

Ipsos MORI
Social Research Institute



Research into drinking attitudes & behaviour

Executive summary prepared for Drinkaware

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Background and research objectives

1. Background

1.1 About Drinkaware

Drinkaware is an independent UK-wide charity with the objective of positively changing public behaviour and the national drinking culture to help reduce alcohol misuse and minimise alcohol-related harm. It works with organisations and individuals across the UK, providing information about alcohol and its effects to employers, young people, teachers, parents and community workers.

Drinkaware is supported by voluntary donations from across the drinks industry but operates completely independently. It aims to equip people with the knowledge they need to make informed decisions about how much they drink.

1.2 The history of this research programme

Influencing awareness, attitudes and behaviour change are the main objectives of the Drinkaware mission, and form the backbone of its Key Performance Indicators (KPIs). These KPIs help provide the organisation with a clear picture of its progress in meeting its organisational aims.

In the past Drinkaware has measured its success against a range of Key Performance Indicators (KPIs). Behaviour change can be a very gradual process and any major shifts that do take place are likely to do so as part of a long-term cultural change (particularly in relation to such a well-established behaviour as alcohol consumption). Whilst Drinkaware's KPIs are valid measures in the long term, there are some crucial intermediate steps in the behaviour change journey that Drinkaware wish to generate in its target audiences that may require closer measurement.

Drinkaware has therefore established some measures of more sensitive "interim" or "incremental" steps on the behaviour change journey which may lead onto more fundamental changes in behaviour. These will ensure that research with Drinkaware's target audiences is capable of registering subtle changes in their attitudes and behaviours and inform whether the organisation is making progress on changing public behaviour in relation to alcohol.

In 2011 new insight surveys were developed and conducted in November using an online access panel with adults of social grade ABC1. Interim waves of research were conducted in February and June 2012 before a second annual survey was conducted in November 2012. This annual survey in 2012 was with a broader section of the population, including all social

grades. Because of differences in the profile of the 2011 and 2012 survey samples, this report therefore presents the findings from the online survey conducted in November 2012 as a new baseline. However, it also aims to assess the extent to which progress has been made on these KPIs within just ABC1 adults. A summary at the end of each chapter summarises how findings for ABC1s compare to 2011.

Due to the change in methodology, survey questions and target audiences, it is not possible to make reliable comparisons to the findings from previous, non-online, KPI research. This research will therefore act as a new baseline to help inform Drinkaware's progress. Subsequent waves will build trends and assess the extent to which progress has been made on these KPIs.

1.3 Drinkaware's target audience

Drinkaware have clear aspirations in terms of target audience and what they are trying to achieve for these audiences. This survey has been structured to measure Drinkaware's performance on these objectives and audiences so it is worth stating these here.

Drinkaware separates its target audiences into three distinct groups:

1. Adults aged 18-24
2. Adults aged 25-44
3. Young people aged 10-17 and their parents

This report presents the findings for the child population aged 10-17 years of age and their parents. Separate reports have been produced for each of the other two target audiences.

1.4 Parents and young people: Drinkaware's aspirations and objectives

For young people, Drinkaware hypothesises that recent drinking behaviours have shifted to more harmful patterns including underage drinking and an earlier initiation into alcohol consumption. Furthermore Drinkaware is also concerned that many parents may be sanctioning the use of alcohol by children at home in the hope that it encourages a more 'grown up' attitude to drinking and controlling consumption. There is also concern that few parents are aware of the impact of alcohol on a child's development.

Evidence suggests that an increase in the age of first alcoholic drink will reduce the longer term propensity to drink over the daily recommended limits. Therefore one of Drinkaware's overarching behaviour change goals for young people aged 10 to 17 years old is to delay the age of first alcoholic drink. Specifically, the long-term goals are to observe an:

- 1. Increase in the age of supervised and unsupervised first drink to 15 years;**
- 2. Decrease the percentage of parents giving alcohol to children under the age of 16**

As these factors are likely to be slow moving cultural changes, Drinkaware has developed shorter-term outcomes to measure more interim changes in attitudes, awareness or behaviour, as already outlined. These outcomes will provide a better understanding of where Drinkaware's target audiences are on the behavioural journey towards the overall objectives of reducing under-age drinking.

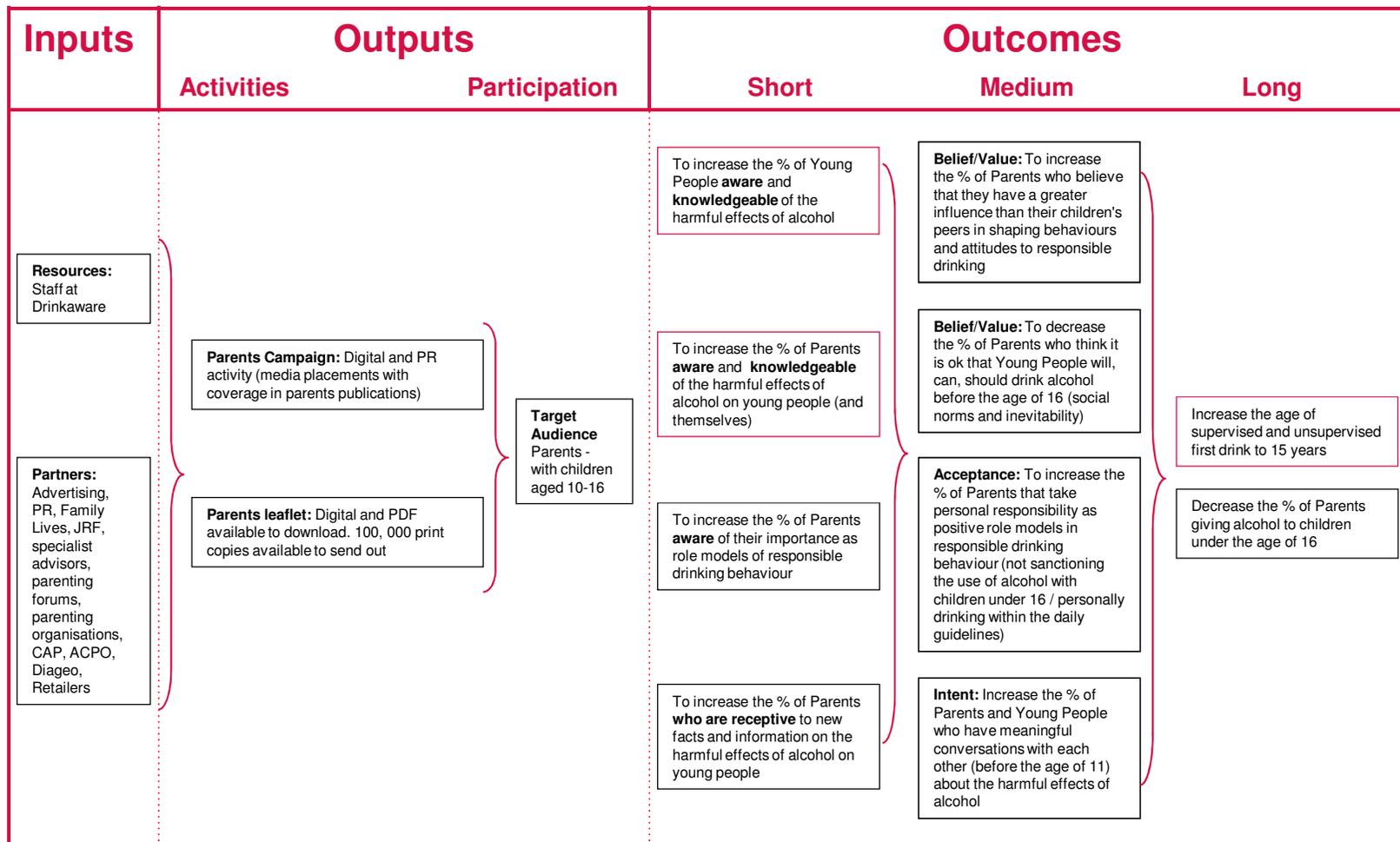
To achieve these longer term goals, Drinkaware aim to raise awareness amongst young people of the harmful effects of alcohol (both directly and through their parents), and encouraging parents to be positive role models for their children in terms of their own attitude and behaviours around alcohol.

Drinkaware aims are to trigger meaningful conversations with children and their parents at an earlier age, by raising awareness of the harms of drinking (risks and vulnerability of young people who drink) and support parents by giving them the tools and information so they can have meaningful on-going conversations with their children about alcohol.

Drinkaware have produced a logic model to link the long-term objectives to shorter-term targets. The logic model for 10-17 year olds and their parents is presented overleaf.

Young People and Parents Target Audience: 2012 Campaign Activi

drinkaware



This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252:2006.

1.4.1 Delivering these objectives

Drinkaware aims to engage parents of young people aged 10-17 through a digital and PR parent campaign. In this report we look at the connections between the campaign and Drinkaware's objectives and shorter-term aims.

In October 2011 Drinkaware launched 'Your Kids and Alcohol'; a new campaign which was tasked at encouraging parents to talk to their children about alcohol. Aimed at delaying a child's first alcoholic drink, the campaign highlighted the importance of talking to preteens (9-12 years old) about alcohol and provided parents with the tools so that they could have meaningful conversations with their children about alcohol.

A digital advertising campaign targeting ABC1 mothers across key parenting and lifestyle sites was tasked at driving awareness and traffic to Drinkaware's parent's website. It featured young people peeping out from behind an alcoholic drink and drew parents' attention to issues by raising questions they might not have considered. This could help parents' turn what could be an awkward and difficult conversation into meaningful, constructive and ongoing discussions with their child. Digital banners then progressed to an interactive video featuring a 13-year-old girl asking if she could try a glass of wine. The viewer could then choose the parent's response and shape the conversation.

The campaign included a new interactive parents section on the Drinkaware website: www.drinkaware.co.uk/parents covering topics such as why talk; facts about alcohol; law and medical guidance; what to say and when – age appropriate tips and advice; information on influence of parental drinking. A new parents' leaflet was also made available. In addition Drinkaware held a roundtable event with influential parenting bloggers and event speakers to launch the campaign. Bloggers were encouraged to tweet throughout the event and share Drinkaware advice with followers – who could join in the discussion by searching #kidsandalcohol on Twitter.

The campaign continued into 2012 and in addition to the digital advertising support, a new partnership of parenting experts was established. A team of mums (Mumtank) with expertise ranging from health, child psychology and education were brought together by Drinkaware to provide parents with practical, peer to peer advice on how to tackle difficult issues around kids and alcohol.

1.4.2 The drinking landscape of young people

Before exploring the current picture of young people’s drinking behaviour as measured in this research, it is worth considering the recent landscape of young people’s drinking patterns. As shown by NatCen’s Survey of Smoking, Drinking and Drug Use among Young People in England¹, between 2001 and 2011 there has been a fall in the prevalence of young people who have ever had an alcoholic drink.

As can be seen in the table below, between 2001 to 2009 there was an overall downward trend in the proportion of young people aged 11-15 who had ever had an alcoholic drink, However, this decline has stabilised since 2010, with the proportions that have drunk remaining broadly consistent for both genders.

Ever had an alcoholic drink	Percentages										
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total	61	61	61	59	58	55	54	52	51	45	45
Girls	60	60	61	59	60	55	54	52	50	45	44
Boys	62	62	62	59	57	56	54	53	53	46	46

Source: Survey of Smoking, Drinking and Drug use among Young People, 2001 to 2011.

As well as the proportion of young people who have ever had an alcoholic drink, the proportion of young people who say they have drunk in the last week has fallen (from 26% in 2001 to 12% in 2011) as has the proportion of young people who say that they drink alcohol at least once per week (from 20% in 2001 to 7% in 2011). Again, these figures have stabilised since 2010.

This provides a useful backdrop to this research for Drinkaware which explores young people’s drinking behaviour, their attitude towards alcohol and the influences on each of these.

¹ <http://www.natcen.ac.uk/media/975589/sddfll.pdf>

1.5 18-24 year olds: Drinkaware's aspirations and objectives

The desired behaviour change goal in the long term for 18 to 24 year olds is to observe a decrease in the incidence of drunken behaviour. To achieve this longer term goal, Drinkaware needs to reduce the desirability and acceptability of getting drunk as well as raise awareness of the harms associated with drunken behaviour. The challenge faced with this audience is that, as shown by previous research, drinking is an integral part of the social lives of many people this age. Therefore, there is also a need to contribute to a reversing of this wider cultural trend.

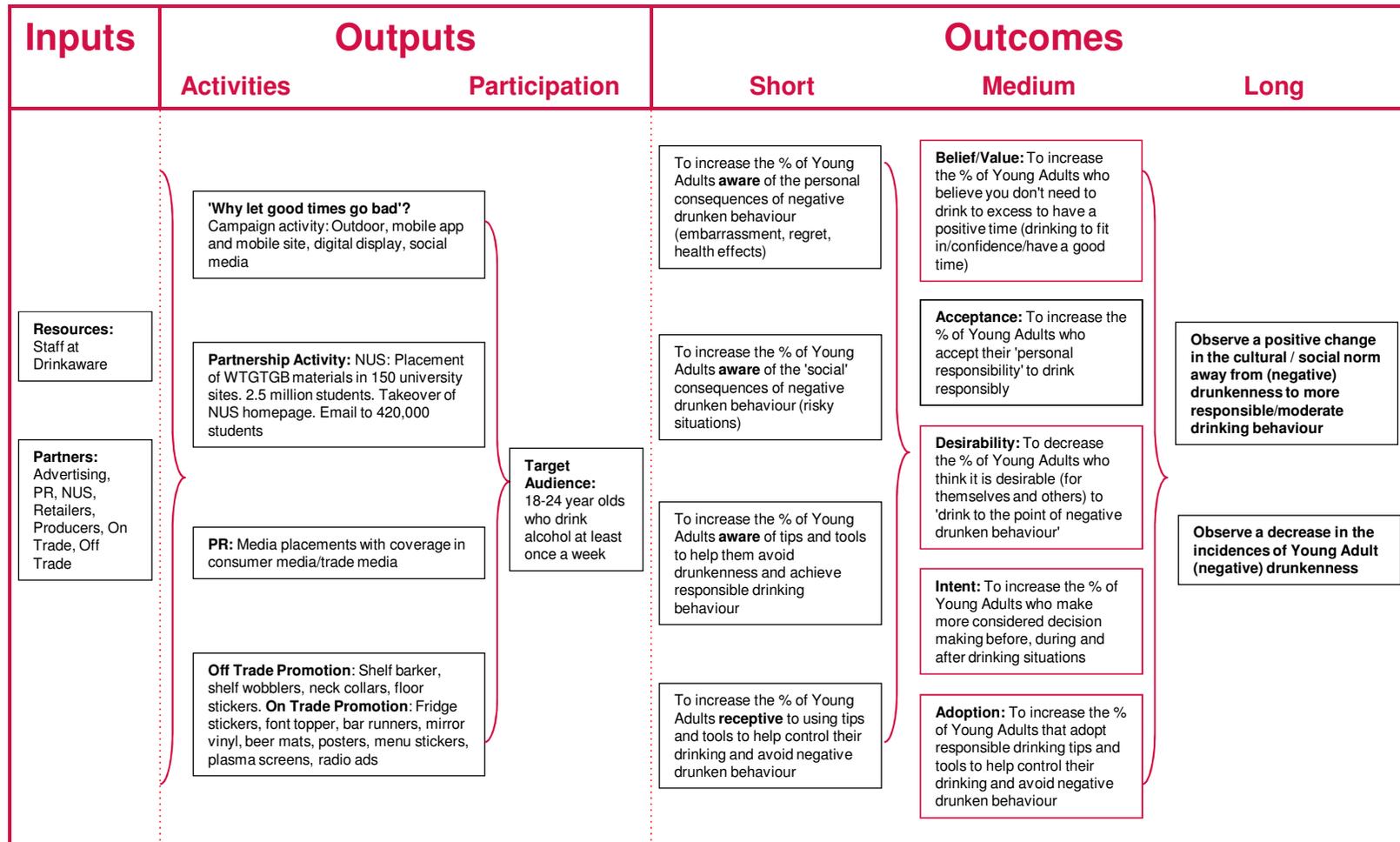
To summarise, the overall targets for this audience are to:

- 1. Observe a decrease in the incidence of Young Adult (negative) drunkenness**
- 2. Observe a positive change in the cultural / social norm away from (negative) drunkenness to more responsible/moderate drinking behaviour**

As these factors are likely to be slow moving cultural changes, Drinkaware has developed shorter-term outcomes to measure more interim changes in attitudes, awareness or behaviour, as already outlined. These outcomes will provide a better understanding of where Drinkaware's target audiences are on the behavioural journey towards the overall objectives of reducing excessive drinking. Drinkaware has produced a logic model to link the long-term objectives to shorter-term targets. The logic model for 18 to 24 year olds is presented overleaf.

18-24 Target Audience: 2012 Campaign Activity

drinkaware



1.5.1 Delivering these objectives

To make progress on Drinkaware's objectives for this audience, young adults' desire and acceptance of drunken behaviour must be reduced. To achieve this Drinkaware has challenged young adults' desire and motivations to drink to get drunk and provided them with tips and tools via the 'Why let good times go bad'? (WLGTTGB) campaign to support them on their night out.

Launched in 2009, the campaign is a 5-year initiative aimed at changing attitudes towards binge drinking and reducing instances of drunkenness among 18–24 year olds. In 2012 new tips were introduced, existing tips updated and changes made to their placement (making them more visible and clearer). In addition the campaign was more integrated across media channels – with posters running in town centres, near on and off trade outlets and within targeted pubs, bars and clubs. There was also an increased use of digital channels, including an update to the mobile application introduced in 2011, a new Twitter handle and a Good Times blog. The campaign ran during three bursts in May, September and December 2012.

In this report we look at the connections between the campaign and Drinkaware's objectives and shorter-term aims.

1.5.2 The young adult drinking landscape

Before exploring the current picture of drinking behaviour as measured in this research, it is worth considering the recent landscape of drinking patterns among young adults.

The Office for National Statistics Lifestyle research records a fall in alcohol consumption for adults aged 16-24 between 2005 to 2009, with the proportion of men consuming alcohol in the past week dropping from 64% to 52% and for women from 56% to 50%. However, this decline has plateaued between 2010 and 2011, with the proportions drinking remaining broadly consistent for both genders.

A similar pattern is seen for the amount that young adults are drinking. The number drinking above 6/8 units on at least one day over the previous week has fallen (from 32% to 22% for men drinking at least 8 units and from 27% to 18% of women drinking more than 6 units). However, these levels have also remained static between 2010 and 2011.

	Percentages						
	2005	2006	2007	2008	2009	2010	2011
16-24 year olds							
Men - Drank last week	64	60	64	63	55	49	52
Men - Drank more than 4 units on at least one day	46	42	44	42	36	34	32
Men - Drank more than 8 units on at least one day	32	30	32	30	24	24	22
Women - Drank last week	56	53	54	52	51	46	50
Women - Drank more than 3 units on at least one day	41	39	40	36	37	31	31
Women - Drank more than 6 units on at least one day	27	25	24	24	24	17	18

Source: [General Lifestyle Survey](#), 2005 to 2011

As well as prevalence of drinking, scale of drinking has fallen over this longer period of time. The number (for both genders) exceeding the recommended unit guidelines in 2011 was lower than in 2005.

1.6 25-44 year olds: Drinkaware’s aspirations and objectives

The desired behaviour change goal in the long term for 25 to 44 year olds is to reduce excessive consumption of alcohol and minimise alcohol related harms. Many adults do not realise that they are drinking to excess and do not therefore appreciate that their drinking is putting them at risk of long-term preventable illnesses. To achieve this longer term goal, Drinkaware therefore needs to increase adults’ awareness of their own alcohol consumption and enable them to make informed choices about their drinking.

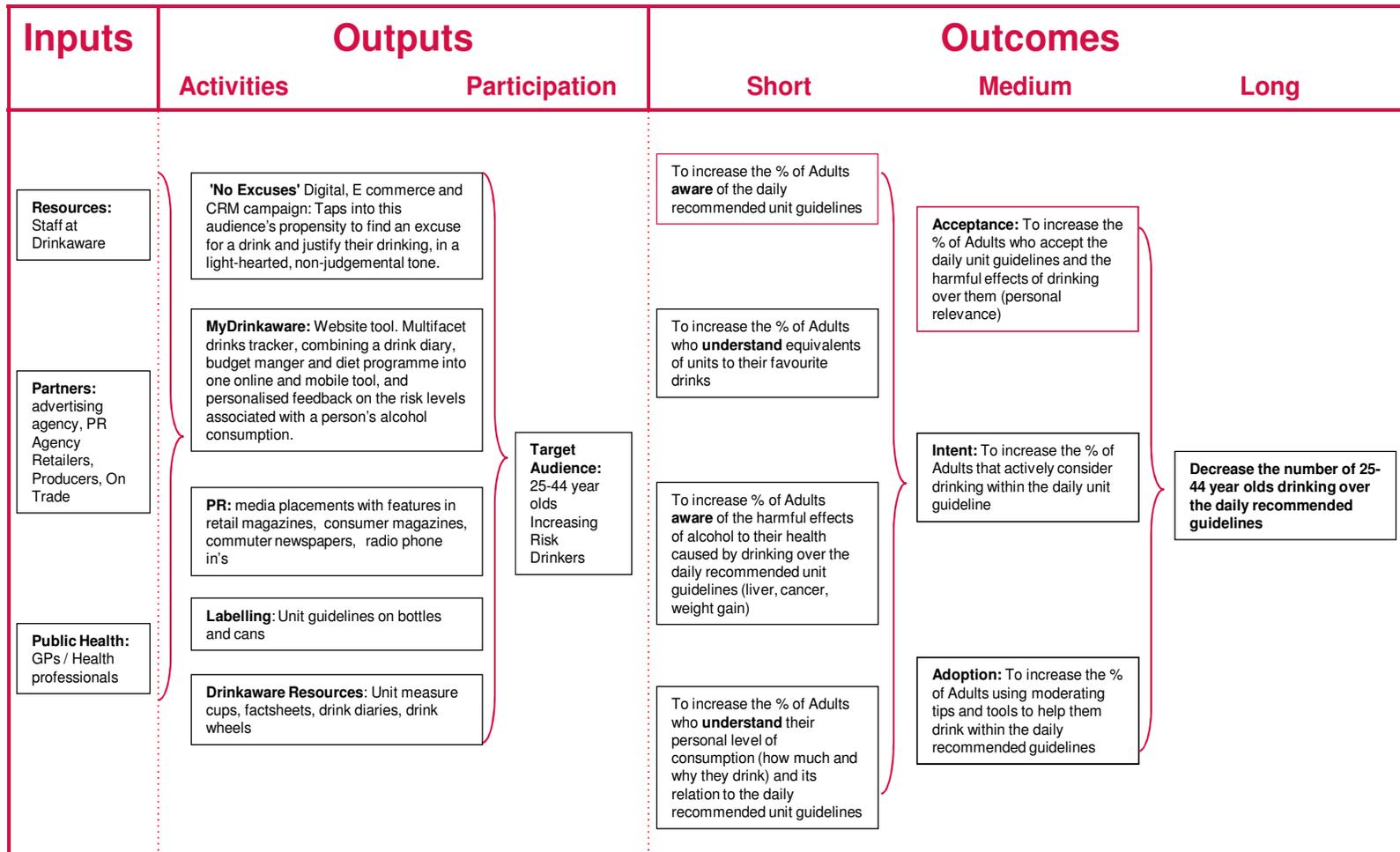
To summarise, the overall target for this audience is to:

Decrease the number of 25-44 year olds drinking over the daily recommended guidelines

As already outlined, as the overall target of reducing the number of adults drinking over the daily recommended guidelines is likely to be a slow moving cultural change, Drinkaware has developed shorter-term and medium-term outcomes to measure more interim changes in attitudes, awareness or behaviour (see logic model chart overleaf). These outcomes will provide a better understanding of where Drinkaware’s target audiences are on the behavioural journey towards the overall objective of reducing excessive alcohol consumption

and drinking within guideline levels. This survey is intended to measure performance against these short, medium and long-term targets; and as the survey is repeated overtime, it will enable Drinkaware to monitor its impact.

25-44 Target Audience: 2012 Campaign Activity



1.6.1 The adult drinking landscape

Before exploring the current picture of adult drinking behaviour as measured in this research, it is worth considering the recent landscape of adult drinking patterns. As shown by the Office for National Statistics Lifestyle research, between 1998 and 2010 there has been a fall in the prevalence of drinking alcohol².

As can be seen in the table below, between 2005 and 2009 there was an overall downward trend in alcohol consumption for adults aged 25-44, with the proportion of men consuming alcohol in the past week falling from 74% to 67% and for women from 62% to 56%. However, this decline has plateaued since 2010, with the proportions drinking remaining broadly consistent for both genders.

	Percentages						
	2005	2006	2007	2008	2009	2010	2011
25-44 year olds							
Men - Drank last week	74	73	74	72	70	69	67
Men - Drank more than 4 units on at least one day	48	48	48	42	44	41	39
Men - Drank more than 8 units on at least one day	30	31	31	27	27	25	24
Women - Drank last week	62	60	61	59	59	56	56
Women - Drank more than 3 units on at least one day	42	40	43	37	36	35	34
Women - Drank more than 6 units on at least one day	20	21	22	20	19	19	16

Source: [General Lifestyle Survey](#), 2005 to 2011

As well as prevalence of drinking, scale of drinking has fallen over this longer period of time. The number (for both genders) exceeding the recommended unit guidelines in 2011 was lower than in 2005.

² Based on the proportion of adults who reported drinking in the week prior to interview <http://www.ic.nhs.uk/pubs/alcohol12>.

1.6.2 Delivering Drinkaware's objectives

Drinkaware aims to engage adults through a number of activities, including the MyDrinkaware website tool – including drinks tracker, drink diary, budget manager, diet programme and personalised feedback on risk levels. In this report we look at the connections between these elements of the campaign and Drinkaware's objectives and shorter-term aims.

Methodology

2. Methodology

2.1 Parents and young people: target audience

As set out in its logic model, Drinkaware's approach to reaching and influencing young people is through young people directly, but also through their parents. The target audiences for this research are therefore two-fold, as follows:

- Young people aged between 10 and 17 years old, living across the UK; and
- Parents of young people aged between 10 and 17 years old, living across the UK.

Separate questionnaires were developed with one questionnaire to be completed by the parent and one to be completed by the young person. The initial invite to take part in the research was sent to the parent, in order to abide by the Market Research Society Code of Conduct³ which sets out the requirements of conducting research with children. Some questions in the young people's survey were tailored to be more suitable for younger respondents; response categories using scales (e.g. regularity of drinking) were simplified for 10 and 11 year olds, and not all response codes were presented (for example, those relating to sexual health were restricted to older respondents only).

Once parents completed the questionnaire, they were asked if they would provide consent for their child to complete the young people's survey. To allow for quotas to be set on age and gender of the child, a specific child in the household was asked to take part. All parents' responses were retained in the total sample, including those that did not wish for their child to complete the young people's survey.

In total, 743 parents completed the parent survey, with 541 of them allowing their child to complete the young people's survey. A top-up sample of young people were invited to take part (via their parent or guardian) to reach the total target of 750 10-17 year olds. In total, 754 10-17 year olds completed the young people's survey.

³ The full Code of Conduct can be found at <http://www.mrs.org.uk/standards/codeconduct.htm>

Quotas were set as follows:

- Parents – age and gender of parent, age and gender of child, region and social grade.
- Young people – age, gender, region and social grade.

All data was weighted to reflect the known profile of the UK population. Fieldwork for this first wave took place between 31st October and 27th November 2012.

The research was conducted via Ipsos MORI's online access panel as it provides a greater ability to target specific audiences and allows more flexibility on timings of the research. Further details of Ipsos MORI's panel are provided below.

2.2 18-24 year olds: target audience

The target audience of this research were people aged 18-24 years old, living across the UK. In total, 497 people completed the survey in 2012 and 507 did so in 2011. Quotas were set on age and gender of the respondent, as well as their social grade and the region they live in. All data was weighted to reflect the known profile of the UK population. Fieldwork took place between:

- 16 and 29 November 2011
- 7 and 23 November 2012

The research was conducted via Ipsos MORI's online access panel as it provides a greater ability to target specific audiences and allows more flexibility on timings of the research. Further details of Ipsos MORI's panel are provided below.

2.3 25-44 year olds: target audience

The target audience of this research were people aged between 25 and 44 years old, living across the UK. In total, 743 people completed the survey. Quotas were set on age and gender of the respondent, as well as their social grade and the region they live in. All data was weighted to reflect the known profile of the UK population. Fieldwork took place between 31st October and 27th November 2012.

The research was conducted via Ipsos MORI's online access panel as it provides a greater ability to target specific audiences and allows more flexibility on timings of the research. Further details of Ipsos MORI's panel are provided below.

2.4 Online panel

An online access panel is a group of pre-recruited individuals who have agreed to take part in research. Since they have already provided details about the demographics of all individuals in the household, as well as a range of other information including online related details, such as the frequency of using the internet, we can target the surveys sent to them very precisely. For this research, only the adults are the panellist and all requests to conduct research with young people are directed to the parent or guardian.

Panellists are recruited (rather than opting in) to the panel using a variety of methods, including through websites and affiliate networks, adverts via online partners, purchased email address lists and recruitment from Ipsos MORI offline Access Panels. All panellists receive points for taking part; accumulated points can be exchanged on the dedicated panellists' website for a variety of vouchers.

2.5 Panel recruitment

A range of recruitment methods are used, with diversified sources utilised to ensure recruitment of a broad audience. We use the following recruitment methods:

- Recruitment through websites and affiliate networks
- Banner ads or pop up screens via arrangements with online partners
- Text ads, search engine recruitment
- Purchased email address lists
- Co-registration
- Recruitment from our offline Access Panels, where applicable
- Telephone to online recruitment

The panels are continuously refreshed using a variety of sources and methods. No matter the method, every panellist goes through a double opt-in recruitment process which includes completing a recruitment questionnaire. This questionnaire gathers background information for sampling and analytics purposes.

In order to join the panel, all panellists click on a link to complete the recruitment survey and have to accept the terms and conditions of the panel membership. Their contact information is collected and they also share a range of demographic information and information about all individuals from the household. An email is then sent to the address provided to confirm registration to the panel.

Upon completion of the staging questionnaire, a second stage profiling questionnaire is sent to panellists to gather additional information such as: pet ownership, car ownership, internet usage, household equipments etc. Finally panellists are emailed a welcome note that indicates that their information has been received and they will be receiving their first survey in a few days. The panellist is also informed of their username and password, and at the same time provided with information about the panellist hotline where they can send any queries.

Recruitment is carried out continually and is targeted by age and gender to provide large nationally representative samples and high interest targets.

2.6 Terminology used in the report

Throughout this report a number of different sub-groups of interest are referred to. A glossary is provided in the appendices to explain the definitions of each of them.

2.7 Interpretation of the data

Throughout the report different subgroups of the target audience are referred to. For example, different groups depending on drinking behavior (e.g. drinking above unit guidelines or regularity of drinking), attitudes (such as acceptability of drinking and drunkenness) and demographic variables (e.g. people of different ages, gender or social grade). Where differences are highlighted between sub-groups in the report they are statistically significant (to a 95% confidence level). Further information is included in the appendices.

Parents and young people: key findings

3. Parents and young people: key findings

3.1 The wider context

The prevalence of drinking among both adults and young people has fallen over recent years. The Office for National Statistics Lifestyle research has found a long-term downward trend in prevalence of adult's drinking alcohol between 1998 and 2009 (although figures have stabilised between 2010 and 2011) and fewer people exceeded the recommended unit guideline in 2011 than in 2005⁴.

A similar pattern exists when we look at young people's drinking behaviour. As shown by NatCen's Survey of Smoking, Drinking and Drug Use among Young People in England⁵, between 2001 and 2009 there has been an overall downward trend in the proportion of young people aged 11-15 who had ever had an alcoholic drink, down from 61% to 45%. However, this decline has stabilised since 2010, with the proportions that have drunk remaining broadly consistent for both genders.

As well as the proportion of young people who have ever had an alcoholic drink, the proportion of young people who say they have drunk alcohol in the last week has fallen (from 26% in 2001 to 12% in 2011) as has the proportion of young people who say that they drink alcohol at least once a week (from 20% in 2001 to 7% in 2011). Again, these figures have stabilised since 2010.

More than one in five (22%) young people aged 11 to 15 who had drunk in the last week drank 15 units or more. This equates to around 3% of the population and, if scaled up to the national population, and taking into account confidence intervals, this would represent between around 70,000 and 120,000 11-15 year olds⁶. Boys were more likely to report drinking at this level (25% of boys, compared with 18% of girls). This level of unit intake was more prevalent among older pupils (25% of 15 years olds compared to 12% of 11 to 13 year olds). The research found that drinking alcohol in the last week is associated with other risky

⁴ <http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2011/rpt-chapter-2.html>

⁵ <http://www.natcen.ac.uk/media/975589/sddfll.pdf>

⁶ This is based on there being around 3.6 million young people aged 11-15 in the UK (ONS 2010 mid-year population estimates). Survey data is subject to sampling tolerances, which extend to any scaling up of the figures to wider populations. When calculating survey findings to national population levels we have therefore calculated confidence intervals and indicated the subsequent ranges in population figures these might represent. Please note that these calculations are based on a true random sample and, strictly speaking, do not apply to a quota sample. It is also not possible to calculate the 'design factor' which widens the confidence intervals further. However, these estimates do provide a rough indication of the possible scale of the research finding that might be seen across the UK population. Further details on the confidence intervals are included in the appendices.

behaviours such as smoking, drug taking and truancy.

Alcohol consumption remains a major social and public health issue affecting many families. It has been estimated that around 3.4 million children live with at least one parent who binge drinks. The National Psychiatric Morbidity Survey found that 22% of children (2.6 million) lived with a parent who drinks above recommended guidelines and 6% (705,000) with a dependent drinker.⁷

Alcohol consumption can cause many problems in families. Children who said that a parent misused alcohol were over three times more likely to ring ChildLine about physical abuse than the average child ringing ChildLine.⁸ Alcohol has been found to be a factor in 22% of Serious Case Reviews.⁹

Alcohol is a known risk factor in domestic violence. In a study of offenders in domestic violence cases, alcohol had been consumed prior to the offence in 73% of the cases and almost half the sample (48%) were found to be alcohol dependent.¹⁰

Children of parents who misuse alcohol can develop their own problems with alcohol. In a study of young offending cases where the young person was also misusing alcohol, 78% had a history of parental alcohol abuse or domestic abuse within the family.¹¹

Parenting has been shown to be a key influence in shaping young people's relationships with alcohol. Demos' analysis of the Birth Cohort Study and the Avon Longitudinal Study of Parents and young people datasets found evidence suggesting that high levels of parent-child affection between the ages of 0 and 5 years old, and strict discipline at the age of 16, may reduce the likelihood that a child will drink excessively in adolescence and adulthood. This suggests that 'tough love' (also known as 'authoritative') parenting, combining discipline and affection, can lead to more responsible drinking among young people.¹²

Drinking alcohol at a young age puts children at risk. In the short term this includes poor educational performance, risky sexual behaviour and teenage pregnancy, crime and disorder

⁷ Manning, V., Best, D.W., Faulkner, N., Titherington, E. (2009) New estimates of the number of children living with substance misusing parents: results from UK national household surveys. BMC Public Health 9:p 377

⁸ NSPCC, ChildLine Case Notes: A series of reports on issues facing children today - Children talking to ChildLine about parental alcohol and drug misuse. National Society for the Prevention of Cruelty to Children (2010)

⁹ Brandon, M., Bailey, S. and Belderson, P., 2010. Building on the learning from serious case reviews: A two-year analysis of child protection database notifications 2007-2009 London: Department for Education.

¹⁰ Domestic violence offenders: characteristics and offending related needs: Gilchrist, E; Johnson, R; Takriti, R; Weston, S; Beech, A; Kebbell, M – Findings 217 (2003). London: Home Office

¹¹ Care Quality Commission, HMI Probation, Healthcare Inspectorate Wales and Estyn (2010). Message in a bottle: A joint inspection of youth alcohol misuse and offending. London, Care Quality Commission

¹² Bartlett J, Grist M and Hahn B, Under the Influence, London:Demos, 2012

and a range of physical and psychological harms. Longer term this presents itself in an established relationship of harmful drinking - evidence shows the earlier young people start drinking the more likely they are to become alcohol dependent in later life¹³.

For young people (aged 8-17), evidence shows that recent drinking behaviours have shifted to more harmful patterns including underage drinking and an earlier initiation into alcohol consumption.

By interviewing parents and young people from the same household, this research is able to explore how young people's and parents' attitudes and behaviour interrelate. It therefore gives us a deeper understanding of the interplay between parents' and young people's relationship with alcohol.

3.2 Parents' and young people's drinking behaviour

Most parents drink regularly and a significant proportion drink above the Government's recommended guidelines¹⁴. Six in ten (61%) are regular drinkers, and over one in three regular drinkers (49%) are drinking above guidelines in a typical week. This equates to 30% of all parents who drink above guideline levels. Parents who are above guideline drinkers are more likely to be male and AB social class.

Almost half (42%) of above guideline drinkers mistakenly believe their drinking falls within the safe limits. This raises a concern over some parents' ability to model responsible drinking behaviour to their children, as they are not only drinking above safe limits, but they are also not aware (or perhaps do not want to admit) that this is the case.

Parents who drink above the unit guidelines are less aware of some of the risks of young people drinking alcohol, more likely to think it is acceptable for young people to have their first drink under the age of 16 and are more likely to actually have allowed their child to have had an alcoholic drink. They appear to be more willing to normalise drinking under 16, and to be more permissive about it. Children of parents who drink above the unit guidelines are more likely to think it is acceptable to try alcohol and are more likely to drink weekly than children of parents who are low risk.

Almost half of young people aged 10-17 (46%) report that they have consumed a whole alcoholic drink and 11% report drinking at least weekly, similar to the figures found in

¹³ Age at onset of alcohol use and DSM-IV alcohol abuse and dependence: A 12-year follow-up (Bridget F. Granta,*, Frederick S. Stinson, Thomas C. Harford)

¹⁴ In the remainder of this report we refer to these parents as 'parents who drink above the unit guidelines'.

NatCen's research among 11-15 year olds. If scaled up to the national population, and taking into account confidence intervals, this would represent between 2.5 and 2.9 million young people who have consumed a whole alcoholic drink and between 510,000 and 765,000 young people who drink at least weekly¹⁵. Prevalence of drinking varies greatly by age: one in seven 10-11 year olds (14%), two in five 12-14 year olds (39%) and three in four 15-17 year olds (75%) say they have consumed a whole alcoholic drink. 16 is a key turning point – by this age four fifths of young people have had an alcoholic drink.

This research shows that the ages 15-16 represent a tipping point in young people's relationship with alcohol. At age 15, young people's views start to diverge from their younger peers and they become more receptive towards drinking than they have previously been. At around the age of 16, these favourable opinions begin to translate into changes in behaviour and the incidence and frequency of drinking alcohol and drunkenness increases.

There is a link between parents' and young peoples' drinking behaviour. One in seven children of parents who drink above the unit guidelines say that they drink at least once a week (15%), compared to 9% of children of low risk parents, and 2% of young people whose parents drink less than weekly.

The links between peer drinking are stronger still. Those who say that all or most of their friends drink alcohol are more likely than average to say that they have drunk alcohol (93% compared to 46%), drink at least weekly (24% compared to 11%), and that they had three or more drinks on the last occasion they drank alcohol (32% compared to 20%). Again, age is a key determinant here.

3.3 Parents' attitudes towards young people and alcohol

Most parents acknowledge the role they have to play in highlighting to their children the risks involved in drinking alcohol, with high levels of agreement with the importance of discussing the risks associated with alcohol before young people become exposed to it and being proactive about bringing up alcohol. Parents who drink above the unit guidelines are just as

¹⁵ This is based on there being 5.8 million young people aged 10-17 living in the UK (based on ONS 2010 mid-year population estimates). Survey data is subject to sampling tolerances, which extend to any scaling up of the figures to wider populations. When calculating our findings to national population levels we have therefore calculated confidence intervals and indicated the subsequent ranges in population figures these might represent. Please note that these calculations are based on a true random sample and, strictly speaking, do not apply to a quota sample such as the one this report is based on. It is also not possible to calculate the 'design factor' which widens the confidence intervals further. However, these estimates do provide a rough indication of the possible scale of the research finding that might be seen across the UK population. Further details on the confidence intervals are included in the appendices.

likely to hold these views. However, there are suggestions that parents who drink above the unit guidelines may be less well-equipped to discuss alcohol with their children because they are less aware of some of the risks of drinking too much alcohol at a young age.

There are high levels of awareness around the potential effects of drinking too much alcohol at a young age, with only 3% of parents thinking that none of the effects asked about could arise. With the exception of 'the early onset of liver disease' (selected by 85% of parents), the effects chosen most often are social, particularly trouble with the police (84%), doing less well at school (81%), and violence (79%). Negative impacts related to sex (e.g. the risk of having unprotected sex) were also well recognised. This suggests that highlighting the potential social impact of drinking is likely to be an effective way to engage parents.

The research shows that many parents do not feel particularly well-informed about the risks of alcohol. Only one in eight parents (16%) feel 'very well' informed about the risks to young people of drinking alcohol, while half (53%) feel 'fairly well' informed. Parents of younger children and parents who have not yet had a conversation with their child about alcohol are less likely to feel informed. This illustrates that lack of knowledge can act as a barrier to proactive parenting.

Receptivity among parents to new facts and information on the best ways to talk to young people about alcohol is relatively low (only 28% would be interested in receiving more). It is encouraging to note that parents who do not feel informed are more likely to want this information. However, this does mean that one in five (20%) of parents who feel uninformed are not interested in this sort of information. This may be linked to their own problematic relationship with alcohol or could be due to a general dislike of information which purports to help them communicate with their children better. Either way, this suggests that there are groups of parents who it will be harder to reach.

Turning to the specific issue of the age at which parents think their child should have their first drink, only a third (35%) of parents agree that it is okay to allow their child to drink some alcohol before the age of 16, rising to 42% among parents who drink above the unit guidelines.

It is worrying that the proportion of parents who think it is inevitable that most young people will drink alcohol before the age of 16 is much higher, standing at just under two thirds (63%). Parents own relationship with alcohol is also a factor, as parents who are high risk drinkers are significantly more likely to believe this, as are parents who think it is acceptable for young people to have their first alcoholic drink before the age of 16. This suggests that, for some

parents at least, their fatalism about the prospect of their child drinking before the age of 16 is linked to their own drinking behaviour.

The sense of resignation some parents feel about their children's drinking is also illustrated by the fact that half (50%) agree that if parents prevent their children from drinking alcohol they will only want it more.

Although less than one in ten parents (8%) think that the youngest acceptable age for a young person to have their first alcoholic drink is 12 or younger; the proportion who think that it is acceptable, or even advisable, for young people to have a taste of alcohol when they are 12 or younger is much higher. This reflects what is known as the 'continental' approach to alcohol, where parents introduce their children to alcohol in moderation at a young age on the premise that an occasional (supervised) drink helps demystify alcohol, and reduces the chance of irresponsible drinking later on. One in five parents (22%) agreed that 'letting children younger than 12 years of age have a taste of alcohol is a safe way to introduce them to alcohol.'

This implies that parents differentiate between consuming a whole drink and just having a sip but, in practice, young people whose parents are permissive of a young person trying alcohol are more likely to consume a whole alcoholic drink at a younger age. Parents who reported that their child had their first alcoholic drink aged 12 or younger were much more likely to agree that letting young people under 12 taste alcohol is a safe way to introduce them to it (59% versus 22% overall).

Indeed parents' views on the age at which it is acceptable for their children to have their first alcoholic drink have an impact on their children's relationship with alcohol. Children of parents who believe it is acceptable for young people to drink under the age of 12 are more likely to be younger when they have their first drink and to think that it is acceptable to try alcohol. This suggests that tackling beliefs around the age at which it is acceptable for young people to drink alcohol is key.

3.4 Parents and young people's conversations about drinking

Meaningful conversations about alcohol between parents and their children can raise young people's awareness of the harms of drinking. One of Drinkaware's key objectives is to reduce the age at which these conversations first take place so that parents have discussed alcohol with their children before they start secondary school at the age of 11.

Most parents (or their partner/spouse) have spoken to their child about the risks of alcohol (77%) and the proportion of young people who say they have had these conversations is the same.

Age is the most important predictor of whether or not parents and young people report having discussed alcohol. While one in three (33%) parents say they had the first conversation before the age of 11, a considerable proportion are still delaying broaching this subject until at least secondary school age.

Parents' drinking behaviour does not influence the likelihood of these conversations happening but young people who are drinking fortnightly or heavily the last time they drank alcohol are more likely to report having talked with their parents. It may be the case that it is the child's drinking behaviour which is triggering the conversations.

Just over half (54%) of young people who had discussed alcohol with their parents report that their conversations had covered the possible effects on their health of drinking alcohol. The same proportion (54%) said that they had talked about the short-term effects of drinking alcohol, such as feeling unwell and dizziness.

The types of conversations that parents have with their children – or at least the conversations that the young people who took part in our research recall – change as young people get older. The focus shifts from avoiding alcohol to managing it responsibly. Young people aged 15-17 are more likely than average to have discussed how much is a sensible amount to drink, how to avoid getting pressurised into drinking too much and how to know when to stop drinking. This reflects the reality that this age group are much more likely to have started drinking alcohol.

Young people whose parents think it is acceptable for a young person to consume their first drink aged 0-12 years of age are also more likely to have discussed strategies to minimise the harm of alcohol (e.g. how much is a sensible amount to drink and ways to stay safe while drinking). In contrast, parents who think that the youngest acceptable age for a young person to have their first drink is 18 years or over are more likely than average to discuss the downsides of drinking alcohol, for instance getting in trouble with the police.

Two key dimensions therefore appear to shape the nature of the conversations parents have with their children – the age of the child as well as the parent's beliefs about the age at which it is appropriate for young people to drink alcohol.

3.5 Young people's attitudes towards drinking

Young people aged 10-17 have a good awareness of the risks posed by alcohol, and those whose parents drink above the guidelines are just as likely to be able to name health and social risks as children of parents who are low risk.

Nine in ten (88%) are able to identify at least one risk when prompted with a list of possible social problems from drinking. Getting in trouble with the police (70%), accident or injury (64%), and involvement in violence (57%) are the three most commonly recognised risks. Young people are much less likely than their parents to mention negative impacts related to sex, possibly because they are both less aware of, and concerned about, risks linked to sexual behaviour when under the influence of alcohol.

Young people's awareness of the potential health effects of drinking is lower than it is for the social effects. One in five (20%) could not pick any health effect from a prompted list. Liver damage was by far the most frequently chosen health effect (72%). As with parents, this suggests that highlighting the potential social risks involved with drinking alcohol may be a more fruitful approach for young people.

Young people's attitudes towards the acceptability of drinking are very much shaped by the degree and scale of the drinking involved. The majority (60%) think it is acceptable for someone their age to try alcohol, but far fewer think that it is acceptable for someone their age to get drunk (10%), or to drink (18%) or get drunk (3%) on a regular basis.

Age is a key predictor of attitudes and behaviour. The proportions of young people who say it is ok to try alcohol, and it is normal to drink, increase greatly with age. As discussed above, the age of 15 is a tipping point.

There is also a clear link between young people's attitudes towards the acceptability of trying alcohol and the age at which their parents think it is appropriate for young people to drink. Young people whose parents think that the youngest acceptable age for a drink is 18 or over (36%) are much less likely to say it is okay to try alcohol to see what it is like than young people whose parents think the youngest age for an acceptable drink is 0-12 years (86%). Children of parents who drink above the unit guidelines are also more likely to agree than the children of low risk parents.

Most young people do not see drinking as the norm, with only one in five (22%) thinking it is 'normal' for someone their age to drink. However for all ages, a higher proportion has tried an alcoholic drink than the proportion that agrees it is 'normal' for someone their age to drink.

While drinking alcohol may not be considered a 'normal' behaviour for their particular age group, this does not necessarily mean that young people do not engage in it.

Looking at parental attitudes, young people whose parents think that it is acceptable for a young person to have their first drink aged 12 or under are no more likely to agree that drinking is normal. However, young people whose parents believe the youngest acceptable age to drink is 18 or older are more likely to disagree (65%) that it is acceptable for them to drink than the average. This suggests that young people whose parents have the strictest outlook on acceptability of drinking can be influenced by their parent's stance. This supports Demos' finding that 'tough love' (also known as 'authoritative') parenting, combining discipline and affection, can lead to more responsible drinking among young people.

The influence of peers is more apparent in normalising drinking. Young people who say that all or most of their friends drink alcohol are more likely to agree that it is normal for someone their age to drink (60% compared to 22%).

Social networks can play a part in normalising drinking by exposing young people to behaviour among their peer group that they might otherwise have remained unaware of. By the time young people are 11 years old, almost two in five (37%) use social networking sites. This rises to nine in ten (95%) of those aged 16. Two in five young people who use social networks (39%) have, by doing so, been exposed to pictures of their friends under the influence of alcohol. The figure is even higher among those aged 15-17 (54%). By the time they reach 16, seeing images of drunkenness among their peers on social networking sites is the norm among young people; six in ten 16 (57%) and 17 year olds (59%) have been exposed to these images.

3.6 The age of first drink and drinking with parents

Advice published by the Chief Medical Officer for England in 2009 states that an alcohol-free childhood is the healthiest and best option and that, if young people are to drink alcohol, it should not be until at least 15 years of age. Drinkaware's two long-term aspirations are to see an increase in the age of young peoples' first supervised and unsupervised drinks to age 15 and a decrease in the proportion of parents giving alcohol to their under-16s, or allowing them to drink.

The research shows that a significant proportion of young people are having their first drink before the age of 16. The average age at which parents allowed their child to first drink with them was just under 14 years of age (13.82). At a population level, (i.e. based on all parents,

not just those parents who have had a drink with their child) this equates to around 23% of all parents allowing their child to drink alcohol before the age of 16.

As already discussed above, the age of first drink is important. Young people who start drinking earlier are also more likely to get drunk earlier; one in three of those who had their first drink aged 0-12 years (29%) also got drunk by the age of 12. Eight in ten (81%) of those who had their first drink aged 0-12 years had been drunk before they turned 16. In contrast, of those who did not have their first drink until they were 13-15 years, one in five (21%) had been drunk before they turned 16.

The mean age at which young people report having had their first supervised drink (i.e. with an adult present) is 13.09 years. By contrast, the mean age at which young people report having had their first unsupervised drink is 14.90 – well over a year older. Although there is no difference in average age of first drink depending on their parents' drinking levels, there is a difference depending on parents' views on acceptability of young people drinking. The implication overall is that it is parental attitudes towards their children's drinking rather than parents' own drinking behaviour which is a more important factor influencing the age of the first drink.

However, parent's drinking behaviour is still important as it is likely to have an impact on their children's views of what is the social 'norm' in terms of drinking behaviour. Parents are often a young person's first gateway to alcohol. A third (34%) of parents have allowed their child to have a drink with them and, where this has happened, the child was under 16 in two thirds (67%) of cases. Parents who drink above the unit guidelines are more likely to have allowed their child to have had an alcoholic drink with them than low risk parents. Parents are also a source of alcohol, with just under half (44%) of young people who have consumed alcohol saying that the last time they drank, their parents gave it to them.

Children of parents who drink above the unit guidelines are no more likely to have been encouraged to drink alcohol by their family members than children of low risk parents. However, they are more likely to have been encouraged to drink alcohol by anyone (40% vs. 27% of young people with low risk parents). This suggests that these young people live in an environment where drinking alcohol is the norm more generally.

Although parents do not actively encourage their children to drink, they enable them to have alcohol, and often before the age of 16. Parents are often present when their child drinks alcohol and are a source of the alcohol that they drink. This highlights the important influence parents have over the drinking behaviour of their children. While this is less pronounced in

older age groups, with 15-17 year olds more likely to get alcohol from, and drink alcohol with, friends, it is still relatively common across all ages, and is consistent across social grades.

3.7 Implications

Most parents acknowledge the role they have to play in making their children aware of the risks associated with alcohol. However, the research highlights a number of barriers to parents acting as effective role models:

- Parents' own drinking behaviour. As we have seen, children of parents who drink above the unit guidelines are more likely to drink weekly and to think it is acceptable to try alcohol. One of the challenges here is that a significant proportion of these parents do not recognise that they drink beyond safe guidelines.
- Parents' views on the age at which it is acceptable for young people to have their first drink (and only 10% are aware of the Chief Medical Officer's guidelines). As would be expected, the children of parents who think it is acceptable for them to drink at a younger age do indeed have their first alcoholic drink earlier than average. So-called 'continental' views about introducing young people to alcohol need to be tackled if the average age of the first drink is to be increased.
- Parents' knowledge about the potential risks of drinking alcohol at a young age. While parents are aware of the risks when prompted, many do not feel particularly well informed overall about the risks involved with young people drinking and parents who feel less well informed are less likely to have discussed alcohol with their children. Parents of younger children feel less well informed about the risks and this may inhibit conversations happening at an earlier age.
- The role of peers, who become more important as young people get older.
- Linked to this, many parents' fatalism about the inevitability of young people drinking before the age of 16. While peers are clearly important, parents are also a key influence and often young peoples' first gateway to alcohol.

The research shows that attitudes and behaviours around alcohol change as young people get older, with ages 15 and 16 being the key tipping points. This suggests that different strategies are required for different age groups in encouraging responsible attitudes towards alcohol. The same is true from the parents' perspective and, in particular, parents of younger children need to feel more equipped to discuss the risks of drinking with their children.

3.8 Key metrics

PARENTS MEASURES

	All	All drink at least once a year	All drink at least once a week	All low risk parents	All parents who drink above the unit guidelines
AWARENESS ROLE MODEL					
% agree It is important that parents talk to their child about the risks associated with alcohol, well before they become exposed to it	82	81	80	82	81
% agree It is important that I proactively bring up alcohol with my child, not wait for something to happen	70	71	71	69	72
AWARENESS HARMFUL EFFECTS					
% agree there are many things they don't know about effects of alcohol on children	35	35	34	36	33
% mention at least one (prompted) harmful effect	97	97	98	97	99
% say they are very/fairly well informed of risks to children	69	70	70	69	69
RECEPTIVE NEW INFO					
I would like more information on the best way to talk to my child about the risks of alcohol and sensible drinking	28	28	30	28	28

	All	All drink at least once a year	All drink at least once a week	All low risk	All parents who drink above the unit guidelines
INFLUENCE					
% think that parent's drinking behaviour has most influence	55	54	54	54	55
SOCIAL NORMS					
% say is acceptable for child to drink alcohol before age 16	34	36	39	32	41
% agree is ok to allow child under 16 to drink	35	38	40	32	42
% agree it is inevitable that most children will drink alcohol before the age of 16	63	64	63	62	64
POSITIVE ROLE MODEL					
% who say they drink within the daily guidelines	75	75	68	91	42
CONVERSATIONS					
% having conversation	77	78	76	77	79
% having conversation before age of 11	33	32	31	34	32

	All	All drink at least once a year	All drink at least once a week	All low risk	All drink over unit guideline
Age of first supervised drink amongst children who had drunk with parents	13.82	13.80	13.72	13.87	13.74
% of parents allowing their child to drink before age of 16 (base: all parents)	23	24	24	20	28

YOUNG PEOPLE'S MEASURES

	All	Children of low risk parents	Children of parents who drink above the unit guidelines
AWARENESS HARMFUL EFFECTS			
% mention at least one (prompted) harmful social effect	88	87	89
% mention at least one (prompted) harmful health effect	80	80	79

	All	Children of low risk parents	Children of parents who drink above the unit guidelines
SOCIAL NORMS			
Drinking gives me the confidence I need to meet people and make friends	11	9	14
Seeing young people my age getting drunk isn't very cool	74	70	76
% think it's ok to try drinking alcohol to see what it's like	60	57	67
% think it's ok to try getting drunk to see what it's like	10	11	9
% think it's ok to drink alcohol once a week	18	17	20
% think it's ok to get drunk once a week	3	4	4
% agree it is normal for someone my age to drink	22	22	22
% all/most friends drink alcohol	19	20	19
% felt encouraged to drink	31	27	40
CONVERSATIONS			
% having conversations	80	79	82

	All	Children of low risk parents	Children of parents who drink above the unit guidelines
Average age of first unsupervised drink amongst those who report having had a drink	14.90	15.06	14.73
Average age of first supervised drink amongst those who report having had a drink	13.09	13.23	13.33

	All	Children of low risk parents	Children of parents who drink above the unit guidelines
% had an alcoholic drink	46	45	51
% who drink weekly/monthly? (base: all who have drunk alcohol)	Weekly 11 Monthly 29	Weekly 9 Monthly 28	Weekly 15 Monthly 35

18-24 year olds: key findings

4. 18-24 year olds: key findings

4.1 The wider context

Between 1998 and 2010 the prevalence of drinking alcohol has declined.¹⁶ The Office for National Statistics Lifestyle research records a fall in alcohol consumption for adults aged 16-24 between 2005 to 2009, with the proportion of men within this age group consuming alcohol in the past week dropping from 64% to 52% and for women from 56% to 50%. However, this decline has stabilised between 2010 and 2011, with the proportions drinking remaining broadly consistent for both genders.

A similar pattern is observed for the volume that young adults are drinking. The number drinking above 6/8 units on at least one day over the previous week has fallen (from 32% to 22% for men aged 16-24 drinking at least 8 units and from 27% to 18% of women aged 16-24 drinking more than 6 units). However, these levels have also stabilised between 2010 and 2011.

Alcohol consumption remains a major social and public health issue. The Department of Health estimates that the harmful use of alcohol in England alone costs the National Health Service around £2.7bn a year.¹⁷ The number of alcohol-related hospital admissions in 2011/12 in England was 1.2 million; an increase of 4% compared with 2010/11.¹⁸ Alcohol-related deaths accounted for almost 1.5% of all deaths in England and Wales in 2011.¹⁹ Over a quarter (27%) of deaths of men aged 16-24 and around a seventh (15%) of deaths of women aged 16-24 years can be attributed in part to alcohol consumption.²⁰

There is also a strong association between alcohol and violent crime. According to the 2011/12 Crime Survey for England and Wales, victims believed the offender(s) to be under the influence of alcohol in around half (47%) of all violent incidents, or 917,000 offences. A fifth of all violent incidents took place in a pub or club (22%). In around half of violent incidents (52%), the offender was believed to be aged between 16 and 24 years old. Two fifths (40%) of those who had experienced serious sexual assault since the age of 16 thought

¹⁶ Based on the proportion of adults who reported drinking in the week prior to interview <http://www.ic.nhs.uk/pubs/alcohol12>.

¹⁷ *Statistics on Alcohol: England, 2012* Health and Social Care Information Centre, Lifestyles Statistics
¹⁸ Annual Trends: 2002/03 to 2011/12 (available at www.lape.org.uk/natind.html)

¹⁹ *Alcohol-related Deaths in the United Kingdom, 2011*, Office for National Statistics

²⁰ Jones, L. et al. (2008) Alcohol-attributable fractions for England: Alcohol-attributable mortality and hospital admissions. Liverpool: North West Public Health Observatory, Liverpool John Moores University

the offender was under the influence of alcohol.²¹

Young adults are also more likely to be involved in drink driving incidents. Car drivers aged 17-24 had more drink drive accidents per 100 thousand licence holders, and per billion miles driven, than any other age group. In 2011, there were 9,990 casualties resulting from drink drive accidents, a 3% increase since 2010. The provisional number of fatalities rose to 280 in 2011, an increase of 12 per cent from 2010. Drink drive fatalities account for 15% of all road accident fatalities.²²

The Government has estimated the cost of alcohol-related harm at around £21 billion per year²³. A recent assessment for Scotland put the total cost to individuals and society at £7.5 billion per year²⁴. The cost of alcohol-related harm has been estimated at £1 billion in Wales²⁵ and £679.8 million in Northern Ireland.²⁶

The consequences of excessive drinking, and in particular for young adults, therefore continue to be considerable. Excessive alcohol consumption can have significant costs for individuals, their families and communities, and society more widely.

While there is a national picture of alcohol consumption trends, recent surveys have not explored the attitudes that underpin drinking behaviour. Drinkaware has therefore commissioned research to examine and monitor the relationship that young adults aged 18-24 have with alcohol. This report presents the findings from the survey conducted in November 2012 and compares the results to the baseline completed in November 2011.

The research explores awareness of the consequences of excessive alcohol consumption, usage of and receptivity towards the tips and tools available for moderating drinking behaviour and assesses the cultural and social landscape of young adults' attitudes towards alcohol. It also considers the phenomenon of 'pre-loading', i.e. the practice of drinking alcohol at home before going out to drink in licensed establishments. To date, there has been a limited amount of research conducted on this behaviour so this report attempts to

²¹ *Focus on: Violent Crime and Sexual Offences, 2011/12* Office for National Statistics

²² Reported Road Casualties in Great Britain: 2011 Annual Report, Department for Transport

²³ The Government's Alcohol Strategy (2012). Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/98121/alcohol-strategy.pdf

²⁴ Johnston, M.C., Ludbrook, A., Jaffray, M.A. (2012) Inequalities in the distribution of the costs of alcohol misuse in Scotland: a cost of illness study. *Alcohol and Alcoholism* 47(6): pp 725-731.

²⁵ Directors of Public Protection Wales (2006) Addressing alcohol misuse issues. Cardiff: Directors of Public Protection Wales

²⁶ Department of Health, Social Services and Public Safety (2010) Social costs of alcohol misuse in Northern Ireland for 2008/09. Belfast: Department of Health, Social Services and Public Safety.

provide new insight on how widely practiced it is, as well as the impact on alcohol consumption.

4.2 Drinking and drunkenness²⁷

Drinking is widespread among young adults aged 18-24 and our research shows that the prevalence, frequency and amount of drinking has increased between November 2011 and November 2012 (a year on from the latest ONS research). Men this age are more likely to drink regularly and are also drinking more. Women this age are also drinking more regularly but the amount they are drinking is unchanged.

Most young adults drink alcohol and six in ten drink at least once a week (up from 47% in November 2011 to 59% in November 2012). This rise is driven by an increase in the number of people drinking once or twice a week.

When we look at how many units of alcohol have been drunk in the last seven days, there has been an increase in the proportion of 18 to 24 year olds who fall into the increasing risk category, up from 12% in November 2011 to 16% in November 2012. This means the number of 18 to 24 year olds who are drinking within safe guidelines has fallen, from 86% in November 2011 to 81% in November 2012. However, this is driven by the increase in drinking among men; the proportion drinking within the guidelines has fallen from 92% to 80%, while it remains unchanged for women.

Binge drinking (defined in this study as drinking twice the daily guideline amount in one day) is also on the increase. Three in ten young adults who drink alcohol report bingeing at least once in the last seven days, and one in seven have bingeed more than once. Both figures have risen since November 2011. If extrapolated up to the national population, and taking into account confidence intervals, this would represent between 1.5 million and 2 million 18-24 year olds bingeing over the previous week²⁸.

²⁷ Where this report compares different segments of the target audience (e.g. men vs. women or those drinking above unit guidelines vs. low risk drinkers) we highlight where differences in findings are statistically significant. Otherwise, any trends should be treated as indicative only. A full guide to statistical reliability can be found in the appendices.

²⁸ This is based on there being about 6 million adults aged 18-24 living in the UK (based on Office for National Statistics 2010 mid-year population estimates). Survey data is subject to sampling tolerances, which extend to any scaling up of the figures to wider populations. When calculating our findings to national population levels we have therefore calculated confidence intervals and indicated the subsequent ranges in population figures these might represent. Please note that these calculations are based on a true random sample and, strictly speaking, do not apply to a quota sample such as the one this report is based on. It is also not possible to calculate the 'design factor' which widens the confidence intervals further. However, these estimates do provide a rough indication of the possible scale of the research finding that might be seen across the UK population. Further details on the confidence intervals are included in the appendices.

The research highlights that young adults who drink more intermittently also engage in 'negative' forms of drinking. A significant proportion of those who binged over the previous week (42%) normally drink within the guidelines over a typical week, and one in six of them (16%) drink alcohol less than weekly.

Drunkenness is widespread among this age group with over four in five drinkers (84%) reporting that, at least occasionally, they get drunk, compared to 78% in November. A fifth (19%) get drunk every or most times they drink. While levels of intentional drunkenness are not quite so high, six in ten (62%) say that they drink with the intention of getting drunk at least occasionally.

There is a clear relationship between deliberate drunkenness and unit consumption. Young adults who drink to get drunk consume much more alcohol than other drinkers. Of regular drinkers²⁹ who drink to get drunk most times or every time they drink, the average number of units consumed in a typical week is 29.37 (and 71% of them drink above guideline levels). This compares to 20.77 units of those who only sometimes or occasionally drink to get drunk (51% drink above guideline levels) and 13.39 for those who never do (of whom 19% drink above guideline levels).

Drinking outside of the home in licensed establishments is an important element of young adults' overall drinking, with two in five (40%) drinking alcohol outside the home regularly (i.e. at least once a week), an increase since November 2011.

However pre-loading (i.e. drinking alcohol at home before going out to drink in licensed establishments) also forms part of the picture of drinking behaviour of this age group. An innovation in this study was to seek to capture data about 'the last night out', and as part of this, to understand more about the phenomenon of pre-loading. To do this, all young adults who reported drinking alcohol outside of the home were asked to think about the last night out they had, and to record the drinks they consumed over the whole night, before, during and after going out. The research found that 21% reported pre-loading, i.e. starting their last night out drinking at home.

Pre-loading is strongly linked to bingeing. Of those who pre-loaded, 81% binged on that night, compared to 50% who did not pre-load. More than half of pre-loaders had already consumed enough units to take them over the guideline daily limit before they left the house (57% of men and 62% of women) and 20% had more than 10 units at home before going out.

²⁹ 'Regular drinkers' is used to describe young adults who drink at least weekly.

Many young adults experience adverse impacts as a result of their drinking. Two in three (65%) young adults who are regular drinkers have experienced a negative consequence in the past three months, an increase of 10 percentage points since November 2011. The overall rise in experiencing negative consequences appears to be driven by increases in both the prevalence and amount of drinking.

The most common consequences are being sick (29%), waking up feeling embarrassed about actions (21%), memory loss of the previous night (18%) and taking risks with personal safety (15%). Young adults who drink irresponsibly are much more likely to experience negative outcomes. Those who frequently drink to get drunk (88%) and those who binged on their last night out (75%) are more likely to have experienced at least one of the consequences asked about.

Young adults who deliberately drink to get drunk are more likely to wake up feeling embarrassed but less likely to feel ashamed of themselves when they drink too much. Experiencing the negative consequences of excessive drinking is therefore not, in itself, necessarily enough to prevent this behaviour. Indeed many of this group of young adults drink for the social benefits they associate with it; they are more likely to say that drinking gives them confidence and less likely to agree that you do not need to drink to have a good time.

4.3 Awareness and use of units, guidelines and moderating tips

The Government's guidelines on the maximum amount of alcohol units to be consumed on a daily basis have the intention of helping people keep track of their drinking and drink within safe limits. The Government has asked the Chief Medical Officer to oversee a review of the alcohol guidelines for adults with the aim of ensuring that adults can make responsible and informed choices about their drinking.

Knowledge of the Government's daily alcohol limit guidelines is relatively low, with a third of young adults able to correctly identify the correct guideline daily level for their gender. Above guideline drinkers are significantly more knowledgeable about what the guideline daily limit is than non-drinkers, suggesting that knowing the guidelines is not a particularly important driver of responsible drinking among this age group.

Another factor related to this is young adult's inability to recognise irresponsible drinking. A considerable proportion of above guideline drinkers do not realise they are drinking more than is good for them; around a third (35%) believe that they drink within the daily guidelines

(in line with 2011 at 39%). There are issues here of both awareness and acceptance (i.e. do they see the daily guidelines as an accurate limit of what is good for them). This being said, the majority (64%) of those who drink above the daily guidelines do recognise that they drink above safe limits.

Many binge drinkers also perceive themselves as drinking within safe levels; half (51%) of those who drank twice the recommended daily guideline on their last night out say they drink within safe levels. This figure is unchanged since 2011, suggesting that many of those exhibiting negative drinking behaviours are no closer to acknowledging the risks associated with their behaviour.

However, young adults who admit they regularly drink with the intention of getting drunk (either every time or most times they drink) are more likely to recognise that their behaviour exceeds recommended levels. Over seven in ten (73%) report drinking *above* the safe limits. As we have discussed, this group of drinkers tend to regard alcohol as a confidence giver and integral to having a good time. These factors appear to trump any concerns this group may have about drinking beyond safe limits.

Awareness of the concept of alcohol units remains universal and there are some signs of greater understanding of unit content (for instance increases in the proportion of those correctly identifying the unit content of drinks). However, these positive changes in awareness have not translated into more moderate drinking. As we have discussed above, the opposite has been observed.

There are a number of tools and strategies young adults can use to stay in control of their drinking. The research examines the extent to which they are used by young adults and what relationship they have with responsible drinking.

There is a clear relationship between responsible drinking and use of moderating tips. Low risk young adults are more likely to employ moderating tips such as eating before/when drinking, drinking at their own pace, avoiding shots/rounds and drinking lower alcoholic drinks. Those who get drunk frequently, or drink with the intention to get drunk, are more likely to say that they could never see themselves adopting moderating tips.

It is not possible to draw conclusions about causation. Those who use these tips may be more predisposed to drink responsibly, rather than use the tips to reduce their intake. However, the research suggests that using these moderating tips can be a successful factor in minimising excessive drinking, without necessarily preventing it. The research shows that

a significant proportion (35%) of drinkers who use one of the three key tips (eating before/when drinking, alternating with soft drinks and pacing themselves) every time or most times they drink still drink over recommended guidelines in a typical week.

Of the moderating tips presented, taking one/two nights off drinking is the one used most commonly, by around four in five young adults who drink. Eating before or when drinking and drinking at their “own pace rather than keeping up with friends” are widespread, with around seven in ten drinkers reporting using these moderating tips every or most times they drink. The challenge may therefore be to encourage and enable young adults to use them effectively and consistently.

There have been increases since November 2011 in the proportion of young people using most of the moderating tips asked about – taking one/two nights off drinking, setting a spending limit and avoiding drinking shots have all seen rises. Receptivity to using these tips has also increased; the number of young adults who drink who could never see themselves using the tips has fallen.

Progress has been seen among above guideline drinkers on alternating alcoholic drinks with soft ones, with 18% saying they do this always/most times they drink compared to 9% in 2011. Similar headway has not been made among binge drinkers, however. Those that binged in the last seven days or on their last night out are no more likely to alternate than in 2011. This suggests that those engaging in more episodic drinking are less inclined to moderate their drinking in this way, and it remains a challenge to shift behaviours in this area.

However binge drinkers are now more likely to say they avoid drinking shots than in 2011. There is also evidence of increased openness to using moderating tips among bingers. Among those who binged in the last week, fewer say they could never see themselves drinking lower alcoholic drinks or avoid being in rounds than in 2011. Similarly, for those who binged on their last night out, only a sixth (16%) say they could never see themselves avoiding drinking shots, compared to over a fourth (26%) in November 2011.

Despite the increase in adoption of moderating tips, there has not been a corresponding fall in drinking levels – indeed quite the opposite has been the case. This is because, with the exception of alternating soft drinks, increases in adoption of moderating tips have been driven by low risk young adults. The challenge remains to encourage this behaviour in young adults who have more irresponsible drinking patterns.

Nevertheless, the increasing use of and openness to using moderating tips among all groups of drinkers, including bingers, provides a solid platform for Drinkaware to build on to encourage more responsible drinking.

4.4 Cultural and social norms

Behavioural science highlights the importance of social norms in influencing behaviours across many aspects of life, including the consumption of alcohol. The social norms (i.e. what attitudes and behaviours are considered to be acceptable) that operate around drinking are particularly important for young adults, given the influence of peers among this age group. It is therefore important to understand the cultural and social norms which underpin young adults' relationship with alcohol, and this research shows that these can be both positive and negative.

The majority of young adults still agree that they do not have to get drunk to have a good night out (73%), although attitudes to this are shaped by drinking behaviour with occasional drinkers more likely to agree with this than young adults who drink regularly (82% vs. 68%).

However peer pressure can play a role in encouraging some young adults to drink, with around a third (32%) of 18-24 year old drinkers saying they sometimes feel pressured by friends to drink more than they would like to. Alcohol can also oil the wheels of social interaction, with over a third (35%) of young adult drinkers agreeing that drinking gives them the confidence needed to meet new people and make friends. Above guideline drinkers, binge drinkers and those who drink with the intention of getting drunk are all more likely to agree with this. This may be one of the key beliefs which underpin risky drinking.

Excessive drinking has negative associations for some young adults, with just over a quarter (28%) saying they feel ashamed of themselves when they drink too much. One in five (21%) say they often wake up feeling worried or embarrassed about things they have said or done while drinking. Both binge drinkers and those who drink to get drunk are more likely to agree with this. Indeed when young people are asked about the potential social problems from drinking heavily, embarrassment about something said or done is mentioned most often, which suggests that this is a key negative association with excessive drinking. However, as already discussed, feelings of embarrassment do not prevent young adults engaging in irresponsible drinking, and many do not feel ashamed of their actions.

What is considered socially acceptable is likely to be critical if there is to be a step-change in young adults' drinking, and it is encouraging to see some hints of change here. Almost half

(45%) of 18-24 year olds agree that it is not as acceptable to get drunk as it used to be. One encouraging sign is that there has been an increase in the proportion of young adult drinkers who regularly drink to get drunk agreeing with the statement, from 23% in November 2011 to 42% in November 2012. This, coupled with an increase in binge drinkers who agree with the statement (35% November 2011 vs. 41% November 2012), indicates that heavier drinkers - while still engaging in negative drinking - may feel less confident about the social acceptability of drunkenness. This is one indication that attitudes may be moving in the right direction, although the journey to actual changes in behaviour will require other important steps.

We also see encouraging shifts in the proportion of young adults who agree they are thinking more about how much they drink nowadays and have seen quite a bit recently about the dangers of drinking too much, with around half agreeing in both instances. Again, this suggests that some messages about responsible drinking may be being heard (if not quite hitting home).

4.5 Implications

While there has been some progress on broader attitudes towards drinking and how acceptable excessive drinking is seen to be, this has not yet translated into more responsible behaviour.

A significant proportion of young adults drink with the intention of getting drunk and the results of this research show that this can lead to increased levels of drinking and a greater likelihood of experiencing negative consequences. Intention to get drunk may be related to the social confidence that drinking gives young adults. This group acknowledge their drinking is probably above safe limits but this is not enough to modify their behaviour.

Young adults are a particularly challenging group to encourage to adopt more responsible behaviour and attitudes. An increasing body of evidence from both neuroscience and experimental psychology shows that the areas of the brain which moderate risky behaviours and temper susceptibility to peer pressure are not fully developed until the early twenties.³⁰

However, the results show that moderating tools can have a role in responsible drinking, although the exact nature of the relationship is unclear. Against a backdrop of increasing levels of drinking, there are some encouraging signs in the results:

³⁰ See for example Blakemore, SJ & Robbins, TW. (2012) Decision-making in the adolescent brain. *Nature Neuroscience*, 15(9), 1184-1191. doi:10.1038/nn.3177

- Communications around responsible drinking are clearly making greater headway among young adults, as evidenced by the increase in those agreeing that they have ‘seen quite a bit recently about the dangers of drinking too much’.
- It is also a positive that more young adults say they are thinking about how much they drink and that young adults who regularly get drunk are more likely to agree that it is not as acceptable these days to get drunk. However, as we have seen from these findings, levels of drinking have not declined. It is difficult to ascertain whether this might be a lag between these green shoots of changes in attitude/acceptability, and a corresponding change in behaviour.
- Perhaps even more promising, is the greater use of and receptivity to moderating tips, as is the increase in the proportion of those wanting more information on managing their drinking (up from 16% to 22%). This all provides a foundation to build upon going forward, but it will be important that young adults with a tendency towards more risky behaviours go beyond being open to using them to actually doing so.

Overall though, the challenges involved in encouraging young adults to drink more responsibly remain substantial.

4.6 Key metrics

The following tables present the key metrics for this audience. The results for all 18-24 year olds are presented as well as for specific subgroups. Arrows are used to indicate where there is a statistically significant difference from the findings in November 2011. Colour coding of the arrows is used to indicate where the change is in a positive direction (green) or negative direction (red). A yellow arrow indicates a change for which it is not possible to determine (from this measure alone) whether it is positive or negative shift.

Where arrows are used, these are accompanied by a figure in brackets – this indicates the percentage point difference between the two years’ findings.

FREQUENCY AND SCALE OF DRINKING	All	Male	Female
Frequency of drinking			
% who drink less than once a year	2%	2%	2%
% who drink at least once a year	93%  (4%)	90%	95%

% who drink at least once a week (regular drinkers)	59%  (13%)	62%  (10%)	55%  (14%)
Scale of drinking % of regular drinkers who...			
% who drink above guidelines (increasing + high risk)	44%	46%  (16%)	42%
% who are increasing risk drinkers	38%  (9%)	39%  (14%)	37%
% who are high risk drinkers	6%	7%	5%

BINGEING IN THE LAST 7 DAYS	All who drink	All who drink – male	All who drink – female	Regular drinkers (at least once a week)
% who did not binge	70%  (6%)	68%  (12%)	72%	61%
% who binged	30%  (7%)	32%  (12%)	28%	39%
% who binged (on one occasion only)	17%	17%	17%	20%
% who binged (on more than one occasion)	13%  (6%)	15%  (9%)	11%	19%
PRELOADING ON LAST NIGHT OUT	All who drink outside the home	All who drink outside the home – male	All who drink outside the home - female	Regular drinkers (at least once a week)
% who pre-loaded (BASE: ALL DRINK OUTSIDE HOME)	21%	20%	22%	22%
Total units consumed over night: non pre-loaders (mean)	8.9	10.4	7.4	10.2
Total units consumed over night: pre-loaders (mean)	16.3	16.9	15.8	18.0
Total units consumed before going out: pre-loaders (mean)	6.6	7.5	5.8	6.9
OTHER KEY MEASURES	All who drink	All who drink – male	All who drink – female	Regular drinkers (at least once a week)
% who get drunk most times/every time they drink	19%	20%  (8%)	18%	22%
% who drink to get drunk most times/every time they drink	16%  (5%)	16%  (8%)	15%	18%
% who experienced one consequence ³¹ of drinking in last 3 months	55%  (10%)	56%  (14%)	54%	65%  (11%)

³¹ This includes any of: memory loss, feelings of embarrassment, sickness, missing work/school/college, getting in a risk situation, regretting sexual activity, risking personal safety, losing a valued possession, having unprotected sex, spoiling someone's night, getting injured, getting into a fight, getting in trouble with the police or being a victim of crime.

FAMILIARITY WITH UNITS AND GUIDELINES	All	All who drink at least once a year	Regular drinkers (at least once/week)	All who drink over unit guideline	All who binged in last 7 days	All who drink to get drunk most/every time
% heard of units	94%	95%	96%	96%	99%	94%
% know Male unit guideline (BASE: All men)**	35%	36%	39%	39%	45%	38%
% know Female unit guideline (BASE: All women)**	33%	35%	36%	35%	34%	37%
** Please note: Due to question base change from November 2011 we are unable to compare to November 2011 results						
MODERATING TIPS	All	All who drink at least once a year	Regular drinkers (at least once/week)	All who drink over unit guideline	All binged in last 7 days	All who drink to get drunk most/every time
% pace themselves most times/every time they drink++	N/A	71%	67%	62%	64%	47%
% eat before/when drinking most times/every time they drink	N/A	74%	74%	67%	73%	57%
% alternate with soft drinks most times/every time they drink	N/A	19%	20%	18%  (9%)	12%	19%
++ Please note: Due to new question wording we are unable to compare to November 2011 results						

SOCIAL NORMS	All	All who drink at least once a year	Regular drinkers (at least once/week)	All who drink over unit guideline	All binged in last 7 days	All who drink to get drunk most/every time
% agree sometimes feel pressure from friends to drink more alcohol than would like to	32%	34%	37%	37%	38%	34%
% agree drinking gives confidence needed to meet people and make friends	N/A	35%	40%	49%	43%	54%  (18%)
% agree don't have to get drunk to have a good night out	73%	73%	68%	61%	71%	49%
% agree I feel ashamed of myself when I drink too much	N/A	28%	30%	30%	28%	24%
% agree I often wake up feeling embarrassed or worried about things I've said or done after drinking	N/A	21%	24%	30%	30%	36%
% agree it is not as acceptable these days to get drunk as it used to be	45%	46%  (7%)	46%	44%	40%	42%  (19%)
% agree I've seen quite a bit recently about the dangers of drinking too much	49%  (10%)	48%  (7%)	49%  (9%)	49%	45%	52%
% agree I think more about how much I drink nowadays than I used to	44%  (9%)	47%  (9%)	50%  (10%)	51%	47%	46%

COMMUNICATIONS MEASURES	All	All who drink at least once a year	Regular drinkers (at least once/week)	All who drink over unit guideline	All binged in last 7 days	All who drink to get drunk most/every time
1. Aware of Drinkaware*	70%	72%	73%	80%	82%	80%
2. % interacted with Drinkaware	41%  (13%)	42%  (11%)	45%  (14%)	50%	49%	55%
3. % heard of WLG TGB	18%  (8%)	19%  (8%)	20%  (9%)	20%	20%	23%
4. % 'recognisers' of WLG TGB posters**	22%	22%	28%	36%	30%	40%
5. % agree I would like more information on how I could keep an eye on the amount of alcohol I drink	22%  (6%)	23%  (6%)	26%  (10%)	26%	22%	28%
*Not asked in November 2011						
**Question format changed since November 2011 so no year on year comparisons can be drawn						

25-44 year olds: key findings

5. 25-44 year olds: key findings

5.1 The wider context

Between 1998 and 2010 the prevalence of drinking alcohol has declined.³² The Office for National Statistics Lifestyle research records a fall in alcohol consumption for adults aged 25-44 between 2005 to 2009, with the proportion of men consuming alcohol in the past week dropping from 74% to 67% and for women from 62% to 56%. However, this decline has stabilised between 2010 and 2011, with the proportions drinking remaining broadly consistent for both genders.

Alcohol consumption remains a major social and public health issue. The Department of Health estimates that the harmful use of alcohol in England alone costs the National Health Service around £2.7bn a year.³³ The number of alcohol-related hospital admissions in 2011/12 in England was 1.2 million; an increase of 4% compared with 2010/11.³⁴

Alcohol-related deaths accounted for almost 1.5% of all deaths in England and Wales in 2011. Liver disease is the most prevalent of all alcohol-related causes of death and is responsible for approximately 66% of all alcohol-related deaths.³⁵

Between 1950-54 and 2000-02, deaths from liver disease among men in Scotland more than doubled and in England and Wales rose by over two-thirds. Mortality in women increased by almost half. These relative increases are the steepest in Western Europe, and contrast with the declines seen in most other European countries, particularly in Southern Europe.³⁶ As other diseases linked to lifestyle have declined over the same period, this increase is doubtless due, in part, to increasing alcohol consumption since the 1950s.³⁷

Alcohol is also one of the most important preventable causes of cancer in the UK. 3,200 people die from alcohol-related cancer in England each year and there were 28% more hospital admissions for alcohol-related cancer in England in 2010/11 than in 2002/03.³⁸

³² Based on the proportion of adults who reported drinking in the week prior to interview

<http://www.ic.nhs.uk/pubs/alcohol12> .

³³ Statistics on Alcohol: England, 2012 Health and Social Care Information Centre, Lifestyles Statistics
³⁴ Annual Trends: 2002/03 to 2011/12 (available at www.lape.org.uk/natind.html)

³⁵ Alcohol-related Deaths in the United Kingdom, 2011, Office for National Statistics

³⁶ Leon, D.A. and McCambridge, J. (2006) Liver cirrhosis mortality rates in Britain from 1950 to 2002: an analysis of routine data. *The Lancet* 367(9504): pp 5256.

³⁷ Health First: An evidence-based alcohol strategy for the UK University of Stirling (2013)

³⁸ Alcohol and cancer, Alcohol Health Alliance (2013)

The consequences of excessive drinking therefore continue to be considerable. While there is a national picture of alcohol consumption trends, recent surveys have not explored the attitudes that underpin drinking behaviour. Drinkaware has commissioned this piece of research to explore in detail the relationship that adults aged 25-44 have with alcohol. A significant proportion of this age group (47%) are drinking above recommended levels and many who do so do not realise that they are drinking to excess.

As well as looking at drinking behaviour and levels of engagement with Government guidelines and alcohol units, this report also explores beliefs and assumptions around alcohol. It examines whether adults see their drinking as harmful and what strategies they already use or would consider using to drink responsibly. By exploring attitudes as well as behaviours, this research provides a richer understanding of the dynamics of drinking within this age group.

5.2 Drinking behaviour³⁹

As we have seen, alcohol is part of the fabric of life for many 25-44 year olds. In this survey we found that three fifths (61%) say they drink at least once a week. In contrast to 18-24 year olds, at home drinking accounts for a considerable proportion of adults' overall drinking behaviour.

Binge drinking is as prevalent in this age group as young adults aged 18-24, with three in ten (28%) having binged over the past seven days (defined in this study as drinking twice the daily guideline amount in one day). One in seven (14%) binged on more than one day. There is a segment of adults who, while drinking within lower risk levels over a normal week (based on the total number of units consumed over seven days), do sometimes drink to excess on specific days. This translates to 9% of all adults and indicates that drinking patterns can be inconsistent and can fluctuate from day to day.

While it is encouraging that half (52%) of regular drinkers in this age group are drinking within lower risk levels, the converse to this is that many (47%) are not. If scaled up to the national population, and taking into account confidence intervals, this would represent between 4 million and 5.7 million 25-44 year olds. There are some significant challenges are faced in encouraging this group to drink responsibly. A key issue is that a significant proportion (27%)

³⁹ Where this report compares different segments of the target audience (e.g. men vs. women or those drinking above unit guidelines vs. low risk drinkers) we highlight where differences in findings are statistically significant. Otherwise, any trends should be treated as indicative only. A full guide to statistical reliability can be found in the appendices.

of at risk drinkers (defined as people drinking above the Government's weekly unit recommended guidelines) believe they are drinking within lower risk levels.

There may be a number of reasons for this:

- Above guidelines drinkers simply do not realise how much they are drinking (this could be linked to their lack of understanding of units, which we discuss below).
- They do not want to admit to risky behaviour.
- They do not equate the amount they drink with placing health risks on themselves.
- They do not believe that drinking more than government unit guidelines constitutes a harmful level of drinking.

However, as this research study explores, there is evidence that at least some people who are drinking beyond lower risk levels are motivated to consume alcohol more responsibly.

This suggests that there are two dynamics at play among above guideline drinkers:

- There is a group of "deniers" who are unwilling to acknowledge the health risks they are running. They may be less *willing* to moderate their drinking behaviour.
- There is a group of "realists" who are more open to the possibility that they may potentially do themselves harm. They may be less *able* to moderate their drinking behaviour.

To understand more about above guideline drinkers, and how their behaviour and attitude differs from low risk drinkers, we profile them below

Who are the above guideline drinkers and how do they differ from low risk adults?

- Above guideline drinkers are more likely to be male, working full time, white and social grade ABC1.
- They are much more likely to drink at home.
- They are more likely to agree that ‘having a couple of drinks to unwind is good for you.’ This belief may play an important role in justifying their current levels of drinking.
- They are more likely to say they think more about their drinking than they used to, recognise that their drinking could harm their health and say they would like to cut back on the amount they drink – “realist” attitudes.
- However, they are also more likely to think the health risks of drinking have been exaggerated and less likely to think it is important to drink within recommended limits – “denier” attitudes.
- One in three 25-44 year olds who drink regularly (36%) fall in to the “increasing risk” subgroup (defined as women drinking 15-35 units per week and men drinking 22-50 units a week). They make up 22% of the population aged 25-44. If scaled up to the national population, and taking into account confidence intervals, this would represent between 3.2 million and 4.2 million 25-44 year olds⁴⁰.
- A further 11% of regular drinkers are “high risk” (defined as those who drink over the increasing risk limits). They make up 7% of the population aged 25-44 (between 0.8 million and 1.5 million if scaled up to the national population – taking into account confidence intervals).

⁴⁰ This is based on there being 17 million adults aged 25-44 living in the UK (based on ONS 2010 mid-year population estimates). Survey data is subject to sampling tolerances, which extend to any scaling up of the figures to wider populations. When calculating our findings to national population levels we have therefore calculated confidence intervals and indicated the subsequent ranges in population figures these might represent. Please note that these calculations are based on a true random sample and, strictly speaking, do not apply to a quota sample such as the one this report is based on. It is also not possible to calculate the ‘design factor’ which widen the confidence intervals further. However, these estimates do provide a rough indication of the possible scale of the research finding that might be seen across the UK population. Further details on the confidence intervals are included in the appendices.

5.3 Awareness of guidelines

The Government's guidelines on the maximum amount of alcohol units to be consumed on a daily basis have the intention of helping people keep track of their drinking and drink within lower risk levels. The Government has asked the Chief Medical Officer to oversee a review of the alcohol guidelines for adults with the aim of ensuring that adults can make responsible and informed choices about their drinking.

While guideline daily limits are accepted in the abstract by the majority (71% agree that it is important to keep within them), in practice 25-44 year olds struggle to correctly identify the government's guideline daily limit for alcohol consumption. Only around one in three are able to correctly identify the guideline daily limit that applies to them (33% of women and 30% of men), and this has been static since 2009⁴¹.

The term 'alcohol units' is almost universally known (ONS data shows that awareness has risen from 79% in 1997 to 90% in 1990⁴²). However most adults are unable to apply this awareness to specific drinks, even if that drink is a regular part of their repertoire. Moreover the tendency to under, rather than overestimate, unit content (which again has been observed in earlier Drinkaware surveys) means that people are likely to underrate how much they are actually drinking. Across the various types of drink consumed in a typical week an average of 19% of 25-44 year olds underestimate the unit content. For example, two in five wine drinkers underestimate the unit content of a large glass of wine (41%). One in seven 25-44 year olds (14%) underestimate the unit content of *all* types of drinks they claim to consume in a typical week. As wine is the most popular drink among this age group, this is a particular cause for concern.

Taken together, these findings pose a significant challenge to the use of units to facilitate responsible drinking. The lack of knowledge about the unit content of specific drinks, coupled with the confusion about what the guideline daily limits are, makes it problematical for adults to use units to moderate their drinking.

The tendency to underestimate the unit content of drinks is linked to drinking behaviour. Adults who drink above the guidelines are more likely to underestimate lager and large glasses of wine compared to those who are low risk. Underestimating (implicitly or explicitly)

⁴¹ In 2009 36% correctly identified the women's guideline and 35% the men's. This data is from an Ipsos MORI face-to-face survey of British adults aged 25-44 and so is not directly comparable to the online survey data reported on here. However, awareness showed no signs of change across three waves of face-to-face research between 2009 and 2011.

⁴² Drinking: adults' behaviour and knowledge in 2009, Office for National Statistics (2010)

the unit content of alcoholic drinks may be one of the factors behind the higher levels of drinking among these at risk drinkers.

There are other findings which point to a lower level of engagement with the concept of units among this group. For instance, above guideline drinkers are less likely to say they ever monitor their unit intake or to say they find it easy to keep within government guidelines. This raises the issue of causation – does this group drink more because they keep less of an eye on units or do they take less notice of units because they drink more?

5.4 Understanding and acceptance of health risks

Concerns about health risks can be another factor in moderating alcohol consumption. Almost all 25-44 year olds are able to name, without prompting, at least one health consequence that may result from regularly drinking over the daily unit guidelines. Liver disease is mentioned most often (as has been the case since 2009⁴³), far outstripping mentions of any other health problem. However above guideline drinkers are no more likely than others to be able to identify specific health problems.

Around half of drinkers consuming more than the recommended daily unit guideline accept the likelihood of increased health problems (50%). Conversely this means that a significant proportion (43%) see the risk of health problems as unlikely. This mixed picture is reflected in other findings. Above guideline drinkers are more likely than drinkers as a whole to believe that the health risks of drinking alcohol have been exaggerated (a “denier’s” stance). However they are also less likely to say that they don’t drink enough to damage their long-term health (a “realist’s” attitude).

It is important to understand the relative incidence of “deniers” and “realists” to get a sense of the scale of the challenge faced in encouraging more responsible drinking. Three in ten (29%) adults who took part in this research are drinking above unit guidelines on a typical basis. This breaks down into those who acknowledge that they drink at higher risk levels (i.e. “realists” who form 18% of all adults) and those who do not (“deniers” at 11% of this age group). If scaled up to the national population, and taking into account confidence intervals, “deniers” would represent between around 1.5 million and 2.2 million 25-44 year olds⁴⁴.

⁴³ Please note this also relates to the face-to-face surveys conducted with 25-44s so the caveat about comparing different methodologies should be borne in mind.

⁴⁴ This is based on there being 17 million adults aged 25-44 living in the UK (based on ONS 2010 mid-year population estimates). See previous footnote for further information on confidence intervals.

5.5 Encouraging responsible drinking

At the heart of encouraging responsible drinking is making sure people are aware of the risks of excessive alcohol consumption so they can make informed choices. Adults also need to be encouraged to self-evaluate their drinking so they can recognise if they are drinking too much.

A significant proportion of 25-44 year olds identify cultural trends that support more responsible drinking. Around two in five adults agree that it is 'not as acceptable these days to get drunk as it used to be' and that they 'have seen quite a bit recently about the dangers of drinking too much'. Above guideline drinkers are no more likely to agree with either statement, suggesting that in some respects their perspective of the wider cultural context in which their drinking takes place is similar to other drinkers'.

When it comes to their own drinking, three in ten adults (31%) agree they 'think more about how much they drink now than they used to' and one in five (20%) would like to cut back on the amount of alcohol they drink. Above guideline drinkers are more likely to say they want to cut down on their drinking (38%). While this still only represents around four in ten of this group, it does demonstrate that a significant proportion of adults drinking beyond lower risk levels do have some level of motivation to moderate their intake of alcohol. In fact, this represents 11% of all people aged 25-44 and if scaled up to the national population, and taking into account confidence intervals, would represent between 1.5 million and 2.2 million 25-44 year olds.

The challenge facing these adults who want to reduce their drinking is two-fold; they find it harder to cut back on the amount they drink, and are also less likely than drinkers overall to use moderating tools to do so. It is encouraging to note that there are some signs that they are reaching out for support to help them cut back on their drinking. They are more likely than adults overall to have sought out information on safe drinking via the internet, a friend or relative, and their GP or health advisor. Although more aware of MyDrinkaware than average, the majority (81%) have not heard of it, suggesting there is further scope for Drinkaware to support these adults to drink more responsibly.

Around half of those who believe that their current level of drinking is likely to cause future health problems would like to drink less. Linked to this, drinkers who believe their current unit intake may result in future health problems are more likely to have 'seen quite a bit about the dangers of drinking' and 'to think more about how much they drink.' This group is also more receptive to receiving information on how to keep an eye on the amount of alcohol they drink

(albeit at the still low level of 37%). This illustrates that concerns about health can be an important factor in creating the motivation to moderate drinking behaviour.

There are a number of tools and strategies adults can use to moderate their alcohol consumption. These can provide the bridge between the motivation to drink more responsibly and actual behaviour change.

Use of strategies to moderate alcohol intake is widespread, with the most commonly used moderating tip for adult drinkers being 'having one or two nights off drinking alcohol in the week' (66%) and 'avoiding drinking alcohol on a 'work night' (53%). 'Keeping a drink diary to monitor how much I am drinking' is the moderating tip with the lowest levels of adoption (10%) and the highest levels of rejection (62%).

Willingness to try tips is usually higher for the tips with lower levels of adoption, notably drinking smaller glasses of wine/bottles of beer (33%), drinking a lower strength alcohol (32%) and finding out the unit content of different drinks (31%). Taken together, the degree of openness to these tips suggests that encouraging adults to adopt 'smaller portions' (by size/alcohol content) may be a fruitful approach to adopt. This tactic could be particularly suitable for wine, the most popular drink, which has high levels of confusion as far as the unit content is concerned.

Generally speaking, above guideline drinkers are much less likely to be using any of the moderating tips asked about. For instance, fewer are trying to drink within the daily guidelines or find alternative ways to unwind.

This overall lower utilisation of moderating tips may indicate why these individuals are drinking at the levels recorded, and raises the question of whether these adults are unaware of possible moderating tools or simply do not want to consider adopting them. Linked to this, it is worth noting that, for all of the moderating tips, a greater proportion of above guideline drinkers state that, while not currently doing them, they would be willing to do so. This suggests that, for some at risk drinkers at least, there is a willingness to consider adopting strategies to help moderate their drinking behaviour.

5.6 Implications

Around half of adult drinkers aged 25-44 are at risk by drinking above the Governments daily guidelines. A significant proportion of them are unaware (or unwilling to accept) that they are drinking beyond what is safe for them and therefore putting themselves at risk of short and long-term health harms. Indeed just under half of above guideline drinkers regard alcohol as a good way to unwind after a hard day.

Different strategies will clearly be required for different groups of at risk drinkers. “Deniers” are the tougher nut to crack. This group is not willing (or perhaps able) to accept that their drinking behaviour is risky. Understanding, and therefore finding ways to tackle, the reasons for this lack of acceptance will be key.

Highlighting potential health problems is an obvious hook for “realists” who recognise their drinking behaviour is potentially harmful and would like to cut down. Translating health concerns into positive behaviour change however, will be challenging.

Related to this, the lack of understanding of, and engagement with, units raises difficult questions about how units can best be used to facilitate responsible drinking and this will be a key issue for the Chief Medical Officer to consider in her review of the Government guidelines. In the short term, awareness of the unit content of wine, the most popular drink among this age group, is particularly low and this is the most obvious area of confusion to tackle.

In addition, practical tips to moderate alcohol intake clearly have a role to play in promoting safe drinking and supporting positive behaviour change. The research shows that drinking smaller glasses of wine/bottles of beer, drinking lower strength alcohol, drinking water before starting drinking and keeping a drink diary are the moderating tips at risk drinkers are the most open to adopting.

5.7 Key metrics

FREQUENCY AND SCALE OF DRINKING AMONGST 25-44s

	All	Male	Female
Frequency of drinking			
% who drink less than once a year	2	2	2
% who drink at least once a year	90	90	90
% who drink at least once a week (regular drinkers)	61	69	52
Scale of drinking % of regular drinkers who...			
% who drink above guidelines (increasing + high risk)	47	51	43
% who are increasing risk drinkers	36	37	35
% who are high risk drinkers (Based on typical week)	11	14	8

FAMILIARITY WITH UNITS AND GUIDELINES

	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% heard of units	95	97	97	97	97
% know unit guideline relevant to their gender	Women 33 Men 30	No tables based on specific gender			
% know female unit guideline (BASE: both genders)	31	31	32	30	33
% know male unit guideline (BASE: both genders)	30	32	33	34	36
% who always/usually keep an eye on their unit intake	N/A	25%	24%	18%	19%

AWARENESS AND ACCEPTANCE OF RISKS

	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% mention at least one (prompted) health risk	97	98	99	100	99
% agreeing 'I think the health risks of drinking alcohol have been exaggerated'	16	17	21	25	22
% accepting (very/fairly likely) health risks at current drinking level	28	28	36	50	42
% agreeing 'I don't think I drink enough to damage my	61	61	55	41	46

	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
long-term health'					

USE OF MODERATING TIPS

	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% who always/usually check units at point of purchase	15	16	15	17
% who say they drink within the daily guidelines	48	39	20	24

ATTITUDES TOWARDS ALCOHOL

% who agree	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
I think more about how much I drink nowadays than I used to	31%	33%	39%	45%	39%
I've seen quite a bit recently about the dangers of drinking too much	39%	39%	38%	40%	40%
It is not as acceptable these days to get drunk as it used to be	43%	43%	42%	41%	43%
Too often, I find an excuse to have a drink in the evening	N/A	18%	27%	40%	32%
Having a couple of drinks to help unwind after a hard day is good for you	28%	29%	38%	45%	39%

COMMUNICATIONS MEASURES

	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% Interaction with Drinkaware	42	44	46	48	46
% heard of MyDrinkaware	16	16	19	21	20
% agree I would like more information on how I could keep an eye on the amount of alcohol I drink	16	17	19	24	21

Appendices

Appendices

Statistical reliability

Because a sample, rather than the entire population was interviewed the percentage results are subject to sampling tolerances. This means that we cannot be certain that the figures obtained are exactly those we would have if everybody had been interviewed (the 'true' values). We can, however, predict the variation between the sample results and the 'true' values from a knowledge of the size of the samples on which the results are based and the number of times that a particular answer is given.

The table below illustrates the predicted range for different sample sizes and percentage results at the '95% confidence interval' – i.e. the confidence with which we can make this prediction is 95%, that is, the chances are 95 in 100 that the 'true' value will fall within a specified range.

Parents and young people

The tolerances for caged 10-17 and their parents that may apply in this report are given in the table below.

Overall statistical reliability⁴⁵			
Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	<i>±</i>	<i>±</i>	<i>±</i>
743 (all parents)	2	3	4
754 (all 10-17 year olds)	2	3	4
c. 360 (i.e. males or females)	3	5	5
c. 459 (parent regular drinkers)	3	4	5

Source: Ipsos MORI

For example, with a sample of 459 where 30% give a particular answer, the chances are 19 in 20 that the 'true' value (which would have been obtained if the whole population had been interviewed) will fall within the range of plus or minus 4 percentage points from the sample result.

When results are compared between separate groups within a sample (for example, between males and females), different results may be obtained. The difference may be 'real', or it may occur by chance (because not everyone in the population has been interviewed). To

⁴⁵ Strictly speaking the tolerances shown here apply only to random samples; but in practice good quality quota sampling has been found to be as accurate.

test if the difference is a real one – i.e. if it is ‘statistically significant’, we again have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we assume the ‘95% confidence interval’, the differences between the two sample results must be greater than the values given in the table below:

Statistical reliability between subgroups			
Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	±	±	±
c. 360 vs. 360 (male vs. female)	4	7	7
c. 228 vs. 515 (parents who drink above the unit guidelines vs. low risk)	5	7	8
c. 155 vs. 386 (children of parents who drink above the unit guidelines vs. children of low risk parents)	6	9	9

Source: Ipsos MORI

For example, if 10% of parents who drink above the unit guidelines give a particular answer compared with 15% of low risk parents, the chances are 95 in 100 times that this 5 percentage point difference is significant (i.e. greater than or equal to 5 points), which could not have happened by chance.

Where differences are highlighted between sub-groups in the report they are significant.

18-24 year olds

The tolerances that may apply in this report are given in the table below.

Overall statistical reliability⁴⁶			
<i>Size of sample on which survey result is based</i>	<i>Approximate sampling tolerances applicable to percentages at or near these levels</i>		
	10% or 90%	30% or 70%	50%
	\pm	\pm	\pm
507 (all 18-24s)	3	4	4
c. 250 (i.e. males or females)	4	6	6
c. 235 (regular drinkers)	4	6	6

Source: Ipsos MORI

For example, with a sample of 507 where 30% give a particular answer, the chances are 19 in 20 that the ‘true’ value (which would have been obtained if the whole population had been interviewed) will fall within the range of plus or minus 4 percentage points from the sample result.

When results are compared between separate groups within a sample (for example, between males and females), different results may be obtained. The difference may be ‘real’, or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one – i.e. if it is ‘statistically significant’, we again have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we assume the ‘95% confidence interval’, the differences between the two sample results must be greater than the values given in the table below:

Statistical reliability between subgroups			
<i>Size of sample on which survey result is based</i>	<i>Approximate sampling tolerances applicable to percentages at or near these levels</i>		
	10% or 90%	30% or 70%	50%

⁴⁶ Strictly speaking the tolerances shown here apply only to random samples; but in practice good quality quota sampling has been found to be as accurate.

	±	±	±
c. 265 vs. 242 (male vs. female)	5	8	9
c. 90 vs. 400 e.g. (above guideline drinker vs. low risk)	7	11	12

Source: Ipsos MORI

For example, if 10% of males aged 18-24 give a particular answer compared with 16% of females aged 18-24, both with sub-samples of around 250, the chances are 95 in 100 times that this 6 percentage point difference is significant (i.e. greater than 5 points), which could not have happened by chance.

Where differences are highlighted between sub-groups in the report they are significant.

25-44 year olds

The tolerances that may apply in this report are given in the table below.

Overall statistical reliability⁴⁷			
Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	\pm	\pm	\pm
743 (all 25-44s)	2	3	4
c. 370 (i.e. males or females)	3	5	5
451 (regular drinkers)	3	4	5
164 (increasing risk drinkers)	5	7	8

Source: Ipsos MORI

For example, with a sample of 743 where 30% give a particular answer, the chances are 19 in 20 that the 'true' value (which would have been obtained if the whole population had been interviewed) will fall within the range of plus or minus 3 percentage points from the sample result.

When results are compared between separate groups within a sample (for example, between males and females), different results may be obtained. The difference may be 'real', or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one – i.e. if it is 'statistically significant', we again have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we assume the '95% confidence interval', the differences between the two sample results must be greater than the values given in the table overleaf:

⁴⁷ Strictly speaking the tolerances shown here apply only to random samples; but in practice good quality quota sampling has been found to be as accurate.

Statistical reliability between subgroups

<i>Size of sample on which survey result is based</i>	<i>Approximate sampling tolerances applicable to percentages at or near these levels</i>		
	10% or 90%	30% or 70%	50%
	±	±	±
c. 365 vs. 378 (male vs. female)	4	7	7
c. 214 vs. 528 e.g. (above guideline drinker vs. low risk)	5	7	8

Source: Ipsos MORI

For example, if 10% of males aged 25-44 give a particular answer compared with 14% of ABC1 females aged 25-44, the chances are 95 in 100 times that this 4 percentage point difference is significant (i.e. greater than or equal to 4 points), which could not have happened by chance.

Where differences are highlighted between sub-groups in the report they are significant.

Alcohol units used to calculate unit consumption

Parents were asked to record the drinks they consume over a 'typical' week. The table below shows the unit values attributed to each different type of drink to inform calculation of a respondent's unit intake and whether drink above or below government unit guidelines.

DRINK	No. of units
1. Pint of lager (5%)	2.8
2. Half pint of lager (5%)	1.4
3. Can of lager (440ml 5%)	2.2
4. Bottle of lager (330ml 5%)	1.7
3. Large glass of white or red wine (250ml) 13%	3.3
4. Medium glass of white or red wine (175ml) 13%	2.3
5. Small glass of white or red wine (125ml) 13%	1.6
6. Bottle of wine 13%	9.8
8. Medium glass of Champagne (175ml) 12%	2.1
9. Single spirit and mixer (40%)	1
10. Double spirit and mixer (40%)	2
11. Pint of bitter (5%)	2.8
12. Pint of cider (5%)	2.8
13. Half pint of cider (5%)	1.4
14. Bottle of cider (275ml 5%)	1.4
15. Can of cider (440ml 5%)	2.2
14. Single shot (40%)	1
15. Double shot (40%)	2
16. Bottle of Alco-pop (275ml 5%)	1.4
17. Fortified wine (25ml 40%)	1
17. Cocktail	2

Glossary

Below are presented a list of terms and measures that are used throughout this report, along with their definition or explanation of how they are calculated. This is to help orientate the reader and to provide transparency over which sub-groups are being referred to.

Parents and young people

Measure / term	Definition / how calculated
<i>Recommended daily unit guidelines</i>	The Government guidelines on maximum alcohol units to be consumed per day by adults (men 3-4 units per day, women: 2-3 units per day)
<i>Children of low risk parent</i>	A measure of parents drinking behaviour collected from the 'adult' survey: any child whose parent is drinking less than the recommended daily unit guideline limit (women drinking 0-14 units in a typical week and men drinking 0-21 units in a typical week) or those who do not drink alcohol at all
<i>Children of increasing/high risk parent</i>	A measure of parents drinking behaviour collected from the 'adult' survey: any child whose parent is drinking more than the recommended daily unit guideline limit (women drinking 15+ units in a typical week and men drinking 22+ units in a typical week)
<i>Low risk parent</i>	A measure of parents drinking behaviour collected from the 'adult' survey: parents drinking less than the recommended daily unit guideline limit (women drinking 0-14 units in a typical week and men drinking 0-21 units in a typical week) or those who do not drink alcohol at all
<i>Increasing risk drinker</i>	A measure of parents drinking behaviour collected from the 'adult' survey: Women drinking 15-35 units in a typical week and men drinking 22-50 units in a typical week
<i>High risk drinker</i>	A measure of parents drinking behaviour collected from the 'adult' survey: Women drinking more than 35 units in a typical week and men drinking more than 50 units in a typical week
<i>Parents who drink above the unit guidelines</i>	A measure of parents drinking behaviour collected from the 'adult' survey: Women drinking 15+ units in a typical week and men drinking 22+ units in a typical week
<i>'Parent ad recognisers'</i>	People who recall the Drinkaware online parent advert – the full definition is presented in section 7.2.

18-24 year olds and 25-44 year olds

Measure / term	Definition / how calculated
<i>Alcohol drinker</i>	Drinks alcohol at least once a year
<i>Regular drinker</i>	Drinks alcohol at least once a week
<i>Drinking patterns/behaviour over 'typical week'</i>	Based on all who drink alcohol at least once a week. Combines the types of drinks consumed with the quantity of each to calculate weekly alcohol units consumed.
<i>Recommended daily unit guidelines</i>	The Government guidelines on maximum alcohol units to be consumed per day (men 3-4 units per day, women: 2-3 units per day)
<i>Low risk</i>	Anyone drinking below recommended daily unit guideline limit (women drinking 0-14 units in a typical week and men drinking 0-21 units in a typical week) or not drinking alcohol at all
<i>Increasing risk drinker</i>	Women drinking 15-35 units in a typical week and men drinking 22-50 units in a typical week
<i>High risk drinker</i>	Women drinking more than 35 units in a typical week and men drinking more than 50 units in a typical week
<i>Above guideline drinker</i>	Women drinking 15+ units in a typical week and men drinking 22+ units in a typical week
<i>Binge drinker (over the previous last 7 days)</i>	Anyone drinking more than double the daily recommended units of alcohol in one session (men: more than 8 units of alcohol; women: more than 6 units of alcohol). Recorded from Q6 i.e. drinking over the 7 days prior to completing the survey.
<i>Binge drinker (during last night out)</i>	Anyone drinking more than double the daily recommended units of alcohol in one session (men: more than 8 units of alcohol; women: more than 6 units of alcohol). Recorded from Q7 i.e. drinking over the 7 days prior to completing the survey.
<i>Pre-loading</i>	Anyone drinking alcohol at home (their home or someone else's), on their last night out, before they go out to drink in a bar/pub/club/restaurant. Recorded at Q7.
<i>'Poster recognisers'</i>	People who recall the Drinkaware young adult 'Why let the good times go bad?' campaign materials at Q34/Q34B/Q34C.

