Talking About Alcohol

Executive Summary

Jude Robinson
Louise Laverty
Clare Holdsworth
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**Introduction**

There has been considerable scrutiny of underage alcohol use within political and media discourses, with some suggesting that there is a current “moral panic” surrounding the drinking practices of young people, particularly young women. Underage drinking reflects adult practices by resisting and reproducing the normative ideals of adult society but is also constructed as intrinsically undesirable in political discourses [1].

The research surrounding underage drinking practices is intensive, but mainly quantitative in nature, exploring consumption [2, 3], the consequences of drinking [4, 5], in addition to interventions [6-9]. More recently however there has been increased qualitative work focussing on why and how young people choose to drink [10-12]. In the UK in particular there has been recent research examining the gendered practices of drinking [13-15], the influence of religion [16] and the impact of geographical location on drinking [17, 18].

More recently however there has been a shift in gaze towards the action and role of parents and carers of young drinkers [19, 20]. Recent surveys of young people have suggested that the most important factor in underage alcohol use is parental modelling of alcohol consumption [21]. Of considerable importance to policy makers, is the research to evaluate the effectiveness of interventions to reduce underage drinking and the negative consequences associated with it. Research on interventions around alcohol to date overwhelmingly originates from the United States which has distinctive legal regulation (minimum age for purchasing alcohol is 21) and cultural mores about drinking, particularly in public. This makes the interpretation of the findings to a UK setting particularly difficult. In particular the abstinence model favoured in the USA is not directly comparable to the favoured harm reduction message in the UK.

**Aims of the study**

*With young people:*

- How young people aged 13-14 years living in three neighbourhoods in Liverpool experience alcohol within wider cultural, economic and social contexts.
- Whether what they „learn” from their peers, parents and teachers impacts on their access to, and (non) involvement with, alcohol and, (avoidance of) other risk-taking health and (anti-)social behaviours
With parents and carers:

- Parents’ and carers’ accounts of their own alcohol consumption and practices and how they believe they teach their children about alcohol, health and other risk-taking behaviours.
- Parents’ and carer’s anticipated or actual responses to drinking by their children and whether this varies by age and/or gender of the parent/carer or young person

With teachers

- The views of teachers about how alcohol affects the lives of children and young people in terms of their education and their own role in delivering and/or supporting potential intervention routes

Overview of the research

The research consisted of three linked parts:

- Part I – Nine focus groups with 58 young people in six schools in Liverpool, aged 13-14 years, during the 2010/2011 school term
- Part II – Individual depth interviews with 21 parents and carers recruited from the communities surrounding the participating schools.
- Part III – Six focus groups with 25 teachers from the participating schools with a range of pastoral and teaching responsibility.

Ethics and Research Management and Governance

Ethical approval was sought and granted by the University of Liverpool Ethics Committee.

Methods

Part I: Nine single sex focus groups were carried out with pupils in Year 9 at six secondary schools in three neighbourhoods in Liverpool. Schools were initially contacted in writing and followed up by phone. In addition schools were made aware of the study through the Liverpool Healthy School Coordinator who sent information via email and during meetings. Teachers were the primary contact, and were responsible for circulating the information and consent sheets to pupils and parents.

Part II: Individual interviews were conducted with twenty-one parents, seventeen mothers and four fathers, who were recruited in the three neighbourhoods through a range of
community contacts. Parents were recruited from local parenting groups, local advertising at libraries and children’s centres, and informal meetings at local community events.

Part III: The teacher responsible for helping to organise the youth focus groups then participated and/or coordinated the teacher focus groups. There was a focus on recruiting teachers with a range of responsibilities, such as pastoral care and Heads of Years in addition to those with only a teaching responsibility. All of the focus group and interview data were transcribed verbatim, and analysed thematically to identify the key themes.

Findings

**Focus groups with Year 9 pupils**

During the discussions with pupils it became apparent that drinking was often regarded as ‘all or nothing’, being an alcoholic or abstinent. However, when young people discussed their own drinking they didn’t perceive themselves within this binary, instead identifying with the moderation ideal, of being responsible, knowing their limits and being in control. When talking about the visibility of alcohol within their neighbourhoods, men were reported to be seen drinking in public spaces during the day, and were used as a reference point about how not to drink. Women by contrast were not seen to be drinking during the daytime, and were more frequently seen to be drinking in public spaces at night, typically in the city centre.

Similar to what has been recognised in recent national surveys, it was more common for young people to report drinking in private, home, settings compared to public spaces. It was acknowledged that it was safe to drink at home where they were less likely to get into trouble if their parents were there. It was also evident that it was just as much about the dangers of drinking in the streets and particularly parks, rather than simply parental monitoring, that was moderating young people’s drinking.

The girls in the focus groups were more likely to talk about their own drinking experiences than the boys and reported more frequent drinking in the questionnaire. How much this reflects the different dynamics of the focus groups is not clear, the boys in particular appeared to find it hard to talk about themselves. Attitudes towards drinking behaviour were often gendered, with boys more frequently identifying themselves with abstinence, often in relation to sporting aspirations to be a sportsman. Girls by contrast often represented their maturity and responsibility by talking about harm reduction, and of moderation. Alternative substance uses, such as smoking and cannabis use were also discussed in relation to gender.
The majority of discussants described being allowed small quantities of alcohol at family parties and celebrations by their parents or wider family. Outside of these events however none of the young people discussed being provided with alcohol by parents for external “unsupervised” events. Instead young people described proxy purchasing outside small local newsagents or off-licenses being the most common route to accessing alcohol. Older siblings, friends, or strangers (either “smackheads” or young adults) were cited as those who may be willing to purchase alcohol on their behalf.

It is important to note that there were frequent references to older siblings and family members around drinking, and the role of the wider family network suggest that the moderation and regulation of others is just as likely to be within generations. When asked about the most important sources of information, or interventions around alcohol, overwhelmingly the young people cited their parents. Monitoring and trust between parent and child appeared to be very important to the discussants, with parents who let their children out unaccompanied and allowed them to drink outside the home held up as an example of a “bad parent”.

When asked about the most appropriate way of learning about alcohol outside the home the responses varied by gender. Some of the girls focus groups explained that they either knew what they need to know, or would learn through experience. Boys were generally more in favour of some form of intervention and in particular of the possibility of learning from role models.

**Depth Interviews with Parents**

The importance of family and community are prominent within these individual accounts, moreover these accounts of family and community look backwards as well as forwards, as individual drinking stories are shaped by the family we live by as well as the family we live with. In particular it is far too simple to talk about parent-child relationship but we need to cast our net far wider and to be open to a more diverse and holistic definition of „family”. Grandparents, uncles, aunts, cousins, siblings, step-parents all feature in individual accounts of drinking.
Similar to the young people the parents in particular focussed on distinguishing ‘alcoholics’ and those who ‘don’t drink’ when discussing alcohol in their communities. Neither identity necessarily corresponds to the amount of alcohol that individuals consume. Rather they reflect on an orientation to drink, and for alcoholics, it is the perceived effect of alcohol on the drinker that demarcates a problem with alcohol. This Jekyll and Hyde understanding of alcohol and the self effectively negated individual responsibly for drunken behaviour, in that alcohol is the switch or the trigger that once it is pressed changes individual behaviour, almost always for the worst. The only responsible act is to avoid the trigger being pressed.

Personal narrative appeared to play a large part in the approach parents took to (not) educate their children about alcohol. A number of parents discussed having a negative experience in their own childhood due to a parent or family member drinking, and they were more likely to discuss taking a denormalising approach to alcohol with their own children. This included not keeping alcohol in the home, refusing to provide their child with alcohol, and of using ‘moral stories’ of family members or friends to illustrate the negative impact of alcohol. There were, however, examples of parents overcoming their own background with alcohol to being proactive about socialising their own children about the uses of alcohol in social and home settings.

Many parents believed that children needed to become accustomed to drink, and that as they grow up they will mature and not only will their attitude change, but their bodies’ response to alcohol will change. This socialising process became more evident during time and parents recalled that they began introducing watered down wine, or beer at family meals (on a Sunday) or a family celebration.

In general most of the parents did not have clear cut guidelines about how they should socialise their children to alcohol, as such the overall picture is one of confusion. Probably the most striking observation is that this lack of clarity about what parents should do reflects the inter-subjectivity of drinking cultures, by which parents felt that their choices and decisions were not ones that they could make by themselves but were bound up in their connections to family and community.

From these perspectives, education about drinking remains in the family. However other parents did see a need for more support from outside sources. Several parents talked about
their children learning about the dangers of alcohol and drugs from visits to school by former users. This vicarious way of learning was seemed as better than children learning about the dangers for themselves. Parents did not identify lack of support that schools and other services could provide, while they would welcome help and the input from teachers any problems that parents encountered and the difficulty in making the right decisions, was not because of lack of input from schools or health providers, but stemmed from their relationships within their families, community and children’s peer groups.

**Focus groups with teachers**

Teachers were aware of the limitations of alcohol awareness education in schools, as many felt that the main challenge was tackling the issues that children brought to school with them. Thus, as with the other respondents, teachers were acutely aware of the family and community dynamics of alcohol. This can cause tensions as to how to address these challenges in school, as the limits of schools’ responsibilities in the wider community are not clearly demarcated.

The expectation that children’s own drinking is directly related to family structure and functionality is a theme repeated throughout all the focus groups. Thus the main way that alcohol issues enter schools is often through parents and other adults. Teachers were aware, or at least assumed, that alcohol was a factor in child neglect, including parenting that would not necessarily come to the attention of social services, that is it is not so much that children were not being looked after or abused, it is more that parental drinking meant that very little was done for children.

Teachers stressed that the aim of alcohol awareness education would not be to stop drinking but to provide children with opportunity to make the right choices and knowledge of the consequences of their actions. Teachers also agreed that they are the wrong people to teach pupils about alcohol use, as children were likely to dismiss teachers’ experiences as not being ‘real’ and unrepresentative of the current experiences of young people. Outside services were recognised as providing a more realistic and engaging programme. However teachers were concerned that funding would not be available to provide these services. Moreover proposed change to the national curriculum could also potentially reduce the amount of time and resources for PSHE education.
Discussion

All three research groups agreed that parents should be primarily responsible for teaching and talking to their child about alcohol, however there was also recognition that schools should have some responsibility to supplement and support parent messages with appropriate information. There was also a recognition that although responsibility should lie with parents there may need to be external support for pupils whose parents are not able or willing to raise the topic. In particular in cases where parents may be drinking excessively themselves it has been suggested that their children may need additional support especially as they may end up with a significant caring role. This was raised by teachers in several schools throughout the study.

Most respondents rejected interventions around abstinence; with two exceptions both of which are associated with displacement. The first is for boys who reject drinking in favour of sporting identities, the second is for parents who see their children as too young to drink and who do not want to give up control over their children’s behaviour. However the majority of respondents do not regard abstinence as the most appropriate strategy, given the broader cultural context of alcohol use among young people. It was also commonly recognised by pupils that the messages in secondary school around alcohol were too late, and that even if they were not drinking in the younger age groups they had already formed opinions about alcohol.

Parents were less comfortable about messages about alcohol being delivered to children younger than secondary school. This was tied up with the assumption among some parents that it was best to avoid talking about alcohol until it was raised by the child themselves. Teachers in secondary schools were more positive about this approach, realising that competing pressures and cuts to time and resources might mean that it may not receive the full attention needed during secondary school education.
Recommendations

1. Introduce the topic in Primary School

The use of Primary Schools as a locus of preventative interventions (not necessarily explicit about alcohol) should be explored as:

- The majority of young people we talked to described receiving messages about smoking during primary school, and thought it was also an appropriate time to introduce information about alcohol use.
- Parents highlighted that they were likely to discuss alcohol when raised by their child rather than spontaneously. If children were given messages during primary school and asked to discuss the issues with parents this could provide a „nudge“ for parents to open up a dialogue around alcohol.
- In addition parents highlighted that they felt more engaged with other parents and the school during Primary School years which suggests that it may be a supportive environment for parents and schools to discuss strategies and cohesive messages around alcohol.
- Healthy School Leads have indicated that Primary Schools are more likely to continue to provide Healthy Schools programmes than Secondary Schools. This existing programme could be adapted in Primary Schools to include alcohol. There are examples of this work being done in Scotland (Alcohol Concern Scotland) where programmes such as “Oh Lila” talk about general issues around safety, trust and adults to introduce the topic of alcohol.

2. Ensure the message is consistent and sustained throughout Secondary School

- Currently there are no consistent messages delivered at Secondary Schools year by year and may often be sporadic depending on staff and resources available. Work should be done to ensure a clear and consistent message (ideally developed and agreed with parents) is delivered every year and is tailored to the age group.

3. There should be more information and support offered around parental (and other adult) drinking.

- One of the biggest issues raised by teachers was the impact that adult and parent drinking had on children attending their school. It was highlighted that counselling sessions for this topic were heavily oversubscribed but underfunded. We suggest that teaching around alcohol include support and information for pupils should they have concerns about the drinking behaviour of family members or friends. We would also recommend that there is a designated member of staff with responsibility for student pastoral care around alcohol in addition to being the key contact person for parents concerned about drinking behaviours and messages around alcohol.

4. Alcohol should not be discussed in isolation.

- The topic should, and does, tie into wider behaviour and attitudes towards smoking, drug taking, sexual activity, and wider health and wellbeing. This is important given current constraints on funding, and wider discussions of health may be a cost-effective tool.
5. Interventions should have a focus on gender

- Gender-specific issues should be incorporated into discussions around alcohol given that we found evidence of gender specific norms and expectancies around alcohol and subsequent interventions.

6. External agencies and parents should support teachers in delivering messages around alcohol

- Teachers were unanimous in recognising their own limitations to deliver alcohol related interventions. There should be an evaluation of current external agencies working on this topic, and explore future partnership work.

References


