, again, the product of impaired judgement and an inability to recognise or manage a risky situation because of being drunk:

*I couldn't stand up properly ... that night we actually got in the car with one of my friends who was drunk who was driving but we didn't think about it until halfway home.*

(Female, 17)

Perhaps the most serious potential consequence of all was reported by the following young woman:

*In [name of town], there's country lanes and I know friends that would just drive them with no headlights on. And I really enjoy that when I'm drunk [laughs a bit] even though I know it's dangerous. Because I like the speed.*

(Female, 17)

### Theme 3 – legal outcomes (14 interviewees)

Some young people reported experiences where being drunk had got them into trouble with the police. Most accounts involved quite minor incidents (not involving arrest) such as having their alcohol tipped away by the police when drinking outdoors:

*It's, er, sometimes like you get complaints of being a bit loud. Then they just come over, tip our*

*alcohol away which we've got opened and just tell us to move on. Might take down our names, might not. It's happened, if they like can be bothered.*

(Male, 16)

However, a minority of interviewees described being involved in more serious incidents with the police when drunk, usually following acts of vandalism. For the majority, this led to an arrest:

*I've been arrested for being drunk and disorderly. When there was like police driving past and we were caught and stuff like that.*

(Male, 16)

*We were like pretty drunk and nicked a trolley from B&Q and we were in the middle of the road and it was quite late an' the police come. I said I'd see flashing lights in a minute and about five minutes later flashing lights come and me and my mate turned round quickly and jumped in the bush. They took all their names.*

(Male, 15)

### Strategies used to avoid risky outcomes (30 interviewees)

In consideration of the widespread health, safety and legal outcomes reported in this chapter, a sensible move towards considering health interventions would be to outline the strategies that young people themselves use to avoid these risky outcomes. This was an area of exploration not anticipated in advance of interview, but it arose quite spontaneously following young people's accounts of their experiences. Young people's accounts were encapsulated in two main strategies:

- group security
- eating adequately in advance.

### Group security (25 interviewees)

Drinking in groups, particularly large groups, provided a greater sense of security when drinking excessively. This type of group provides security in terms of avoiding trouble and a reduced likelihood of any harmful effects arising. Paradoxically, group drinking was previously shown to provoke fighting in some scenarios:

*When we're drinking and that, I like to hang around with a big group of people. Big group of people I can trust ... you're all gonna be pissed and no one's going to come over to you cos there's loads of them ... I've never really wandered off on me own or gone anywhere on me own, pissed, cos, like, god knows what could happen.*

(Male, 14)

Young women were particularly adamant about staying together and not letting anyone leave the group. If someone did, then a group member would normally go and look for them. However it was sometimes acknowledged that, when someone is drunk, it is hard to stop a person leaving the group if they insist:

*We just look out for each other, like, if one of us goes off or does something with someone else they'd just met down the beach, then we'll go and look for them. So like, even when we do feel drunk, we still, I don't know ... you can't like stop them but then we like, we'd go and look for them and stuff.*

(Female, 14)

An additional feature of staying together in a group was to help 'rescue' friends from unwanted sexual advances or attention. This applied to female groups only:

*If a guy comes up to you, comes up to one of us, comes up behind us, we just kind of drag each other away and start dancing with each other so that the guy kind of goes away ... I think it's just a thing that's just ended up happening.*

(Female, 17)

Even though walking home alone was previously reported as a dangerous safety outcome that was frequently experienced, part of the group security is to ensure this does not occur. This was commonly achieved by staying the night at one person's house, or making sure that a person got home safely:

*We normally get picked up or we either just walk in a big bunch, drop everyone off at certain places and couple of us, say me and my mate were the last persons, we just go back. He normally stays at mine. So none of us walks home on our own.*

(Male, 15)

In addition, although intoxication was a frequent experience, a further strategy was to make sure that fellow members of the group would look after each other if they were excessively drunk:

*It's sort of like, second nature ... if they were completely off their rocker and they're not in a fit state, then we'll say 'it's not worth staying out any more, let's go home, let's nurse her, get her to bed' and, you know, we're not going to say, 'oh I want to stay in the club, bugged her, shove her in a taxi, let her go home on her own'.*

(Female, 17)

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A more recent safety development was the concern that some people made about their drinks being spiked. This was commonly reported as a concern in the more supervised drinking environments of pubs and clubs. Again, the group environment provided an extra 'watch' over potential occurrences and some mentioned specific strategies:

*We're all quite good like, we don't ever drink drinks that we leave on the bar for too long, or make sure, because we were quite conscious of that because of drugs that can be put in your drinks and stuff, we were quite conscious and we're quite good like that so.*

(Female, 17)

*Take it [drink] to the toilet ... Keep your thumb over the top of bottles, if you've got a bottle as well, cos otherwise someone will slip something in ... I'm thinking of it even if I'm really drunk.*

(Female, 17)

Finally, the additional benefit of drinking in a group was to rely on, or assign, someone within the group not to get as drunk as everyone else. This person would then look after others or alert additional assistance if required:

*There's usually one or two people who aren't like as drunk as everyone else ... if you were doing something would just kind of come up and be like 'look, what were you doing, were you OK?'*

(Female, 15)

### **Eating adequately in advance (17 interviewees)**

Although less frequently mentioned than group security, an additional strategy to prepare for

getting drunk and to reduce the harmful effects was to eat sufficiently beforehand. More specifically, this was emphasised by young people as something that should be done to avoid being sick and also to avoid the social embarrassment of getting too drunk too quickly:

*People think 'oh, god, look, alcoholic children on the streets' but we were more sensible than they think we were. They sit there going 'yeah, you don't eat your dinner', yes we do! We eat our dinner, most of the boys drink six pints of milk, full-fat milk, before they go out. Because they don't want to be sick.*

(Female, 15)

In addition, an alternative viewpoint was to judge the amount of food eaten according to the level of drunkenness intended, or how much alcohol was available:

*It depends how much I'm drinking. If I want to get drunk and I find I've only got six beers, then I won't eat anything all day. I'll go starve myself if I want to get drunk that is. But if, on the other hand, I want to stay soberish and I find I've got a lot of beer, then I'll munch out all day. To line up my stomach and drink loads of milk.*

(Male, 17)

As a final note to these strategies, there are likely to be several additional measures (e.g. carrying condoms) that people adopt that were not unearthed in the interviews. This is because these explanations arose most inductively and were not a main focus of the interview schedule. Given their implications for harm minimisation, further research in this area is required (Chapter 6).

### Summary of findings

It is clear from the wide variety of recollections generated that the vast majority of young people in this sample have experienced harmful outcomes from their risky drinking. The prevalence of these outcomes reflects the nature of our sample as a group of young people who are recalling episodes of excessive drunkenness, mostly in unsupervised, outdoor locations. These outcomes range from minor injuries and acts of vandalism right through to life-threatening events. Although this chapter reports exclusively harmful outcomes, it is important to observe that a minority of outcomes were far more beneficial (e.g. an enjoyable social or sexual experience). These more favourable outcomes, as they were also considered by interviewees as a *reason* for this drinking, have been presented within the motivations outlined in Chapter 4.

The harmful outcomes have been classified into three main themes:

#### 1 Health outcomes:

- The most frequently mentioned health outcome was the reporting of a regretted sexual experience. Experiences included acts of intercourse without contraception.
- The second most commonly reported health outcome was sustaining injury through accidents and fighting.
- Instances of intoxication and drug taking were additional harmful health outcomes of risky drinking.

#### 2 Safety outcomes:

- Risky drinking often led young people to compromise their personal safety in a number of ways. These risky behaviours had the potential to result in serious harm.
- The three main safety outcomes were walking home alone, daring behaviour and involvement in dangerous driving.
- Dangerous driving, reported by a small minority of the sample, was potentially the most serious detrimental outcome of risky drinking.

#### 3 Legal outcomes:

- Being in trouble with the police was reported fairly frequently, although the majority of incidents were minor and a result of being caught being drunk outdoors.

There were a variety of ways in which risky drinking was attributed to these harmful health, safety and legal outcomes. These varied explanations were as follows:

- alcohol increases the level of attraction to prospective partners
- alcohol is used as an 'excuse' for socially unacceptable behaviour (although behaviour that was originally intended
- alcohol increases confidence and lowers inhibitions to act as originally intended

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- alcohol impairs judgement in accurately recognising and controlling a potentially risky situation (and increases sense of unrealistic optimism)
- alcohol may lead to complete loss of control, memory loss and 'blackout'.

These explanations represent a continuum of influence and are ordered with increasing significance; that is, the complete loss of control and impaired judgement could represent the most *causal* relationship between risky drinking

and the detrimental health, safety and legal outcomes reported (as opposed to the 'excuse' and lowering of inhibitions explanations).

In conjunction with the diverse harmful outcomes, young people reported a variety of ways in which they sought to reduce adverse effects. For most, this was drinking as part of a group, which provided security in avoiding trouble and reduced the likelihood of any harmful effects. An additional strategy was to eat adequately in advance of excessive drinking.

# 5 Variations in young people's motivations and outcomes

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## Introduction

The previous two chapters have outlined the motivations and outcomes associated with risky drinking. Both chapters have presented these findings in relation to the entire sample. By contrast, this chapter presents the results from a more strategic comparison of the interview data and provides an extra dimension to the findings derived from this research. In this manner, this chapter will also acknowledge the social and environmental context of excessive drinking. Given the fact that our sample is relatively small, and not evenly distributed in terms of age, rural/urban residence, socio-economic status, these variations should be interpreted with a degree of caution. The findings could illustrate areas of more extensive research in the future.

As a further reminder of the background, previous researchers in this field of study have recognised the importance of understanding the social and environmental context when performing such analysis (Pavis *et al.*, 1997; Forsyth and Barnard, 2000; Honess *et al.*, 2000). Furthermore, research by Pavis *et al.* (1997) and Forsyth and Barnard (2000) both report the dangerous outcomes inherent in drinking excessively in outdoor locations. However, previous research has yet to explore how these motivations and outcomes, specifically reported by underage risky drinkers, vary in a range of dimensions. A comparison of motivations and outcomes by age and gender has been undertaken, but usually in the context of alcohol in 'general' rather than from a sample of risky drinkers.

In this chapter, we will outline how these motivations and outcomes, which specifically relate to underage risky drinkers, vary according to the following demographic and environmental indicators:

- age – younger versus older age groups
- gender – male versus female
- residence – rural versus urban residence
- location – unsupervised (including outdoor) versus more supervised location of drinking.

In addition, a final section will outline the relationship between specific motivations and outcomes.

Under each section, we will present only those variations that were notable in terms of the motivations and/or outcomes. *Typically, reference will be made to those motivations or outcomes that were twice as frequently mentioned among certain age, gender and additional groups.* This quantification and comparison was greatly aided by the qualitative analysis software used during this research. The conclusions drawn from the residence variations should be particularly tentative given the predominance of young people from the more urban locations in our sample (Chapter 1). Further analyses were planned for drinking group variations, but this proved difficult, as many young people reported drinking in different age/gender groups according to the context. Equally, the predominance of interviewees from the relatively more socio-economically deprived areas made comparisons according to this

measure problematic. Each of the four demographic and environmental indicators will now be presented in turn.

### Variations by age

The most notable variations by age will now be reported, in terms of the leading motivations and outcomes associated with risky drinking (which were reported in Chapters 3 and 4 respectively). To highlight the themes noted in previous chapters, the main motivations and outcomes will be italicised.

### Motivations

Within the *social facilitation* theme, the middle age range of the sample (15–16 year olds, as opposed to 14 and 17 year olds) reported that a leading motivation for the excessive consumption of alcohol was to increase confidence in seeking a sexual interaction. Essentially, the younger age groups may view this sexual interaction as less important, possibly because of their relative sexual immaturity. Furthermore, the older age groups may recognise contrasting motivations in conjunction with their transition to adult drinking styles. This middle age range ties in with the literature surrounding first age of sexual intercourse (median age reported as 16 years by Wellings *et al.*, 2001). In terms of *individual benefits*, the 'buzz' of consuming alcohol was again mentioned most commonly among the middle age range group.

These two motivations, expressed more frequently among this middle age range, also reflect the positive expectancies derived from the questionnaire sample (Chapter 2). The lesser importance allied to sexual interaction and the

'buzz' among 14 year olds may also be indicative of less positive experiences, because of an inability to manage or control drinking. Similarly, as these motivations are less often cited by 17 year olds, this could signify that the novelty of alcohol, and these particular benefits, may have diminished among these age groups with its increasing exposure.

Of all the age variations in motivations for excessive drinking, the effects of peer influence (*social norms and influences*) were most notable. Peer pressure was most evident for the youngest age groups. Recollections of instances of peer pressure were noted across all ages, although the older age groups almost always reported instances when they were 14 and 15 years old.<sup>1</sup> This is a significant finding because, as noted in Chapter 3, this was the most 'negative' motivation for risky drinking:

*I think, 'oh everyone else here is drunk, so I have to be'. You just have to be too.*  
(Male, 14)

Conversely, a less overt form of 'peer pressure' was apparent. This influence, which we will term 'peer guidance', is the experience of feeling that your behaviour is influenced by your peers' attitudes and behaviours, but without the negative feeling of pressure. Peer guidance was more noticeable among older age groups and, again, is likely to reflect the transition to adult drinking patterns reported by older teenagers. In this instance, the transition to licensed establishments as a preferred drinking venue is apparent. Therefore, it would now be perceived as socially unacceptable to meet friends in a pub or bar without drinking alcohol. It is seen as the norm to drink in these environments and, if you abstained, it would be noticed:

*I go out to socialise, so that would probably be the reason. But, we live in a pub culture, so that [getting drunk] comes with it.*  
(Male, 17)

### Outcomes

In general, the youngest age groups were far more likely to report harmful outcomes associated with their excessive drinking. Injuries (*health outcomes*) were more widely reported by the youngest age groups, as were instances of severe intoxication. Again, this theme could reflect the increased ability to manage drinking limits learned through increased experience (which in itself is correlated with age). Similarly, the youngest age groups were more likely to report daring behaviour (*safety outcomes*) and *legal outcomes*. The latter reflects the greater likelihood of younger, more obviously underage, young people having their alcohol confiscated:

*I had a party the other week and I mixed cider, beer and vodka together in five-pint glasses. I was absolutely on the floor, I collapsed ... I was being sick, I don't remember anything.*  
(Female, 14)

These age differences in reported outcomes are compounded by the greater likelihood of 14 and 15 year olds getting drunk in unsupervised, often outdoor, environments. This ties in with the questionnaire findings reported in Chapter 2. Outdoor environments certainly lend themselves to a greater risk of these harmful outcomes (see later in this chapter). Moreover, it seems that making the transition to drinking in pubs/bars and clubs, closely correlated with advanced age, offers a protective factor for a number of risky outcomes. The more supervised

locations exert greater restriction and control over young people's behaviours when drunk. Also note that women had a greater ability to access the more supervised environments at an earlier age, offering them this protective effect in advance of young men.

An emerging theme throughout this comparative analysis was that 17 year olds reported that they had 'calmed down' as they aged. This is most obvious in explaining the susceptibility of the youngest age groups to these harmful outcomes. Most of the 17 year olds had experience of drinking excessively, in unsupervised and especially outdoor locations, when they were 14 and 15 years old. However, they are now drinking in a more controlled way and occasionally in more supervised environments (e.g. pubs and clubs). These individuals, speaking retrospectively, suggest that young people tend to learn from their own experiences, and decide on the level, frequency and location of drinking that they feel most comfortable with. Also, 17 year olds often expressed the view that drinking outdoors is something you have to do, and are *expected* to do, when you are younger. However, this behaviour conflicts with the kudos associated with being allowed into licensed establishments, which is now an alternative and preferred option:

*Some people, they think, 'oh yeah, let's all go drinking and stuff on the streets and let's look all hard', but I'm not like that any more.*  
(Female, 17)

Similarly, many 17 year olds spoke of their experiences of being sick (*health outcome*) when they were younger. They emphasised the fact that they are no longer sick when they drink,

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and that sickness is not considered to be a positive and sought-after image. Also, being very ill in a licensed establishment could lead to being removed, and possibly barred, which would be socially embarrassing:

*When I was younger I used to get so bladdered that I was sick, all the time.*

(Female, 17)

In instances where there were age differences in reported outcomes, the only exception to the direction of this association was in relation to walking home alone (*safety outcome*). All examples so far have reported harmful outcomes among the younger age groups. By contrast, more 17 year olds recalled having walked home alone, possibly because they were more likely to be drinking in pubs/bars and clubs in locations further from their homes (and which could require expensive taxi fares).

### Variations by gender

#### Motivations

Young women were more than twice as likely as young men to say that they get drunk to give them more confidence in a social group (*social facilitation*). This suggests that young women may feel more pressured in a social situation, or potentially more ill at ease in such a setting. Note that most of the group settings were typically people of the same gender and similar age. In terms of the *individual benefits*, more young women reported drinking as a means of escapism and forgetting problems. This could reflect either a genuine gender difference in the dealing with such events, or the increased importance attached to such events by young

women. Research evidence from elsewhere consistently reports that girls are more affected by stress and are more likely to report a greater number of stressful events:

*I go out and get drunk if I'm thinking about things too much, cos you can really express yourself so much better when you're drunk. Your problems don't seem as big, so I think it helps. Does that make me an alcoholic [laughs]?*

(Female, 16)

By contrast, young men are more inclined to use denial as a coping mechanism and therefore may be less likely to use drunkenness as a means of escapism (Coleman and Hendry, 1999).

In terms of the *social norms and influences*, there were two further gender differences of note. First, more women reported peer pressure as a factor. Second, women were significantly more likely to cite the 'respect and image' motivation for excessive drinking. This may reflect previous research that has indicated that young women are generally more image conscious, particularly in a physical sense, compared to young men (Freedman, 1984). It is arguable that this theory may extend to the idea that young women are motivated by the perceived positive images associated with getting drunk (i.e. 'harder', rebellious and more adult in their behaviour):

*I think we're trying to be a bit older, probably. And like, yeah, seem mature.*

(Female, 16)

#### Outcomes

Overall, the detrimental outcomes associated with risky drinking were reported relatively

equally by young men and women; that is, both genders reported equal incidence of harm, although the nature of this harm varied on occasions. In terms of the *health outcomes*, young women were far more likely to report a regrettable sexual experience when drunk. It can be considered an unsurprising conclusion that young women, as opposed to young men, would be more likely to report this outcome. Furthermore, national survey data have illustrated that young women were more likely to report regret over their first-ever experience of sexual intercourse compared to young men (Wellings *et al.*, 2001). Similarly, some women would refer to regret in terms of a damaging reputation (being known as a 'slag' or 'slut') rather than the sexual event itself. Unsurprisingly, the reputation for young men was in complete contrast:

*I've done stuff with boys that I've regretted when I'm hammered [drunk], definitely. Boys can get away with it more than girls though, can't they? Everyone just thinks you're a slut if you're a girl who does that.*  
(Female, 17)

Although both genders reported similar incidence of minor injury, men were more likely to report fighting. Fighting was particularly between different drunken groups. Again, these gender differences are not of great surprise. There were also very clear differences in gender when looking at experiences of intoxication. More than three times as many females as males reported being sick and/or passing out through drinking too much. The latter mentioned is the largest discrepancy reported between the genders (for both motivations and outcomes):

*I'm a bit of a lightweight, I'm sick all the time when I drink. I can't drink as much as everyone else in the group, but I seem to get just as drunk.*  
(Female, 16)

In terms of the *safety outcomes*, young women were more likely to walk home alone. In fact, almost all interviewees reporting this behaviour were young women. For the very few young men who reported this behaviour, they did not perceive it to be risky for themselves. In contrast, young women always said that they were aware of the dangers, but admitted that this fear was not enough to act as a deterrent when drunk. Young men, by contrast, were far more likely to report daring behaviour including various pranks and challenges when drunk.

Men were also more likely to report legal conflicts resulting from drunk and disorderly behaviour (*legal outcomes*). The increased reporting of daring behaviour and legal outcomes among young men is compounded by their unsupervised, often outdoor, drinking. Among our interviewee sample, men aged 14 to 15 were more likely to drink in unsupervised, often outdoor, locations, where the associated outcomes tend to be of greater harm (see later in this chapter). In contrast, underage women were more likely to have been drunk in the more supervised environments (such as bars or clubs), facilitated by their ability to look over 18 at an earlier true age and the possible accompaniment of an older partner:

*In our group, the boys always get into fights when they're drunk and lairy [aggressive]. It's embarrassing, when you just want to have a good time and you don't wanna get barred.*  
(Female, 17)

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As a final note to these gender variations, it is important to acknowledge the image and bravado that may affect some of the responses by young men, in particular. Although the experienced interviewer attempted to reduce this possible response bias, the potential for such an effect must be recognised. With the possible detriment to their masculine image, men may have been less inclined to declare that getting drunk was important in raising confidence for sexual interaction, or as a means of escaping from stress. Similarly, and perhaps most powerfully, the lower incidence of intoxication by men could reflect the often poor reputation and stigma associated with not being able to drink to such levels (or from being a 'lightweight').

### Variations by rural/urban residence

#### Motivations

Differences in reported motivations by rural/urban residence were limited. The only instance where this occurred was in relation to the 'something to do' motivation within the *individual benefits* theme. Those young people from rural areas were notably more likely to report boredom and a lack of alternative activities to getting drunk. This could appear to be an anticipated explanation given the concentration of leisure activities, such as sports facilities and cinemas, in urban areas. Furthermore, limited and costly transport facilities make it difficult to travel to the more urban areas where these alternative activities can be sought. This is particularly the case for this sample where the majority were under the legal age for driving:

*It's just that [name of village] doesn't have any facilities like to put our minds to rest really. It's just that no one can get you to places. That's what it's classed as ... so, an old people's place.*  
(Male, 16, rural)

#### Outcomes

Variations in outcomes according to rural/urban residence were again limited and confined to *health outcomes*. Within these health outcomes, differences were noted in two areas. First, young people from rural areas were more likely to report a regrettable sexual experience while drunk. There appears to be no obvious explanation for this, except that rural areas provide a range of different outdoor areas where this could occur. The following quotation illustrates this increased opportunity:

*I had a nasty experience on a beach that I don't wanna go into! But I regretted it the next morning when ... I woke up in the morning so I could get home and all this sand just came out ... I was quite drunk that night and I actually can't remember exactly what happened.*  
(Male, 15, rural)

Second, although young people from both rural and urban locations reported relatively equal levels of injury while drunk, the nature of these injuries varied by residence. Young people from rural areas were more likely to report injuries sustained while outdoors from potential hazards that are less evident in urban areas:

*I went to like a beach party and most of us like just ran into the sea and stuff, and I ended up cutting my feet and like I didn't think about it at the time, it was just in the morning my feet were*

*all cut ... the current was like really strong but I just didn't think about it or anything.*  
(Female, 17, rural)

In contrast, group fighting was more evident in urban areas. This reflects the greater concentration in these areas of drinking groups that have a greater potential to clash and also the competing subcultures of young people noted in Chapter 4.

### **Variations by drinking location (more supervised or unsupervised)**

Many of the differences reported by drinking location are likely to duplicate those cited earlier. This is because of three key observations. First, younger age groups (14–15 year olds) as opposed to older groups (16–17 year olds) more frequently reported drinking in unsupervised locations. Second, young men were more likely to drink in unsupervised settings. In contrast, a greater proportion of underage women were likely to frequent the more supervised environments facilitated by their ability to look over 18 at an earlier true age and the possible accompaniment of an older partner. Third, unsupervised, outdoor locations were more evident in rural areas compared to the more supervised, licensed venues that tend to be concentrated in urban locations. This level of analysis does not allow us to say for certainty which of these variables are most influential in affecting the motivations or outcomes. However, as indicated earlier, it does allow us to identify particularly high-risk groups of young people who may arguably be more in need of intervention (see concluding section to this chapter).

The limited differences presented in this section are those that have not been reported elsewhere and, thus, are likely to operate independently of age, gender and rural/urban residence. The in-depth nature of the research was also able to offer plausible explanations for these more supervised/unsupervised comparisons.

### **Motivations**

Young people drinking mostly in unsupervised locations reported different motivations towards excessive drinking in two dimensions. First, those drinking more frequently in unsupervised venues were more likely to cite the 'buzz' as a leading motivation (*individual benefits*). This 'buzz' and sense of feeling different when drunk may reflect the ability to drink more excessively in unsupervised locations. In the unsupervised locations, there are no restrictions on drinking quantity and the behaviours that may ensue. By contrast, drinking in the more supervised venues may be more constrained by licensees and threats of eviction if behaviour becomes uncontrollable:

*That's why we drink, so we can do more stupid stuff. We just go trekkin' [walking], out and about looking for stuff to do.*  
(Male, 14)

Second, those drinking in the more supervised locations were more likely to report the desire to increase confidence within a social group setting (*social facilitation*). This may be indicative of the greater sociability evident within these locations, relative to the more haphazard and less frequent experiences of unsupervised drinking. This also reflects the clear distinction between the *social facilitation*

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and *individual benefits* motivations; that is, young people drinking in unsupervised environments perceive a greater individual effect compared to those in the more supervised venues, where the social facilitation is more prominent.

### Outcomes

The greater loss of control by young people's drinking in unsupervised locations is also evident in the reported outcomes. It is perhaps an unsurprising finding that those who drink more often in unsupervised locations generally report more harmful outcomes.

Regarding *health outcomes*, those drinking in unsupervised locations were more likely to have experienced a regretted sexual encounter and injury. Those now drinking regularly in the more supervised environments reported such incidents as having happened when they used to drink more frequently outdoors and at friends' houses. Within the *safety outcomes*, daring behaviour was also more prevalent in unsupervised locations, again indicative of the unrestricted drunkenness in these settings. Walking home alone (*safety outcomes*) was the only outcome that was reported more by those drinking in the more supervised environments.

### The relationship between motivations and outcomes

In terms of the motivations/outcomes comparison, interviewees who said that their main motivation for drunkenness was for the 'buzz' or 'forgetting problems' (*individual benefits*) generally reported more occasions of harm. This applied mainly to an increased likelihood of health and safety outcomes. In

contrast, the young people who reported to increase confidence in a social group as their main motivation (*social facilitation*) were generally the least likely to report harmful outcomes. These contrasting motivations, and subsequent harms, are intertwined with the transition from unsupervised to more supervised venues that young people undergo with increasing age and alcohol experience. Finally, those whose leading motivation was to increase confidence in sexual interaction (*social facilitation*) were more likely to report a regretted sexual experience (*health outcomes*). However, it should be reiterated that not all sexual experiences were regrettable.

### Summary of findings

From the comparative analysis of the data according to the four demographic and environmental indicators, the main findings are summarised below. Given the nature of our sample (Chapter 1), interpretations relating to rural/urban residence should be viewed as particularly speculative.

### Differences in motivations and outcomes of risky drinking by age

- The middle age range (15–16 year olds) reported the desire to increase confidence in sexual interaction (*social facilitation*) and the 'buzz' (*individual benefits*) as leading motivations.
- Peer pressure was reported mainly for the younger age groups, whereas peer guidance was noted by the older age groups (*social norms and influences*).

- The youngest age groups report more harmful outcomes of their excessive drinking. In particular, injuries and intoxication (*health outcomes*), daring behaviour (*safety outcome*) and *legal outcomes*.
- Older age groups report more instances of walking home alone (*safety outcome*).
- It seems that making the transition to drinking in pubs/bars and clubs, closely correlated with age, offers a protective factor for a number of risky outcomes. Also note that women had a greater ability to access the more supervised environments at an earlier age, offering them this protective effect in advance of young men.

### Differences in motivations and outcomes of risky drinking by gender

- Young women were more likely to say that they get drunk to give them confidence in a social group (*social facilitation*).
- In terms of the *individual benefits*, more young women reported drinking as a means of escapism and forgetting problems.
- More women reported peer pressure and 'respect and image' as leading motivations for risky drinking (*social norms and influences*).
- Both genders reported equal incidence of drinking-related harm, although the nature of this varied.

- Young women were more likely to report a regretted sexual experience and intoxication. Men were more likely to report incidence of fighting (*health outcomes*).
- Young women were more likely to walk home alone and men were more likely to report daring behaviour (*safety outcomes*).
- Young men were more likely to report *legal outcomes*.

### Differences in motivations and outcomes of risky drinking by rural/urban residence

- Differences in reported motivations and outcomes by rural/urban residence were limited.
- Young people from rural areas were more likely to report a 'something to do' motivation (*individual benefit*) as a response to the perceived boredom and lack of alternative activities in these areas.
- Young people from rural areas were more likely to report regretted sexual experience and injuries sustained outdoors (from various pranks). Younger people from urban areas were more likely to report group fighting (*health outcomes*).

### Differences in motivations and outcomes of risky drinking by drinking location (more supervised or unsupervised)

- Many of the differences have been reported earlier in that younger people, especially men and those from rural areas, were more likely to drink in unsupervised locations.

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- Independent of age, gender or rural/urban location, differences in motivations were limited to the 'buzz' (*individual benefits*), which was more apparent for those drinking in unsupervised locations. Also, social group confidence (*social facilitation*) was more evident in the more supervised locations.
- Unsupervised drinking was more likely to lead to regretted sexual experience and injury (*health outcomes*) and daring behaviour (*safety outcome*).
- Walking home alone (*safety outcome*) was the only outcome that was reported more by people drinking excessively in the more supervised locations.

### The relationship between motivations and outcomes

- Interviewees who said that their main motivation for drunkenness was for the 'buzz' (*individual benefits*) generally reported more occasions of harm. In contrast, the young people who reported to increase confidence in a social group as their main motivation (*social facilitation*) were generally the least likely to report harmful outcomes. These contrasting motivations, and subsequent harms, are intertwined with the transition from unsupervised to more supervised venues that young people experience with increasing age and alcohol experience (as noted above).

# 6 Conclusions and implications

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## Introduction

This in-depth study has generated a number of findings that will be of relevance to researchers, policy makers and practitioners. This chapter intends to focus readers on these areas of interest. In identifying the leading motivations for risky drinking, this research has been useful in highlighting opportunities to reduce the harmful outcomes that have been commonly reported. Furthermore, specifying the groups and particular motivations most associated with these harmful outcomes has shown areas where health promotion initiatives could be focused.

Before outlining the conclusions, it is important to place the findings in their correct context. At the outset, it is important to acknowledge that the findings derived from this sample are not claimed to be representative of the wider population of young people in the UK. This is because of the sample size, its self-selecting nature and its geographical limitation. The motivations and outcomes reported in this study must be interpreted in conjunction with the purposive selection of the sample. It must also be remembered that this sample was comprised entirely of risky drinkers and thus one would expect the extent of harmful outcomes to be most prominent in such a study. However, these sampling issues are clearly offset by the richness and depth of understanding provided by the interview data.

The conclusions and implications from the research findings will be presented in three sections:

- conclusions and implications on the research evidence base
- areas in need of further research

- implications for policy and practice.

## Conclusions and implications for the research evidence base

As noted in the first chapter, this research is relatively distinct in exploring and identifying underage young people's motivations and outcomes for their risky drinking. The focus on *risky* drinking (in terms of excessive single-session drinking in unsupervised, unlicensed and often outdoor locations) and the underage nature of our sample marks the main difference between this research and previous investigations. For the most part, previous research has been undertaken among samples of young people that are likely to include only a proportion of risky drinkers. The reader should be particularly aware of this point when the findings from our research are compared to similar studies documented elsewhere.

In terms of young people's leading *motivations* for risky drinking (Chapter 3), the findings were not overly distinct from those documented by previous research. In more detail, previous research has similarly found that drinking in this manner is largely out of choice and the benefits are widely reported. The themes of *social facilitation* have also been reported by Newcombe *et al.* (1995), Pavis *et al.* (1997), Honess *et al.* (2000),<sup>1</sup> Kloep *et al.* (2001) and Engineer *et al.*'s (2003) Home Office study. In terms of *individual benefits*, the escapism and 'forgetting problems' motivation was noted by Pavis *et al.* (1997), Harnett *et al.* (2000), Honess *et al.* (2000) and Engineer *et al.* (2003). The 'buzz' of drinking excessively was also observed by Pavis *et al.* (1997), Harnett *et al.* (2000) and Engineer *et al.* (2003).

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This similarity with previous research is most interesting. There are two probable explanations for this. First, that young people's motivations for drinking alcohol, whether in moderation or excess, are relatively similar. Second, although previous studies in this area were not specifically researching 'risky' drinking, it may be the case that a significant proportion of young people are drinking in this manner. The questionnaire findings in Chapter 2, derived from nearly 900 young people, show that just over two-thirds of 14–17 year olds had ever been drunk and that one-half of these were getting drunk 'once or twice a month' or more frequently. These findings were derived from a general population of young people and used, partly, to select risky drinkers for interview. Much of this drinking had occurred in unsupervised, including outdoor, locations. This widespread experience of excessive drinking is also supported by national surveys of alcohol use (Coleman and Cater, 2003). It may be that studies sampling from the general population of young people, rather than purposively through their experience of risky drinking, are likely to include a significant proportion of those who do have such experience. This clearly ties in with Brain *et al.*'s (2000) work, demonstrating the widespread and hedonistic pattern of consumption, which is far beyond a damaged core of young people.

Nonetheless, there were some slight differences in the motivations reported by our research. For example, in terms of the 'something to do' motivation for risky drinking (*individual benefits*), boredom and a lack of alternative options have been only partially observed elsewhere (Newcombe *et al.*, 1995). Also, in terms of *social norms and influences*, the

wider social norms and general acceptability of risky drinking were slightly more evident compared to previous research (reported by only Honess *et al.*, 2000 and in Kloep *et al.*'s, 2001 'tradition of drinking'). In contrast, the influence of the peer group was less widely reported in our study. More specifically, peer pressure was much less of a leading factor compared to studies reported by Pavis *et al.* (1997) and Kloep *et al.* (2001). Finally, the 'respect and image' motivation, to appear older and 'harder' than others, mentioned by a minority of our sample has not been cited elsewhere.

Relative to the motivations for risky drinking, far less research has explored the *outcomes* of this drinking in equivalent depth (Chapter 4). With the exception of Engineer *et al.*'s (2003) study of 18–24 year olds, research has rarely provided such extensive detail. The exploration and identification of these marks an innovative contribution to the research evidence base. Although beneficial outcomes from risky drinking were occasionally recorded (and since categorised as motivations), a key observation was that the vast majority of young people had experienced harmful outcomes. The outcomes ranged from minor incidents to potentially life-threatening events. The main categories reported were *health outcomes* (regretted sexual experience, injury, intoxication and drug taking), *safety outcomes* (walking home alone, daring behaviour and dangerous driving) and *legal outcomes* (including arrest). Although it must be acknowledged that these categories were not necessarily mutually exclusive, the health and safety outcomes were more frequently reported in comparison to legal outcomes. There was a distinction between the

health and safety outcomes in that the latter, although not always resulting in harm, could potentially lead to the most severe consequences. The prevalence and severity of these outcomes reflects the nature of our sample (exclusively risky drinkers) and supports the notion that heavier drinking increases the risk of potential harm (Newcombe *et al.*, 1995).

In addition to the description of these outcomes, this part of the research has provided two further contributions to the evidence base. First, this concerns the detailed exploration into the mechanisms behind the risky drinking/ outcomes relationship. This relationship is undoubtedly complex, and has been further confused through different research designs and methods used in previous studies. From an extensive review of the literature, Coleman (2001a) notes the inconsistency in defining the causal relationship between excessive alcohol consumption and harmful behavioural outcomes. However, this in-depth study was able to propose a 'continuum of influence' to depict *how* alcohol may relate to these outcomes. This continuum illustrates how alcohol can influence people's behaviour and judgment on a number of levels. It can offer an 'excuse' for unacceptable behaviour, it can lead to a loss of inhibitions, impaired judgment and, in extreme cases, a complete loss of control. This continuum clearly illustrates that the alcohol–outcome relationship is far from universal, but operates in different ways and may be affected by the amount of alcohol consumed. Importantly, practitioners and teachers involved in delivering harm-minimisation interventions will benefit by acknowledging this range of possible explanations. These mechanisms build on Honess *et al.*'s (2000) loss of control and

lowering of inhibitions effects, and Engineer *et al.*'s (2003) loss of control, blurred judgement and lack of awareness effects.

Second, this exploratory study was able to identify the strategies frequently used by young people to minimise their harm from excessive drinking. The descriptions surrounding group drinking and eating beforehand have yet to be outlined in equivalent depth elsewhere. These two important contributions to the evidence base have particular implications for policy and practice, and will be returned to at a later point in this chapter.

Finally, the *comparative analysis* of the motivations and outcomes (Chapter 5) also marks an innovative contribution. Our study provides an in-depth overview, relates specifically to risky drinkers and highlights differences in contrasting domains. Whereas studies reporting variations by gender, age and location have occasionally been undertaken (not specifically among risky drinkers), we are unaware of much previous research observing differences by rural/urban residence. As an illustration, young people from rural areas were more likely to report getting drunk as 'something to do' because of the perceived lack of alternative activities and were more likely to report the sustaining of injury. Furthermore, this research was able to detail groups reporting shared motivations for risky drinking; for example, women and younger age groups were more prone to peer pressure. Also, this research was particularly unique in identifying motivations that were associated with particular outcomes; for example, the desire for a 'buzz' was associated with the greatest incidence of harm. Similarities with previous research include the severity of outcomes associated with

unsupervised/outdoor drinking (Pavis *et al.*, 1997; Forsyth and Barnard, 2000), and the relative moderation of effects with increased age and more supervised venues (Harnett *et al.*, 2000). In view of these points, our further analysis demonstrates that the youngest of drinkers and those drinking in unsupervised locations are the groups most at risk from serious harm (see later).

### Areas in need of further research

Comparing our research findings to previous studies has usefully generated a number of areas that are in need of further research. These are listed as follows.

- The transition to drunkenness, as opposed to ever consuming or tasting alcohol, appears to mark a crucial transition to more repeated episodes of excessive drinking. This was borne out in the questionnaires and indicates the ability that young people have in quickly repeating this learned experience. This measure is rarely included in survey research. A greater understanding of the processes triggering this transition from first-ever alcohol to first drunkenness is required.
- This research detailed two strategies that young people adopt to manage their drinking, namely, drinking in groups and eating adequately beforehand. Research investigating other areas of alcohol management is required, as these are likely to provide useful inroads for harm-minimisation strategies. In relation to this, learning how young people resist

pressures to drink heavily could also inform safer drinking. Similarly, a more detailed insight is needed on the relationship between self-esteem and risky drinking, perhaps in relation to the resistance to peer pressure.

- More research would be useful on the different subcultures among young people, and how these impact on behaviours and outcomes (particularly risky drinking, drug taking and violent outcomes). This research identified a number of different subcultures, such as 'Skaters' and 'Townies', and these were shown to impact on different locations of drinking as well as possible confrontation between these groups.
- It would be useful to have a more detailed insight into how parents and carers introduce alcohol to children, and how they monitor and control their drinking. For example, what rules do adults enforce/try to enforce on young people's drinking behaviour? What is considered appropriate and effective parental monitoring and supervision of drinking? With families playing a key role in young people's drinking, this research is of real importance.
- This research also suggests that it would be useful to research young people's views on the alcohol education that they receive. In order to keep up with changes in drinking behaviour, it would seem essential to consult on what young people would find useful to know. This information could inform new training

materials for parents, teachers and other professionals. Including young people's views would improve a harm-minimisation approach and would complement information that is already deemed necessary.

### Implications for policy and practice

This research has generated a number of implications for those working in alcohol-related policy and practice. They can be viewed as follows:

- generic risk taking
- the importance of harm minimisation
- the identification of high-risk groups
- wider policy issues.

It is anticipated that these will contribute to some of the key issues raised in the *National Alcohol Harm Reduction Strategy for England* (Cabinet Office, 2004), and will be of interest to parents, teachers, youth workers, substance misuse workers and a range of additional health professionals.

### Generic risk taking

This research clearly evidences the close link between excessive alcohol consumption and an array of associated risky outcomes. These links support the relatively recent policy initiatives that favour the tackling of generic risk taking. This is evident in the newly implemented Youth Development Pilot Programmes supported by the Department of Health, building on the principles of a successful initiative in the United States (Roth *et al.*, 1998; Kirby, 2001). Also, more

specifically, this supports recent projects that have provided toolkits and guides to facilitate the delivery of alcohol and sex education simultaneously within a generic risk-reduction framework (Tacade, 2003; Lynch and Blake, 2004).

### The importance of harm minimisation

The task facing practitioners and policy makers in curbing the prevalence and impact of risky drinking is clearly demanding. It can be illustrated by the following quotation. This young person candidly considers the enjoyment of heavy drinking relative to the perceived consequences:

*... it was just so much fun, because we were doing so many things that we wouldn't do if we were completely sober because we'd be worried about, you know, would I look like this, would I look like that? But we didn't care, cos we were pissed ... Cos I think being able to just go out and have a really good time out and be completely confident and none of your worries are there or anything like that. And because you're drinking you don't care about your worries, don't care about being self-conscious, or anything like that. And, you know, having a hangover in the morning is like minor compared to the fact you've had loads of fun the night before.*

(Female, 17)

The above illustration was fairly typical of the young people interviewed as part of this research. The motivations for risky drinking were mainly to seek pleasure and enjoyment, and this behaviour was perceived to be a normal part of adolescence. This is further highlighted in the questionnaire survey

## Underage 'risky' drinking

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reported in Chapter 2. Once young people have experienced the enjoyment and benefits of risky drinking for the first time, they tend to look for them to be repeated on a regular basis.

It is clearly important to acknowledge that drinking can be a highly pleasurable experience. Attempting to encourage young people to abstain from alcohol is likely to be a futile and unrealistic prospect. In contrast, acknowledging a harm-minimisation approach and the promotion of 'safer' or more 'sensible' drinking (in place of the 'risky' drinking) is the first step to reducing the harmful outcomes that have been widely reported in this research. However, changing the 'culture' of binge drinking, recognised explicitly in the *National Alcohol Harm Reduction Strategy for England* (Cabinet Office, 2004), is a task that will take many years. Mindful of this approach towards promoting 'safer' or more sensible drinking patterns, this research has generated the following three points of relevance.

- 1 *Management skills*: having acknowledged the challenge of promoting a reduction in drinking levels, an alternative approach is to provide young people with the skills to manage the effects of drinking; for example, 'looking out for each other', drinking in groups, nominating a group leader to stay sober and monitor events, and preparing adequately beforehand, such as eating sufficiently. Furthermore, identifying the harmful outcomes and hazards of risky drinking, perhaps direct from the quotations listed in this report, may help young people prepare for any such eventualities. It is possible that scenarios from young people's responses could be used in an educational

context, in order to give a 'real-life' aspect to existing alcohol education. As an example, anonymous quotations could be used to illustrate the importance of prior planning for the return home after a drinking session (arranging taxis, walking home together, etc.). Also, young people's reports of carrying condoms may help to reduce the incidence of unprotected sexual intercourse.

- 2 *Safer environments*: given that underage drinkers are more likely to drink in unsupervised, potentially more harmful, environments, this research would support the case to consider safer environments or venues for underage drinking (Newburn and Shiner, 2001). These environments could provide an arena to empower young people with the skills to manage their drinking and learn how to deal with the effects of alcohol more safely (for example, how to look after friends who have become intoxicated). They could also provide a setting for young people to learn about sensible drinking messages. This has obvious implications about the legal age of drinking alcohol and, as such, these venues would currently be illegal. If a change in the law were to occur in the future, and such venues were to be allowed, we acknowledge that there would be many issues and challenges around the practicalities. For example, there is the danger that such venues could create more risky drinking than unsupervised locations, or could encourage those who would otherwise be uninterested in experimenting with alcohol to drink at an earlier age. The idea for underage drinking venues stems from the fact that cultures where young

people drink in a more civilised way allow children to drink more freely. However, it should be remembered that the very first experiences of drinking are usually within the family. Therefore, it could be an alternative idea to have more family-centred pubs, in order that young people can learn to drink sensibly and in a safe environment.

- 3 *Peer pressure resistance*: it is important to note that peer pressure was the only motivation considered to be 'negative' or where the risky drinking was not voluntary. Instilling young people with the negotiation skills to resist peer pressure, and to recognise situations where peer pressure is more likely, would be useful progress in reducing its impact. This would have additional benefits of protecting against harmful drug use, where peer pressure was more frequently mentioned. Also, recognising the important role of a group member who looks out for others' safety (Chapter 4) could be an acceptable reason to not get drunk and thus resist peer pressure.

### **The identification of high-risk groups**

This research was particularly informative in identifying groups of young people who would arguably be in greater need of the harm-minimisation strategies outlined previously. In terms of the implications for policy and practice, this research was able to help assess risk potential, identify high-risk motivations and highlight the types of people/contexts more prone to risk. Each will be outlined in turn.

### *Assessment of risk potential*

The questionnaire survey was particularly noteworthy in demonstrating the value of a quick assessment of young people's potential

for risky drinking. The 13-item measure recorded young people's expectancies of the effects of alcohol and was derived from the original 90-item Adolescent Alcohol Expectancy Questionnaire (Brown *et al.*, 1987). The analysis showed that young people's responses to this question were reliable (in a statistical sense) and were significantly indicative of their frequency of drunkenness. This adapted measure of young people's alcohol expectancies could therefore be used in practice settings to gain an immediate insight into young people's propensity towards possible alcohol-related harm. The questionnaire findings also indicate that young people's experiences of 'drunkenness' rather than of 'drinking alcohol' provides a more accurate measure of potential alcohol-related harm. Equally, delaying onset of first drunkenness, rather than first drinking experience, may be a more effective strategy for harm minimisation (see forthcoming 'Types of people/contexts prone to risk').

### *High-risk motivations*

The comparative analysis was able to report associations between motivations and specific harmful outcomes. The most notable difference observed was between those young people seeking a 'buzz' and those whose main motivation was social facilitation. Those seeking the 'buzz' were more likely to report a greater incidence of harmful health and safety outcomes such as injury, intoxication and daring behaviour. In contrast, those reporting social facilitation were far less likely to report harmful outcomes. This information would be particularly useful in practice settings where disentangling the motivations for risky drinking could indicate further propensity for alcohol-

related harm. Moreover, in terms of predicting specific harmful outcomes, intoxication was more apparent for those wanting to escape and forget their problems. Also, regretted sexual behaviour was, unsurprisingly, more evident among those whose main motivation was to increase their likelihood of sexual interaction. Identifying young people's primary motivations could, therefore, help focus the harm-minimisation strategies; for example, in promoting condom use in the last example mentioned.

### *Types of people/contexts prone to risk*

A key finding from the research was that the young people, aged 14–17 in this sample, are far from a homogeneous group. To start, an important transition within this age group is young people's first experience of drunkenness. According to the questionnaires, this is particularly evident between the ages of 14 and 15. Getting drunk for the first time seems to lead fairly rapidly to more regular episodes of drunkenness. For these young people, getting drunk in unsupervised, including outdoor, environments is the norm for the next two to three years. To illustrate this pattern, the questionnaires showed that 99 per cent of those 14 year olds who had ever got drunk reported unsupervised venues as their most frequent location. Although 54 per cent of 17 year olds also reported this as their most frequent location, it is clear that the younger age group are much more at risk of outcomes that are more likely to occur in unsupervised situations.

Indeed, one of the most significant findings for both policy and practice was the increased harm associated with these younger age groups drinking in unsupervised locations. Instances of

regretted sexual experience, injury, intoxication and daring behaviour were more evident among these groups. By contrast, it seems that making the transition to drinking in pubs/bars and clubs, with increased age, offers a protective factor for a number of risky outcomes. These more supervised licensed locations exert more restriction and control over young people's behaviours when drunk, and a general 'calming down' from when people were drinking at a younger age is commonly reported. The contrasting motivations for risky drinking, from a 'buzz' to more social facilitation, are clearly intertwined with this transition from unsupervised to more supervised venues. This transition also indicates the increased ability that more experienced drinkers have in managing their consumption and reducing the likelihood of harm. This protective effect has significant implications for practice by identifying the highest risk groups in need of intervention. Also, note that women have a greater ability to access these more supervised environments at an earlier age, offering them this protective effect in advance of young men. Similarly, in terms of policy, this raises the issue of providing underage, supervised, safer drinking venues (as discussed previously). It could be argued that further debate around this problematic legislation issue is warranted as a result of this research.

Also, in reference to specific groups, a key observation was that young men and women were equally prone to risks. However, the nature of these risks varied. For example, young women were more prone to regretted sexual experience and intoxication, whereas men reported more daring behaviour and legal

outcomes. Similarly, young people from rural and urban areas were equally prone, although the nature of this harm varied. For example, those in rural areas tended to report more injuries (from various pranks) and those in urban areas reported more fighting. Harm-minimisation efforts need to account for these gender and location differences, so that messages are delivered appropriately.

### Wider policy issues

The findings from this research have already raised the possibility of promoting 'safer', underage drinking environments and the legislative changes that this would entail. In addition to this, the findings from the research lend support for the following broad policy issues to be considered and, in some cases, revisited.

Changing the culture and normality of risky drinking can only be hampered by the advertising and marketing of alcohol. Although there is a voluntary code of practice governing the marketing of alcohol, and complaints can be made if this is seen to appeal to under 18s, there are currently no legislative powers to undertake enforcement. The health, safety and legal outcomes documented in this research clearly support the case for a legal ban on the advertising of alcohol that appeals to the under-18 age group. Similarly, the drinks industry must be mentioned in terms of affecting the ways in which alcohol is marketed and sold. Issues such as 'happy hours', the tolerance of intoxicated young people in particular licensed premises and the issue of opening hours must also be considered as influential in affecting young people's accessibility to drink.

Having identified some of the leading motivations for risky drinking, there may also be potential to promote alternative, safer activities that can offer equivalent stimulation. Given that the 'buzz' of drinking is likely to lead to the most harmful outcomes, promoting alternative leisure and sporting activities that can produce the equivalent excitement must be considered. For example, sport, theatre and dance may all offer alternatives, and may also provide a useful deterrent to excessive drinking (in that a hangover or sickness will damage performance). Although this appears a logical approach, this would clearly require a substantial amount of effort and investment, and would take many years to reap any rewards. Such recommendations are highlighted in the Government's first *National Alcohol Harm Reduction Strategy* (Cabinet Office, 2004), as a move to change the 'culture' of 'risky' drinking.

The findings of this research also have particular relevance in schools. Although there may be inherent difficulties in their implementation, some policy matters of consideration are as follows.

- This research would argue the case for the compulsory inclusion of alcohol education in schools. Given the age at which young people first experience risky drinking (somewhere around 14 to 15 years), schools offer an excellent setting to convey messages to groups of young people. This research also supports a need to right the imbalance between alcohol and drugs in 'drug education', considering that drinking is so widespread and common. Alcohol education could be integrated into PSHE

and Citizenship lessons (in primary schools, this would fit well with existing topics such as 'staying safe', and could also link with the Primary Strategy Behaviour and Attendance strand).

- It is important that an appropriate age to begin alcohol education is agreed. Pupils need to be equipped with knowledge, and still have time to consolidate it, before they are faced with any potentially 'risky' incidents. In relation to this, it should be acknowledged that certain young people (particularly 14–15 year olds) are at greater risk from alcohol-related harm and that schools could play a role in focusing education efforts accordingly.
- This education must acknowledge the pleasures of drinking and include skills-based work (to resist peer pressure, to plan beforehand, to manage outcomes, etc.) as well as convey factual information. The effectiveness of interactive alcohol programmes that foster the development of interpersonal skills is well established (Waller *et al.*, 2002).
- The findings of this study support the view that alcohol education in schools and other settings should incorporate the notion of personal responsibility. Bearing in mind that this study found that the only time getting drunk was not an individual's own choice was when 'peer pressure' was described as the motivating factor, it should be emphasised to young people that they need to take control and be responsible for their own actions.
- Existing child protection policies in schools should attempt to complement the drug and alcohol policy, and ensure that the use of alcohol by pupils is incorporated sufficiently. However, it is difficult to know what role schools could play in drinking incidents that have not occurred on school premises. For example, there would have to be strong links with the local police in order for schools to find out about such incidents. It is debatable as to whether or not this line of communication would cause schools to over-react about what this research (and other research) has shown to be a common activity for many young people.
- Considering that young people generally spend a lot of their time at school, it would seem sensible that staff should be trained in signs and symptoms of heavy drinking and, where appropriate, have the resources to help. Perhaps it would be most appropriate to have a trained school counsellor for such instances. It seems that there exists a gap in provision here, because it is rather inappropriate to refer a young person who is engaging in risky drinking to a drug agency or child protection panel. However, having a counsellor for this problem would require schools to openly acknowledge that pupils are engaging in such behaviour, which is not always a feasible option.

As a final note, this study has clearly generated some interesting and relevant findings. Although some implications for policy and practice have been put forward, translating

these findings in this manner are somewhat obstructed by the alcohol 'culture' evident within our society. While there are real dangers surrounding risky drinking by young people (particularly by 14 and 15 year olds in unsupervised locations), making progress in terms of preventing such behaviour is very difficult in a society where alcohol is legal, readily available and used to excess (at least on occasion) by a large proportion of the population. Moreover, such an endeavour is all the more difficult when risky drinking in groups is perceived by many as so enjoyable. In tune with the *National Alcohol Harm Reduction*

*Strategy for England* (Cabinet Office, 2004), the importance of targeting appropriate messages to young people must be viewed as the immediate priority. Given this context, perhaps the most suitable response is a harm-reduction approach. In this manner, young people can make an informed choice about their drinking behaviour and can adopt strategies to keep themselves as safe as possible. Although this study has generated some clear implications for such a harm-reduction approach, it must be acknowledged that a change in the risky drinking 'culture' still remains the ultimate challenge.

# Notes

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## Chapter 1

- 1 This is a regularly updated document and provides information on protecting participants in research, informed consent, confidentiality and the use of information, feedback, disclosure, expenses and payment, and organisational matters.

## Chapter 2

- 1 The index of multiple deprivation and rural/urban classification was derived from the specific census ward identified through a person's postcode. These classifications were derived from the Department of Transport, Local Government and the Regions, and The Countryside Agency respectively.
- 2 All findings from the remaining section are now based on the 584 participants who reported some experience of being very drunk.

## Chapter 3

- 1 The index of multiple deprivation and rural/urban classification was derived from the specific census ward identified through a person's postcode. These classifications were derived from the Department of Transport, Local Government and the Regions, and The Countryside Agency respectively.
- 2 Names have been changed in the text.

## Chapter 4

- 1 The number of interviewees allied to a particular outcome refers to those who recalled their own experiences rather than experiences that they had heard from others.
- 2 It should be noted that these subcultures may be more evident in the study area and other areas may have contrasting groups – see Hollands' (2002) work in Newcastle.

## Chapter 5

- 1 This explains why some of the quotations were reported by 17 year olds in Chapter 3.

## Chapter 6

- 1 In reference to Honess *et al.*'s (2000) 15–17 year olds in their sample of 12–17 year olds.

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