

**Ipsos MORI**  
Social Research Institute



# **KPI and insight research – Young people aged 10-17 and their parents**

**Final report prepared for Drinkaware**

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# **Summary: key findings and metrics**

# Summary: key findings and metrics

## Engagement with the risks of alcohol

### Headline measures

- Perhaps reassuringly, ABC1 parents appear willing to take parental responsibility around the issue of their children's drinking: around 8 in 10 see it as important to talk to their children about alcohol risks, and 7 in 10 see it as important to be proactive about this
- Three quarters also feel at least fairly well informed about these alcohol risks, nearly all parents being able to name at least one harm risk. A third feel there are many things they don't know – although only a quarter would like more information about how to talk to their child more effectively
- This assurance on the part of parents is reflected in the awareness their children have of the harms associated with alcohol. Children appear more familiar with the social harms – 9 in 10 being able to identify at least one; they are marginally less familiar with health harms – but even here, 8 on 10 children can name at least one

### Impact of parental drinking

- Interestingly, these short term headline measures do *not* appear to be affected by the level of parental drinking. The notable exception to this is that children of above-guideline parents are less likely to be able to identify health harms
- That said, there are also patterns in the data that suggest there are some issues around parents who are high risk drinkers. While the small sample sizes mean the differences are not always statistically significant, a pattern does emerge: high-risk drinking parents are least likely to say they are uninformed about the risks of drinking to children. Yet they are less likely to mention risks such as liver disease or having unprotected sex. Hence, while they are just as motivated to be good role models, this data shows they may lack the awareness to deliver this role as effectively as parents who drink less.

## Influences on drinking behaviour

### Headline measures

- Parental scores on these measures are lower than the scores for the KPIs relating to awareness of risks of alcohol. Only half accept their drinking has the most influence on their children and, while three quarters say they have conversations with their children about alcohol, only a quarter did so before the child was 11, or reported having *meaningful* conversations
- More worrying perhaps are the social norms some ABC1 parents hold: a third say it's OK to for a child to drink below 16, and a third say it's OK for parents to allow this. Furthermore, 56% say that most children drinking under 16 is inevitable. If parents are a key player in reducing underage drinking, this suggests there is some way to go to shift the norms they hold

- ABC1 children report what appear to be relatively level-headed attitudes about drink. While 62% feel it is OK to try alcohol to see what it's like, only 1 in 10 say it's OK to get drunk, and three quarters feel it's uncool to get drunk.
- Again, social norms appear problematic: a quarter of children say it's normal to drink, and one in five say most of their friends do. Furthermore a third report feeling encouraged to drink. While these scores are all considerably higher for older children than younger children, it does suggest there is more work to be done challenging the norms around alcohol

### ***Impact of parental drinking***

- Seven in ten (70%) ABC1 parents are regular drinkers (i.e. drink at least once a week), and one in three (35%) drink above daily guideline levels. Perhaps one of the strongest messages is the poorer scores on these medium term measures for above-guideline parents. A third of them don't recognise they are above guideline, only 4 in 10 feel their drinking behaviour influences their child, and they are most permissive of children drinking under 16, as well as the most fatalistic it is likely to happen
- Children of above guideline parents also see alcohol differently. Interestingly, they are half as likely to feel alcohol gives them confidence than other children – which may give them less of an incentive to take it up themselves. It would be interesting to explore the dynamics in these families to find which alcohol is less likely to be seen as a confidence builder
- More worryingly, however, children with above guideline parents are more likely to think it's ok to drink or get drunk, and are more likely to have felt encouraged to drink. While these differences are small in numerical terms, it suggests that due to their parents' drinking, these children perceive drinking as a more normalised behaviour

## **First supervised and unsupervised drink**

### ***Headline measures***

- The reported age of children's first drinks (amongst children who have had an alcoholic drink) are 13.3 years for supervised drinks; and 14.3 years for unsupervised drinks
- Furthermore, 20% of parents report giving alcohol to their children before the age of 16
- While both of these provide a baseline for tracking in future waves, it's notable that these measures both fall well short of Drinkaware's aspirations

### ***Impact of parental drinking***

- Again, this highlights concerns about above-guideline parents: their children have their first supervised drink slightly younger, and one in four of this group give alcohol to their children before age 16
- As noted above, there is some indication that higher drinking parents are more permissive about drinking, and more fatalistic that it is going to happen anyway. There appears to be some evidence in the parent data that this is reflected in children of such parents starting to drink earlier
- The children's responses also indicate that children of above-guideline parents have their first drink at a younger age.

- This difference is particularly stark regarding the first *unsupervised* drink: this happens about a year earlier for children of above-guideline parents
- Another way to look at this is that children on below-guideline parents take a year to move from supervised drinking to unsupervised drinking. In contrast, children of above-guideline parents make this transition in about six months.

## Communication measures

- Around two in five (41%) parents have seen or heard any Drinkaware communications. This increases to around a half for those drinking above guideline levels. These figures are on a par with the proportion of 25-44s who have seen any Drinkaware communications.
- Around one in four (27%) have seen or heard more direct communications and attribute it to Drinkaware, including from newspaper or magazine articles, posters or adverts, information online or via the Drinkaware website, leaflets or email.
- Recognition of the specific parent online adverts (the 'excuses' campaign) is lower, however. Around one in twenty (5%) recall the parent online adverts. This is the lowest recognition rate of all the campaigns (compared with 13% of 18-24s recognising 'Why let good times go bad?' posters; and 9% of 25-44s recognising adult campaign)
- In contrast to other more general Drinkaware communications, above guideline drinkers are no more likely to recall them

## Key metrics

ENGAGEMENT WITH THE RISKS OF ALCOHOL: ABC1 PARENTS				
	All	All drink at least once a year	All drink at least once a week	All drink over unit guideline
<b>AWARENESS ROLE MODEL</b>				
% agree It is important that parents talk to their child about the risks associated with alcohol, well before they become exposed to it	79	80	80	82
% agree It is important that I proactively bring up alcohol with my child, not wait for something to happen	69	70	72	72
<b>AWARENESS HARMFUL EFFECTS</b>				
% agree there are many things they don't know about effects of alcohol on children	33	34	36	34
% mention at least one (prompted) harmful effect	97	97	97	97
% say they are very/fairly well informed of risks to children	73	74	72	70
<b>RECEPTIVE NEW INFO</b>				
I would like more information on the best way to talk to my child about the risks of alcohol and sensible drinking	27	28	30	27



ENGAGEMENT WITH THE RISKS OF ALCOHOL: CHILDREN			
	All	Children of low risk parents	Children of above guideline parents
<b>AWARENESS HARMFUL EFFECTS</b>			
% mention at least one (prompted) harmful social effect	91%	92%	90%
% mention at least one (prompted) harmful health effect	82%	84%	73%

INFLUENCES ON DRINKING BEHAVIOUR: PARENTS				
	All	All drink at least once a year	All drink at least once a week	All drink over unit guideline
<b>INFLUENCE</b>				
% think that parent's drinking behaviour has most influence	52	51	48	43
<b>SOCIAL NORMS</b>				
% say is ok for child to drink alcohol before age 16	35	37	39	39
% agree is ok to allow child under 16 to drink	33	35	39	40
% agree It is inevitable that most children will drink alcohol before the age of 16	56	59	62	64
<b>POSITIVE ROLE MODEL</b>				
% who say they drink within the daily guidelines	54	55	47	32
<b>CONVERSATIONS</b>				
% having conversation	77	78	77	77
% having conversation before age of 11	27	26	26	26
% having <u>meaningful</u> conversation (QP8 code 3)	26	25	24	21

INFLUENCES ON DRINKING BEHAVIOUR: CHILDREN			
	All	Children of low risk parents	Children of above guideline parents
<b>SOCIAL NORMS</b>			
Drinking gives me the confidence I need to meet people and make friends	9% agree 63% disagree	11% agree 64% disagree	6% agree 58% disagree
Seeing young people my age getting drunk isn't very cool	77% agree 7% agree	75% agree 6% disagree	76% agree 11% disagree
% think it's ok to try drinking alcohol to see what it's like	62% OK 32% not OK	58% OK 35% not OK	59% OK 34% not OK
% think it's ok to try getting drunk to see what it's like	11% OK 85% not OK	10% OK 87% not OK	11% OK 82% not OK
% think it's ok to drink alcohol once a week	16% OK 74% not OK	14% OK 76% not OK	17% OK 75% not OK
% think it's ok to get drunk once a week	3% OK 93% not OK	1% OK 95% not OK	4% OK 90% not OK
% agree it is normal for someone my age to drink	24% agree 55% disagree	22% agree 56% disagree	24% agree 58% disagree
% all/most friends drink alcohol	18% all/most	17% all/most	19% all/most
% felt encouraged to drink	32% yes	29% yes	34% yes

FIRST SUPERVISED AND UNSUPERVISED DRINK: PARENTS				
	All	All drink at least once a year	All drink at least once a week	All drink over unit guideline
Age of first supervised drink amongst children who had drunk with parents	13.67	13.76	13.77	13.55
% of parents giving alcohol to their child before age of 16	20	22	23	25

FIRST SUPERVISED AND UNSUPERVISED DRINK: CHILDREN			
	All	Children of low risk parents	Children of above guideline parents
Average age of first unsupervised drink amongst those who report having had a drink	14.3	14.5	13.6
Average age of first supervised drink amongst those who report having had a drink	13.3	13.6	13.1

OTHER KEY MEASURES CHILDREN			
	All	Children of low risk parents	Children of above guideline parents
% had an alcoholic drink	49% yes	43% yes	49% yes
% who drink weekly/monthly? (base: all who have drunk alcohol)	7% weekly 31% monthly	6% weekly 21% monthly	6% weekly 38% monthly

COMMUNICATIONS MEASURES				
	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline
% seen/heard any Drinkaware comms	27	27	29	35
% Interaction with Drinkaware	41	42	45	52
% 'recogniser' of parent online ads	5	5	5	7

# **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 (KPI's). These KPIs help provide the organisation with a clear picture of its progress in meeting its organisational aims.

Over the past two years Drinkaware has measured its success against a range of Key Performance Indicators (KPIs). However, with three waves of the KPI survey now complete there has been little shift in most of these key metrics. 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 2009 and 2010, the KPI tracker used a face-to-face omnibus<sup>1</sup> methodology. To allow for more frequent tracking of Drinkaware's KPI measures, as well as providing greater flexibility with the research sampling and frequency, new insight surveys were developed and conducted in November 2011 using an online access panel. This report presents the findings from the online survey.

Due to the change in methodology, survey questions and target audiences, it is not possible to make reliable comparisons to the findings from previous 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 (all social grades)
2. Adults aged 25-44 (social grade ABC1)
3. Children aged 10-17 from ABC1 families and their parents

This report presents the findings for the child population aged 10-17 years of age (from ABC1 families) and their parents. Separate reports have been produced for each of the other two target audiences.

### 1.4 The challenge that Drinkaware faces

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.

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<sup>1</sup> The Ipsos MORI face-to-face omnibus ('Capibus') is a nationally and regionally representative sample of 2,000 adults conducted every week. An approved omnibus partner was used for the children's survey.

### 1.3.2 Drinkaware's aspirations and objectives

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.

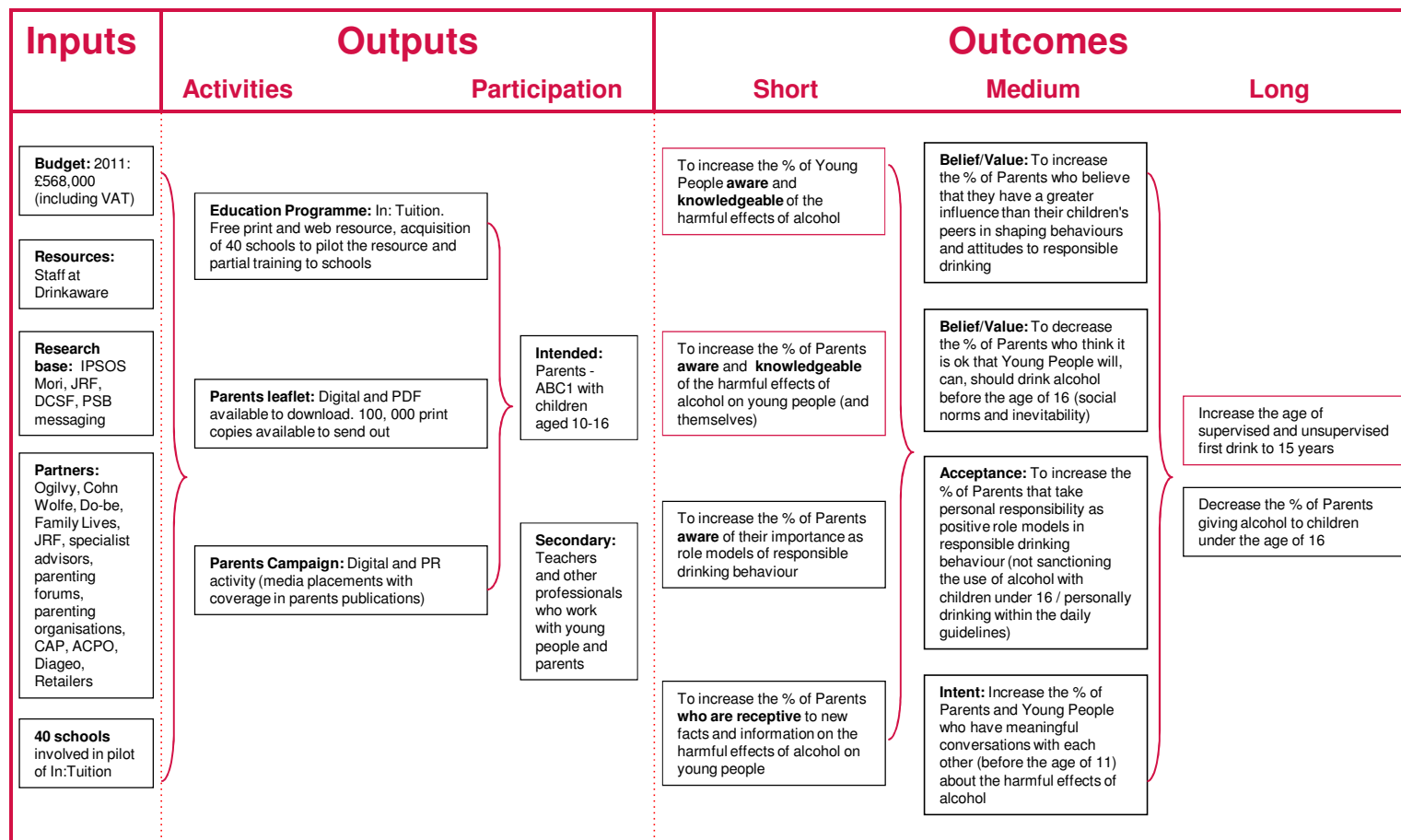
To achieve these longer term goals, Drinkaware aim to raise awareness amongst young people of the harmful effects of alcohol (both directly and through their parents), and encouraging parents to be positive role models for their children in terms of their own attitude and behaviours around alcohol.

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 children 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: 2011 Activity

**drinkaware**



Represents current KPI's

Represents intermediary steps



### 1.3.3 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.

### 1.4 Structure of this report

We structure this report around Drinkaware's KPIs – separating them into themes but relating them to the objectives that Drinkaware wishes to achieve. The report is structured to approach each of Drinkaware's KPIs in turn, and uses the survey data to assess the situation for each KPI and explore what this means for Drinkaware. This report focuses very specifically on the KPI measures that Drinkaware assesses its performance by and not all survey questions are therefore included.

The report begins by exploring the extent to which parents are aware of their influence as role models, and whether they consider themselves to be a greater influence than their children's peers on shaping behaviours and attitudes towards alcohol. This first chapter also assesses parents' and young people's awareness of the harmful effects of drinking alcohol, and considers whether parents are receptive to receiving more information on this subject.

The second KPI chapter of this report addresses the medium-term KPIs. It explores whether parents are having conversations with their children about the risks of alcohol, and at what age. It considers whether parents (and young people) feel it is acceptable for young people to drink alcohol or whether it is inevitable that they will do so. It also looks at the social and cultural norms regarding alcohol among young people.

The third KPI chapter assesses how all of these influences impact on young people and their behaviour in relation to alcohol. It concludes by addressing the age that young people have their first alcoholic drink, the extent to which parents are allowing their child to drink alcohol, and what other influences are impacting on drinking behaviour.

The final chapter of the report summarises the exposure Drinkaware's target audience have had to its campaign activity aimed at parents, and considers the relationship between exposure to Drinkaware communications and parents' attitudes towards children and alcohol.

The full structure of the report is broken down as follows:

- Chapter 1: Background

- Chapter 2: Methodology
- Chapter 3: Short-term KPIs (awareness of harmful effects of alcohol, receptivity to information and awareness of responsibility as a role model);
- Chapter 4: Medium-term KPIs – (parents attitudes towards acceptance of young people drinking alcohol and whether they take personal responsibility through their own behaviour and having conversations about the risks);
- Chapter 5: Long-term KPIs (incidence of young people drinking alcohol and age of first drink); and
- Chapter 6: Exposure to Drinkaware communications. This is a summary of awareness of/exposure to Drinkaware's campaign activity.

As well as providing a commentary on the KPIs in each chapter, they are provided, for ease of reference, in a table at the beginning of each chapter.

It is important to note that, as this is the first wave of this new KPI/insight research, it provides baseline data to measure future waves by. It is therefore inevitably relatively descriptive but provides the baseline upon which future waves will assess progress.

# Methodology

## 2. Methodology

### Reaching Drinkaware's target audiences

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 from families whose social grade is ABC1; and
- ABC1 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 (full questionnaires are provided in the appendices). 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 Conduct<sup>2</sup> which sets out the requirements of conducting research with children. Some questions in the children'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). Full details can be found in the questionnaire in the appendices.

Once parents completed the questionnaire, they were asked if they would provide consent for their child to complete the children'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 children's survey.

In total, 528 parents completed the parent survey, with 366 of them allowing their child to complete the children's survey. A top-up sample of children were invited to take part (via their parent or guardian) to reach the total target of 500 10-17 year olds. In total, 519 10-17 year olds completed the young people's survey.

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<sup>2</sup> 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.
- Children – 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 16th and 29th November 2011.

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.

### **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 children 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.

### **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 continually and is targeted by age and gender to provide large nationally representative samples and high interest targets.

# KPI Findings

### 3. Engagement with the risks of alcohol

#### PART 1: KEY METRICS

#### PARENTS MEASURES

	All	All drink at least once a year	All drink at least once a week	All drink over unit guideline
<b>AWARENESS ROLE MODEL</b>				
% agree It is important that parents talk to their child about the risks associated with alcohol, well before they become exposed to it	79	80	80	82
% agree It is important that I proactively bring up alcohol with my child, not wait for something to happen	69	70	72	72
<b>AWARENESS HARMFUL EFFECTS</b>				
% agree there are many things they don't know about effects of alcohol on children	33	34	36	34
% mention at least one (prompted) harmful effect	97	97	97	97
% say they are very/fairly well informed of risks to children	73	74	72	70
<b>RECEPTIVE NEW INFO</b>				
I would like more information on the best way to talk to my child about the risks of alcohol and sensible drinking	27	28	30	27



## CHILDREN MEASURES

	All	Children of low risk parents	Children of above guideline parents
<b>AWARENESS HARMFUL EFFECTS</b>			
% mention at least one (prompted) harmful social effect	91%	92%	90%
% mention at least one (prompted) harmful health effect	82%	84%	73%

### Key points:

- Most measures on awareness of risks of alcohol are broadly flat: they are unaffected by the level of parental drinking in the household
- The one exception relates to children's awareness of health harms: these are less well known by children with above guideline parents; this does *not* however apply to children's awareness of social harms
- There is relatively high acceptance from ABC1 parents of the importance of being a role model, and just under three quarters of parents feel well informed of the risk to children, with nearly all being able to mention one health harm

## PART 2: DISCUSSION

Raising young peoples' awareness of the harmful effects of alcohol (both directly and through their parents) is viewed by Drinkaware as a crucial step towards Drinkaware's long-term aim of increasing the age of the first alcoholic drink. As such, Drinkaware's short-term KPIs for this audience centre on raising ABC1 parents and young peoples' awareness and knowledge of the harmful effects of alcohol, as well as increasing parent's awareness of their own importance as role models of responsible drinking behaviour.

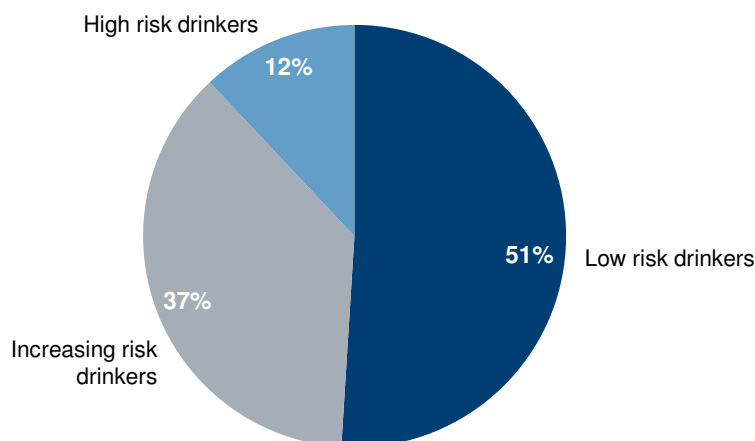
### 3.1 Parents awareness of their importance as role models

One of Drinkaware's goals for this audience is to increase the proportion of ABC1 parents who are aware of their importance as role models of responsible drinking behaviour. In practice however, many parents are falling short of the sort of responsible drinking behaviour that Drinkaware would hope to see emulated by young people. Seven in ten (70%) are regular drinkers, and as shown in the chart overleaf, based on a typical week's unit

consumption, almost half of regular drinkers (49%) are drinking above guidelines. This equates to 35% of all ABC1 parents who drink above guideline levels. More than one in ten (12%) parents who drink at least weekly are high risk drinkers, indicating that they are drinking at least twice the Government recommended daily unit guidelines for their gender.

## Parents' unit intake in a typical week

*Please indicate how many of the following you drink in a typical week?*



Base: All who drink alcohol at least once a week (369)

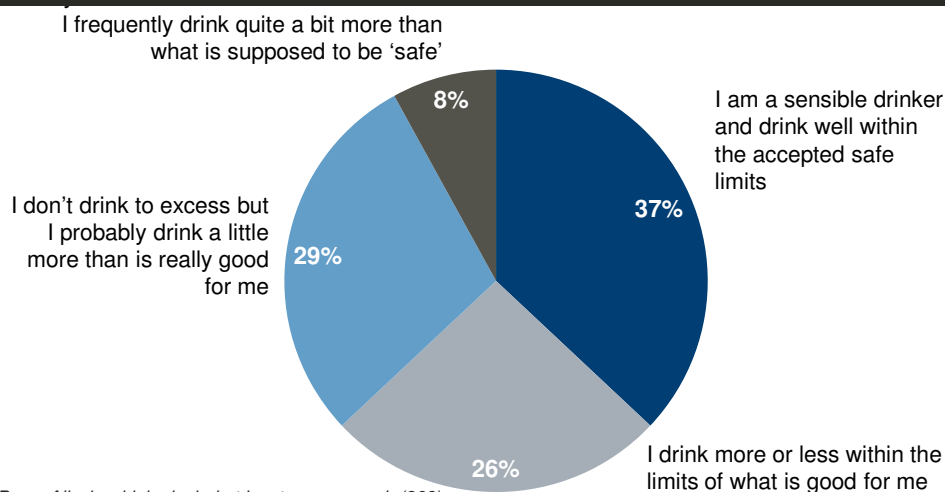
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Parents' abilities to act as positive role models to their children are compromised further by the fact that a significant proportion of parents do not realise that their drinking behaviour is above guidelines. As shown in the chart overleaf, more than three in five parents (63%) think that their drinking behaviour falls broadly into the boundaries of what is considered safe, which is a higher proportion than those who are actually drinking within safe limits based on their unit intake in a typical week (51% - as shown in the previous chart). In fact, 46% of increasing risk drinkers and 13% of high risk drinkers mistakenly thought that their drinking behaviour fell within safe limits.

## Parents' description of own drinking habits

*If you were being honest with yourself, which of the following statements best describes your drinking habits?*



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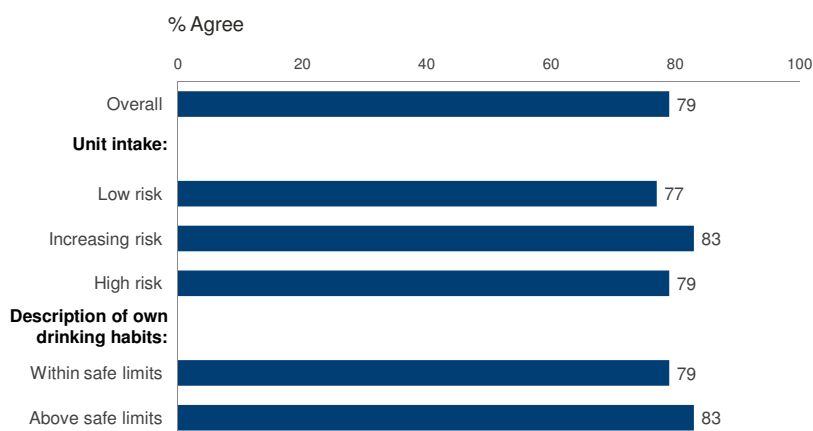


These findings might raise concerns over some parents' ability to act as role models of responsible drinking behaviour to their children as, not only are they drinking above safe limits, but they do not realise (or do not want to realise) that this is the case. However, when parents were asked a number of statements to probe their attitudes towards acting as a positive role model to their children, it revealed very few attitudinal differences between those who drink within, and those who drink above, the guidelines.

The chart overleaf shows that the extent to which parents agree with the statement that '*it is important that parents talk to their children about the risks associated with alcohol before they become exposed to it*' varies with neither parents' actual drinking behaviour nor their own description of their drinking habits – agreement is universally high (79% overall). Just less than four in five high risk parents agree (79%) compared to a similar proportion of low risk parents (77%). In fact, there is a slight (though not significant) trend that those who drink above the guidelines (or think that they drink above the guidelines) are more likely to agree that it is important to talk to their children about the risks associated with alcohol.

## Parents' awareness of importance of being a role model

*It is important that parents talk to their child about the risks associated with alcohol, well before they become exposed to it.*



Base: All respondents (528)

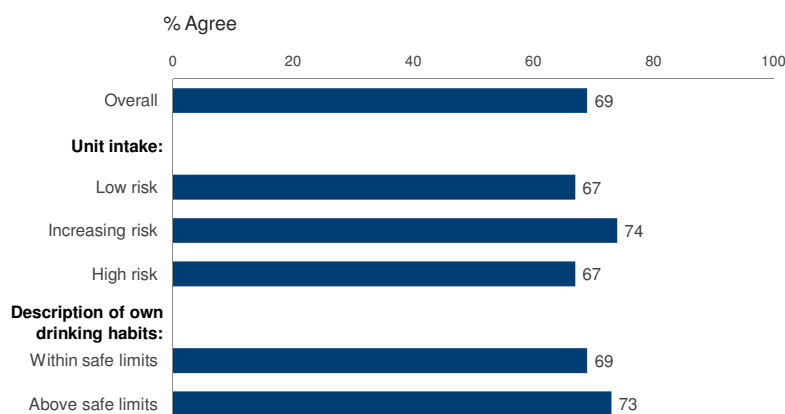
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Similarly, the chart overleaf shows that the likelihood for parents to agree that '*it is important that parents proactively bring up alcohol with their child, not wait for something to happen*' is no higher among low risk drinkers (67%) than increasing-risk (74%) or high-risk drinkers (67%). Positively, these findings indicate that although some parents may practice negative drinking behaviours, and may not even recognise that they are doing so, they are nonetheless aware of their own importance as a role model in influencing their children's drinking behaviour.

## Parents' awareness of importance of being a role model

*It is important that I proactively bring up alcohol with my child, not wait for something to happen.*



Base: All respondents (528)

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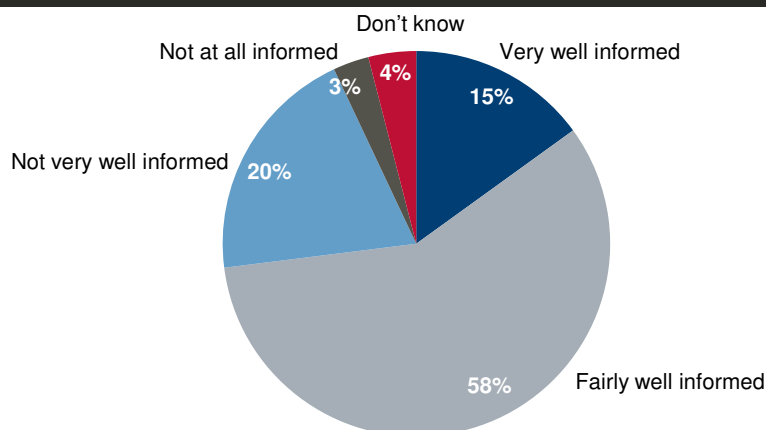
## 3.2 Parents awareness and knowledge of the harmful effects of alcohol

As well as encouraging parents to act as positive role models to their children, Drinkaware is keen to increase the proportion of ABC1 parents that are aware and knowledgeable of the harmful effects of alcohol on young people. These aims work in tandem as parents will be more effective role models if they are fully informed of the harm that alcohol can cause in young people. Parents will also become an important channel to pass this knowledge on to their children.

Parents were asked how well informed they felt about the risks to children of drinking alcohol. As shown in the chart overleaf, nearly three in four parents said that they felt very well (15%) or fairly well (58%) informed. One in four parents, however, felt that they were not very well (20%) or not at all (3%) informed. There were no differences in how well informed parents felt by their intake in a typical week.

## Awareness of risks to children of drinking alcohol

*How well informed, if at all, are you of the risks to children of drinking alcohol?*



Base: All respondents (528)

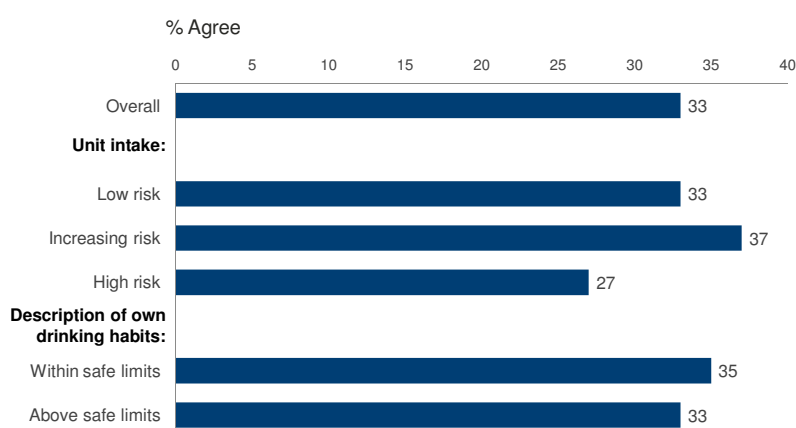
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Supporting the finding that a significant minority feel poorly informed about the effects of alcohol on children, one in three parents (33%) agree that *'there are many things I do not know about the effect of alcohol on children'*. Again, there are no significant differences between the proportions of low-risk (33%), increasing-risk (37%) and high-risk (27%) drinkers who agree that they are not informed about the risks that alcohol poses to children – although there is a suggestion that high-risk parents feel least informed.

## Parents' awareness of effects of alcohol on children

*There are many things I don't know about the effect of alcohol on children*



Base: All respondents (528)

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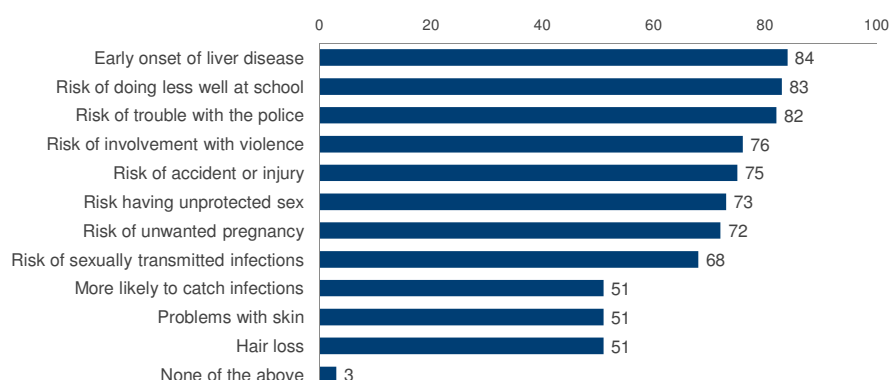
As shown by the chart overleaf, when prompted with a list of potential effects of drinking alcohol at a young age, parents' recognition was generally very high: only 3% of parents

thought that none of the effects would be caused by drinking too much alcohol at a young age. With the exception of *the early onset of liver disease* (mentioned by 84% of parents) the most highly mentioned effects were social. Parents were particularly attuned to the risk that alcohol would cause children to do *less well at school* (83%), get in *trouble with the police* (82%) or become *involved in violence* (76%). This suggests the most effective way to engage parents in issues around children's drinking is via their concerns of the social impact drinking may have on their children.

After social effects, parents were most concerned about the potential for negative impacts related to sex, for example the *risk of having unprotected sex* (73%) or the *risk of unwanted pregnancy* (72%). Relatively less serious health effects, such as *problems with skin* (51%), were mentioned by the fewest parents.

## Parents' awareness of effects of alcohol on children

*Which, if any of the following do you think could affect a child as a result of drinking too much alcohol at a young age?*



Base: All respondents (528)

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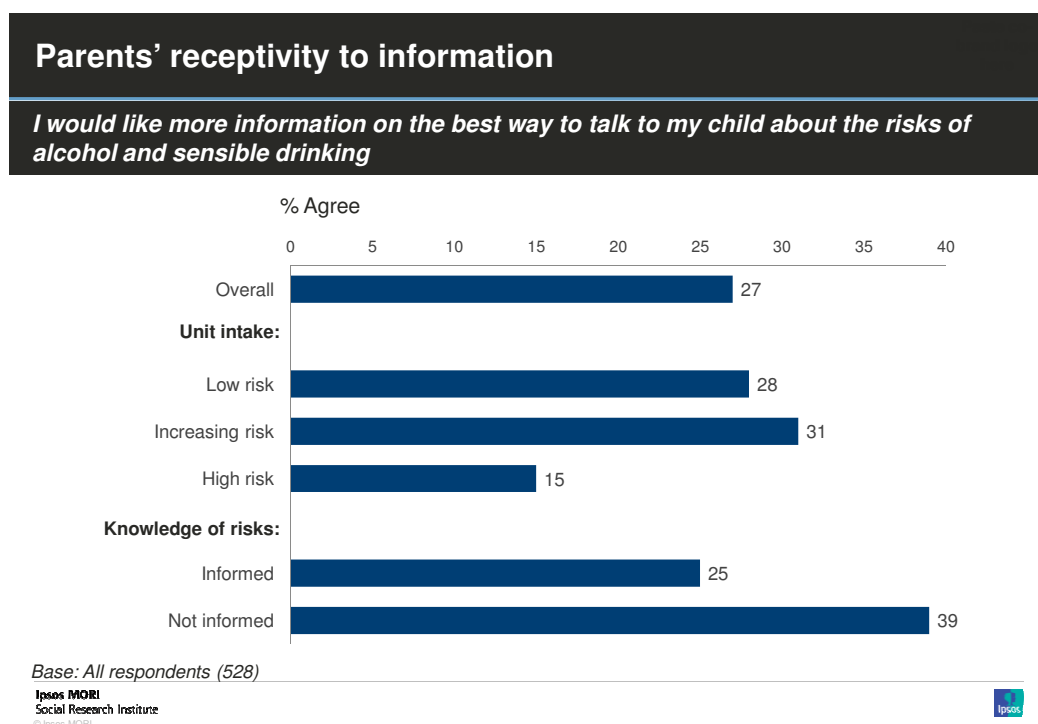
There were a number of health affects which high risk drinkers showed lower awareness of than increasing-risk or low-risk drinkers. Only 64% of high-risk drinkers mentioned the risk of *early onset of liver disease* compared to 84% of increasing-risk drinkers and 86% of low-risk drinkers. Similarly, high-risk drinkers showed less awareness than increasing-risk or low-risk drinkers of negative effects related to sex; for example only 50% of high-risk drinkers mentioned the *risk of having unprotected sex* compared to 73% of increasing-risk and 75% of low-risk drinkers.

As seen in the previous section, high-risk drinkers are as likely as increasing- or low-risk drinkers to agree they have an important position as a role model. However, the lower

awareness of risks among high-risk drinkers implies that they are less well equipped to act in this capacity, not only in terms of their own drinking behaviour, but also in terms of the knowledge that they can pass on to their children. Due to this lower awareness, it might be thought that high-risk drinkers would be receptive to new facts and information on the harmful effects of alcohol on young people. However, as shown in the chart below, high risk drinkers are significantly *less* likely than increasing-risk or low-risk drinkers to agree that they would like more information on the best way to talk to their children about the risks of alcohol and sensible drinking (15% compared to 31% and 28% respectively). Parents who drink at high-risk levels therefore appear to be a particularly problematic group and maybe a target group that Drinkaware should prioritise further.

As would be expected, those who feel that they are not currently informed about the health risks of drinking alcohol at a young age are more likely than those who feel informed to agree that they would like information (39% compared to 25%). However, this leaves more than one in four (27%) of those who are not informed who disagree that they would like more information.

Overall, the proportion of parents who are receptive to new facts and information on the harmful effects of alcohol on young people is relatively low. To some extent, this seems to be driven by reluctance to learn more from the very groups who would most benefit from additional information.

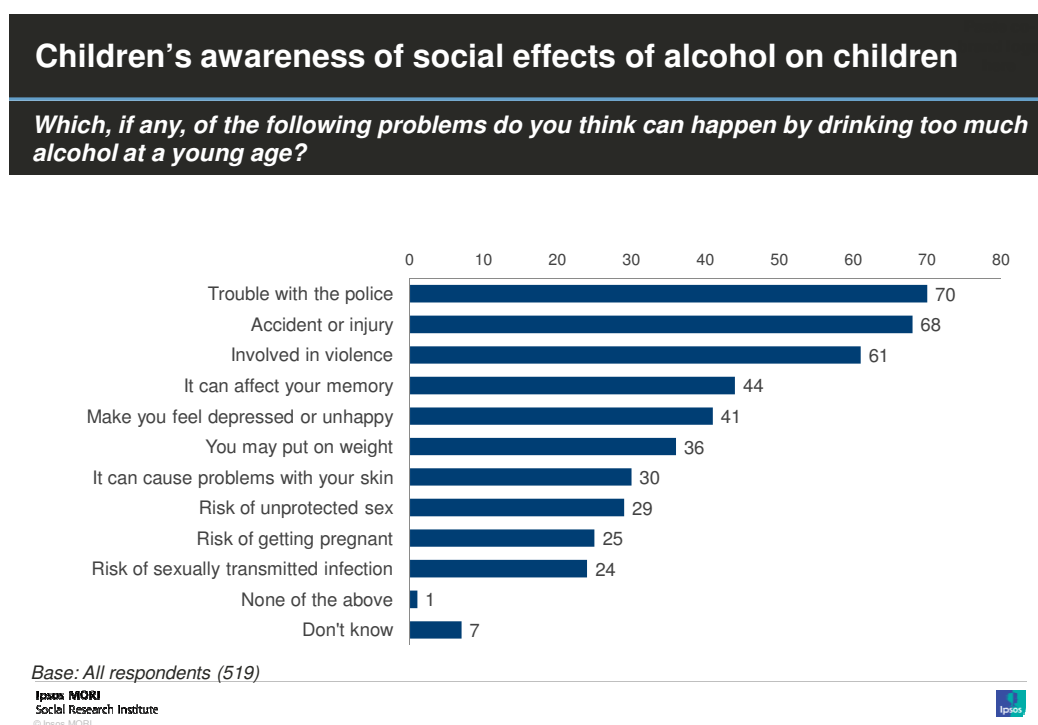




### 3.3 Young Peoples' awareness and knowledge of the harmful effects of alcohol

As well as increasing parents' knowledge of the harmful effects of alcohol on children, Drinkaware is keen that young people are also aware of the implications of drinking at a young age. As such, one of Drinkaware's KPIs is to increase the proportion of ABC1 young people who are aware and knowledgeable of the harmful effects of alcohol with the hope that this knowledge will help encourage young people to delay their first alcoholic drink.

As shown below, when prompted with a list of potential social effects of drinking alcohol at a young age, young peoples' recognition was generally high: only 1% of young people thought that none of the social effects would be caused by drinking alcohol at a young age. The three most frequently mentioned social effects were; getting in trouble with the police (70%), accident or injury (68%), and involvement in violence (61%). Young people were least likely to mention social effects relating to sex, for example the risk of unprotected sex (29%) or the risk of getting pregnant (25%).

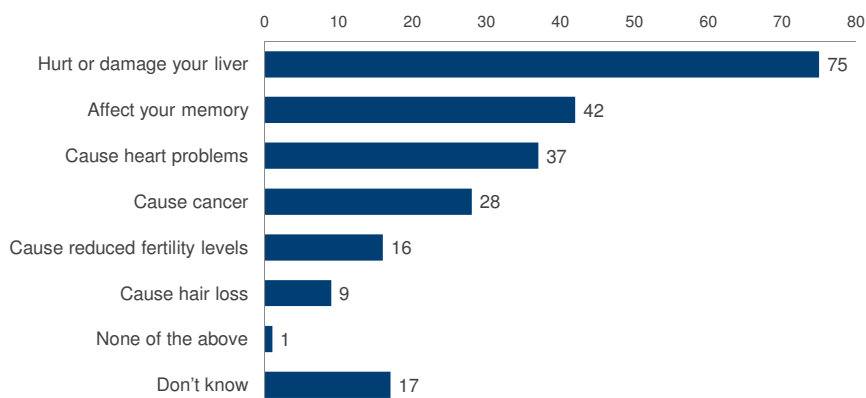


Awareness of the social effects of drinking vary by age; young people aged over 12 are more likely to cite accident or injury and involvement in violence as potential problems, as well as the risk of becoming depressed or overweight. Children aged 10-11 are more likely to say they do not know which are possible risks (16%).

In comparison to their awareness of potential social effects of drinking alcohol, young people showed relatively low awareness of health effects and one in six young people (17%) said that they didn't know any. Liver damage was by far the most frequently mentioned health effect (75%) and was mentioned by almost all the young people that gave an answer to this question. Memory problems (42%), heart problems (37%) and cancer (28%) were the next most frequently mentioned health effects of drinking alcohol.

## Children's awareness of health effects of alcohol on children

*Which, if any, of the following health problems do you think can happen by drinking too much alcohol at a young age?*



Base: All respondents (519)

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Young people's awareness of health effects of drinking alcohol at a young age varied depending on their parent's level of drinking. Children of above-guideline drinkers were much more likely than children of low-risk drinkers to say that they did not know the health effects of drinking alcohol (25% compared to 15%). Additionally, children of low-risk drinkers were more likely than children of high-risk drinkers to mention a number of health effects including memory problems (47% compared to 34%) and heart problems (45% compared to 31%).

This lower familiarity with health risks for children of high risk parents might be considered surprising: because they live with high risk parents, it might be assumed they would be more exposed to the health consequences of heavy drinking. This does not seem to be happening, and the question is why children of lower-risk parents are more familiar with the health risk. We would hypothesise this may be because lower-risk parents engage with their

children on these health risks more effectively. As seen elsewhere, low risk and high risk parents both claim equally to have conversations with their children about alcohol; but it is possible that with low-risk parents, the nature of those conversations is different, allowing children to appreciate the health risks of alcohol more fully. This does however require further exploration.

Interestingly, no such difference between children of low-risk drinkers and children of above-guideline drinkers was seen in young peoples' awareness of social effects. This may be linked to the fact, discussed in the previous section, that high-risk drinkers generally have a lower knowledge of the effects of alcohol on young people than increasing- or low-risk drinkers do. Whilst young people may pick-up information about the social-effects of drinking alcohol from informal sources such as their peers or the press, information about the health-effects of drinking alcohol is less freely available. They are, therefore, more reliant on their parents to provide information about the health effects of drinking alcohol. As high-risk drinkers know less about health effects themselves, their children inherit this deficit in information whilst acquiring normal levels of knowledge about the social effects of drinking alcohol.

## 4. Influences on drinking behaviour

### PART 1: KEY METRICS

#### PARENTS MEASURES

	All	All drink at least once a year	All drink at least once a week	All drink over unit guideline
<b>INFLUENCE</b>				
% think that parent's drinking behaviour has most influence	52	51	48	43
<b>SOCIAL NORMS</b>				
% say is ok for child to drink alcohol before age 16	35	37	39	39
% agree is ok to allow child under 16 to drink	33	35	39	40
% agree It is inevitable that most children will drink alcohol before the age of 16	56	59	62	64
<b>POSITIVE ROLE MODEL</b>				
% who say they drink within the daily guidelines	54	55	47	32
<b>CONVERSATIONS</b>				
% having conversation	77	78	77	77
% having conversation before age of 11	27	26	26	26
% having <u>meaningful</u> conversation (QP8 code 3)	26	25	24	21

#### Key points:

- Perhaps the strongest message is the notably poorer scores for above-guideline parents: a third of them don't recognise they are above guideline, only 4 in 10 feel their drinking behaviour influences their child, and they are most permissive of children drinking under 16, as well as the most fatalistic it is likely to happen
- It is also notable that while three quarters of all parents report having a conversation with their child about drink, above-guideline parents are least likely to say it was a *meaningful* conversation

## CHILDREN MEASURES:

	All	Children of low risk parents	Children of above guideline parents
<b>SOCIAL NORMS</b>			
Drinking gives me the confidence I need to meet people and make friends	9% agree 63% disagree	11% agree 64% disagree	6% agree 58% disagree
Seeing young people my age getting drunk isn't very cool	77% agree 7% agree	75% agree 6% disagree	76% agree 11% disagree
% think it's ok to try drinking alcohol to see what it's like	62% OK 32% not OK	58% OK 35% not OK	59% OK 34% not OK
% think it's ok to try getting drunk to see what it's like	11% OK 85% not OK	10% OK 87% not OK	11% OK 82% not OK
% think it's ok to drink alcohol once a week	16% OK 74% not OK	14% OK 76% not OK	17% OK 75% not OK
% think it's ok to get drunk once a week	3% OK 93% not OK	1% OK 95% not OK	4% OK 90% not OK
% agree it is normal for someone my age to drink	24% agree 55% disagree	22% agree 56% disagree	24% agree 58% disagree
% all/most friends drink alcohol	18% all/most	17% all/most	19% all/most
% felt encouraged to drink	32% yes	29% yes	34% yes
<b>CONVERSATIONS</b>			
% having conversation (QC27 CODE 1 OR 2)	83% parents --> children 66% children --> parents	82% parents --> children 65% children --> parents	80% parents --> children 67% children --> parents

### Key points:

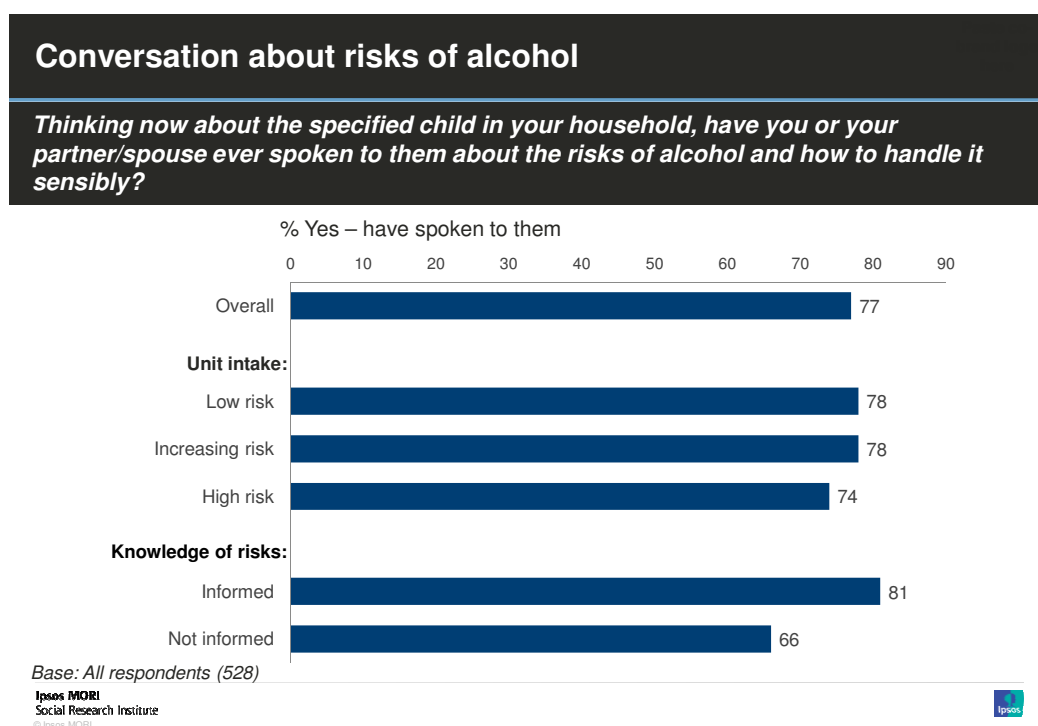
- Positively, children of above guideline parents are half as likely to feel alcohol gives them confidence than other children. It would be interesting to explore the dynamics in these families to find which alcohol is less likely to be seen as a confidence builder
- More worryingly, children with above guideline parents are more likely to think it's ok to drink or get drunk, and are more likely to have felt encouraged to drink. While these differences are small in numerical terms, it suggests that due to their parents' drinking, these children perceive drinking as a more normalised behaviour

## PART 2: DISCUSSION

### 4.1 Parents conversations

As well as leading by example, Parents can act as a positive role model by offering their children information and guidance about the harmful effects of alcohol. As such, Drinkaware aims to trigger meaningful conversations about alcohol between parents and their children.

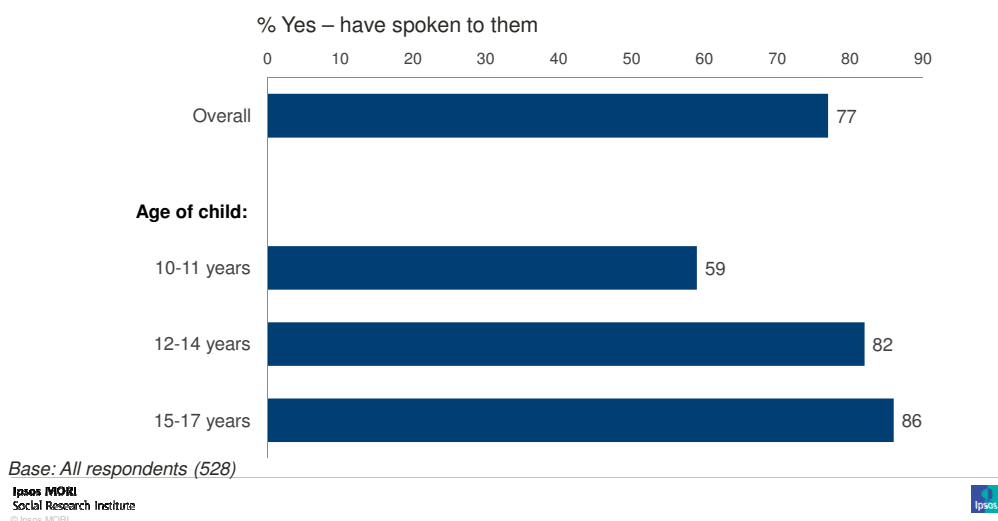
Positively, when asked whether they, or their partner or spouse, had ever spoken to their child about the risks of alcohol, more than three in four parents (77%) said that they had. The proportion of parents who had spoken to their child did not vary depending on the level of the parent's alcohol consumption; high-risk drinkers were as likely to have spoken to their children as low-risk drinkers (74% compared to 78%). Parents who felt informed about the risks of alcohol, however, were significantly more likely to have spoken to their child than those who did not feel informed (81% compared to 66%).



Young People's attitudes to alcohol change as they grow up, particularly during the transition from primary to secondary school. Therefore, a further component of Drinkaware's aim to increase the proportion of parents who have meaningful conversations with their children is to lower the age at which these conversations happen; preferably to before children begin secondary school when they are 11 years old. As shown in the chart overleaf, three in five parents (59%) who have a child aged 10-11 years old report that they have already spoken to their child about the risks of alcohol. However, the percentage of parents who have spoken to their child increases sharply if the child in question is 12-14 years old (82%) or 15-17 years old (86%). This indicates that although some parents are speaking to their children before they join secondary school, often parents do not begin to have these conversations until the child is at least 12 years old.

## Conversation about risks of alcohol by age of child

*Thinking now about the specified child in your household, have you or your partner/spouse ever spoken to them about the risks of alcohol and how to handle it sensibly?*



Of parents who have had a conversation with their child about alcohol, they were asked at what age they first brought this issue up. The average given is 11.1 years of age, with just over one in three (35%) saying they did so before the age of 11. Taken as a proportion of all parents, this equates to just over one in four (27%) who have discussed alcohol with their child before the age of 11.

Another aspect that it is important to consider when measuring the extent to which parents are having conversations about alcohol with their children is the degree to which these conversations can be described as 'meaningful'. Although any interaction about drinking alcohol responsibly is positive, in order for a conversation to have a real impact on a young person's attitudes towards alcohol it needs to address the risks of drinking and responsible drinking behaviours in some detail. Parents who had spoken to their child were asked to describe the type of conversation they had. Only one in four parents (26%) said they had sat their child down for *a detailed talk about the risks of drinking and ways to avoid having problems related to drinking*. The types of conversation that parents most frequently reported having with their children tended to be more spontaneous and casual. For example, around half of parents reported *responding to questions they have asked about drinking* (53%), *gentle reminders about how they need to be careful when drinking* (47%) and *discussing alcohol after something we have seen or heard on the TV, radio, internet or in the street* (47%).

## 4.2 Young people's conversations

As well as asking parents about conversations they might have had with their children about alcohol, children were asked about the conversations and information sources which have provided them with information about drinking alcohol.

Positively, more than four in five young people (83%) report that their parents have spoken to them about drinking alcohol - a similar proportion as reported by parents (77%). The proportion of children who have spoken to their parents about alcohol does increase with age, around three in four 10-11 year olds (74%), four in five 12-14 year olds (80%) and nine in ten 15-17 year olds (91%) have spoken to their parents. As mentioned in the previous section, Drinkaware aims to lower the age at which parents speak to their children; preferably to before children begin secondary school when they are 11 years old. These findings again indicate that although some parents are speaking to their children before they join secondary school, often parents do not begin to have these conversations until the child is at least 12 years old.

The proportion of children who have spoken to their parents does not vary depending on the level of the parent's alcohol consumption; children of above guideline drinkers were as likely to have spoken to their parents as children of low-risk drinkers (80% compared to 82%). The proportion of young people who have spoken to their parents does, however, vary with a number of factors relating to the young person's drinking behaviour (discussed more fully in the next chapter). For instance:

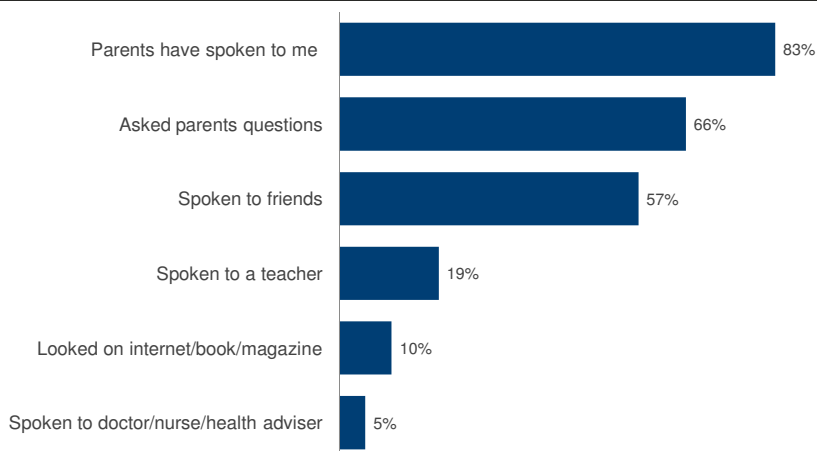
- Young people who drink the *most regularly* are the most likely to have spoken to their parents about alcohol (97% of those who drink fortnightly).
- Similarly, those who drank *the most heavily* on the last drinking occasion are more likely than average to have spoken to their parents about alcohol (92% of those who drank 2-3 drinks and 97% of those who drank 4+ drinks).

Certainly, in these cases, it suggests the conversations with the parent are not proving effective at managing their drinking. However what is not clear from this data is the nature of these conversations: are parents proactively trying to raise their concerns or provide information about alcohol; or are they simply reacting to finding out their child has been drinking? Further research into the dynamics of these conversations – and why they appear relatively ineffective at controlling their child's drinking – would be useful.



## Sources of information about drinking alcohol

*Which, if any, of the following have you done to find out about drinking alcohol?*



Base: All children aged 10-17 (519); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

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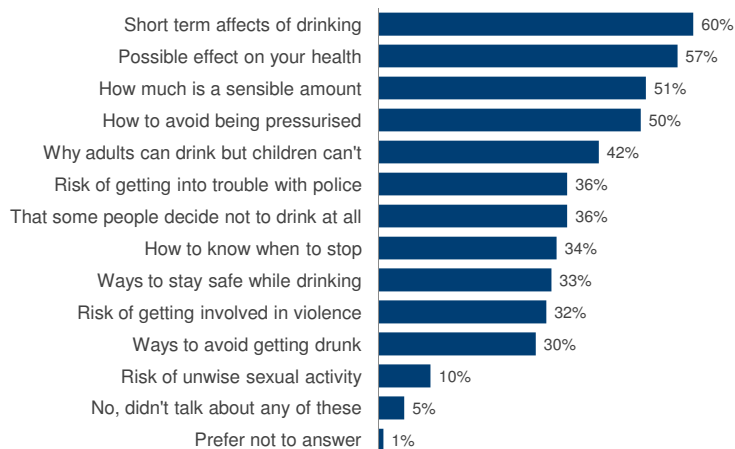


We were also keen to assess whether children saw their conversations with their parents as 'meaningful'. To assess this, young people who had discussed alcohol with their parents were asked what these conversations had consisted of. The vast majority of young people (95%) reported that their conversation had covered a topic related to short or long-term risks of drinking alcohol. The proportion of young people who reported discussing a 'meaningful' topic did not vary according to the unit intake of their parent; 93% of children of low-risk parents and 89% of children of above guideline parents reported discussing at least one effect of drinking. The most frequently mentioned topic was the *short term effects of drinking alcohol* which was discussed by three in five young people (60%).

Positively, however, the conversations did not focus on just short-term effects. Almost three in five young people (57%) also discussed the *possible health consequences of drinking alcohol*. Other frequently discussed topic included tips to encourage sensible drinking, such as *how much is a sensible amount to drink* (51%) and *how to avoid feeling pressured into drinking* (50%).

## Content of conversation with parent

*When you have had conversations with your parents about alcohol, did you talk to them about any of the following?*



Base: All who have discussed alcohol with their parents(443); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

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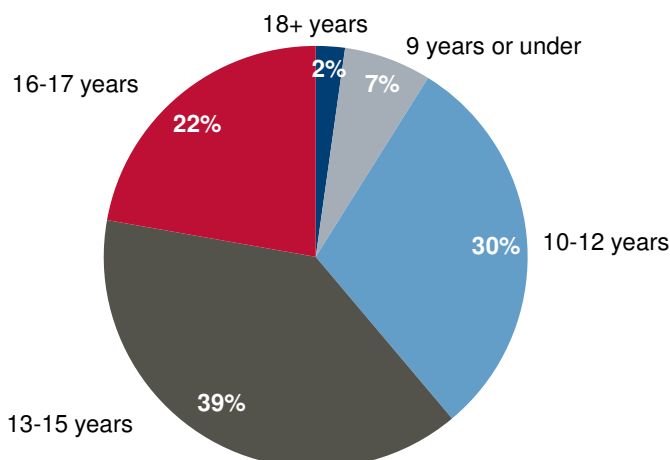
### 4.3 ABC1 parents' social norms

If parents are to act as role models to their children, a factor that will have a large influence on the age of the child's first alcoholic drink is the age at which their parent thinks it is acceptable.

As shown in the chart overleaf, more than three in four parents (76%) think it is acceptable for children to have their first alcoholic drink before the age of 16. The proportions who think this varies with parents' unit consumption: high-risk and increasing-risk drinkers are more likely than low-risk drinkers (43% and 39% respectively compared to 30%) to think that it is acceptable.

## Youngest acceptable age for first alcoholic drink

*What age do you think is the youngest acceptable age for a young person to have their first drink of alcohol, not just a sip?*



Base: All respondents (528)

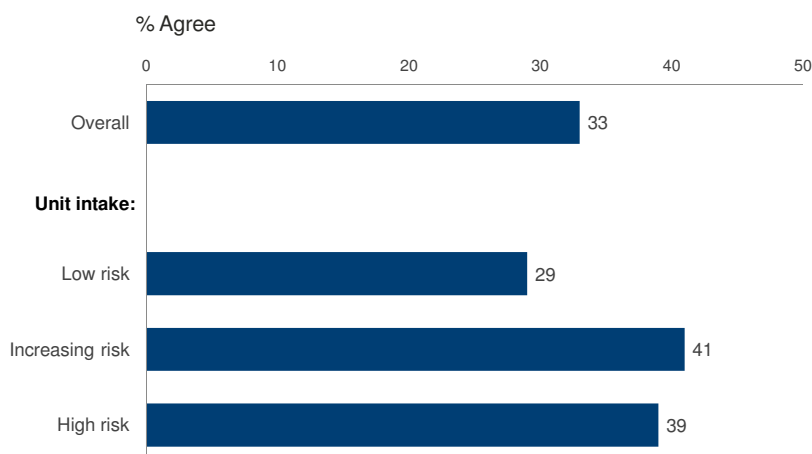
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In contrast to these findings however, only one in three parents think that it is okay for *parents to allow* their child to drink some alcohol before the age of 16 years old. Again, the proportion of parents that agree varies significantly depending on parents' unit intake. High-risk and increasing-risk drinkers are more likely than low-risk drinkers to think it is okay for parents to allow their children to drink before the age of 16 (39% and 41% compared to 29% respectively).

## Attitudes towards drinking under age 16

*It is okay for parents to allow their children to drink some alcohol, even if they are under 16 years old.*



Base: All respondents (528)

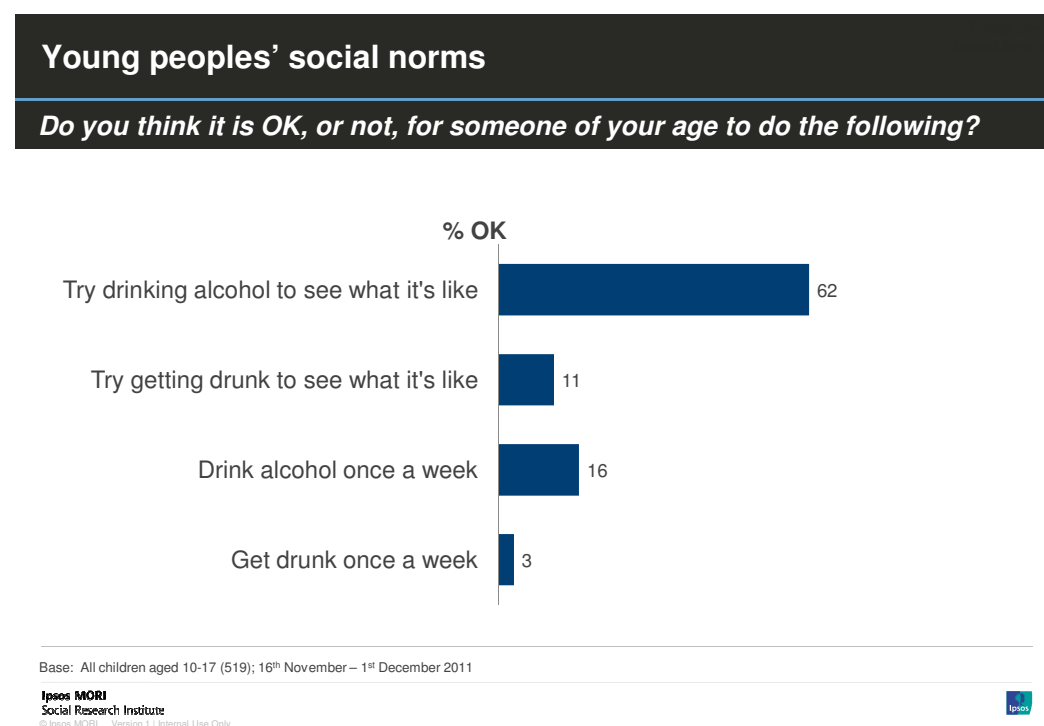
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This clearly shows two worrying trends: above guideline parents appear more willing to *normalise* drinking under 16, and to be more *permissive* about it.

#### 4.4 ABC1 young peoples' social norms

As shown in the chart below, young peoples' attitudes towards the acceptability of drinking vary greatly depending on the level of drinking involved. Whilst the majority of young people (62%) think that it is acceptable to try alcohol to see what it is like, far lower proportions of young people think that it is acceptable to get drunk to see what it is like (11%), or to drink (16%) or get drunk (3%) on a regular basis.



The proportion of young people who think that it is okay to “try alcohol to see what it is like” does not differ by gender. However, views do vary according to the young person’s situation in a number of ways. Two particular points stand out:

- As would be expected, the greatest predictor of whether or not a young person thinks that it is okay for people their age to “try alcohol to see what it is like” is age: older respondents are significantly more likely to agree than younger respondents (83% of 15-17 year olds compared to 38% of 10-11 year olds).

- Children whose parents thought the youngest acceptable age for a drink was 13-15 years (75%) or 16-17 years (59%) are also more likely to agree than children whose parents thought that the youngest acceptable age for drink was 18+ years (32%).

This second point builds on the concern noted above about parents normalising drinking at an early age: this data from the children clearly indicates that where parents normalise younger drinking, this is directly associated with their children being more likely to drink.

Interestingly, by contrast, young peoples' perceptions of what is acceptable for their age are *not* influenced by parents' drinking behaviour. Children of above-guideline drinkers are no more likely to agree that it is okay for young people their age to try alcohol than children of low-risk drinkers (59% and 58% respectively).

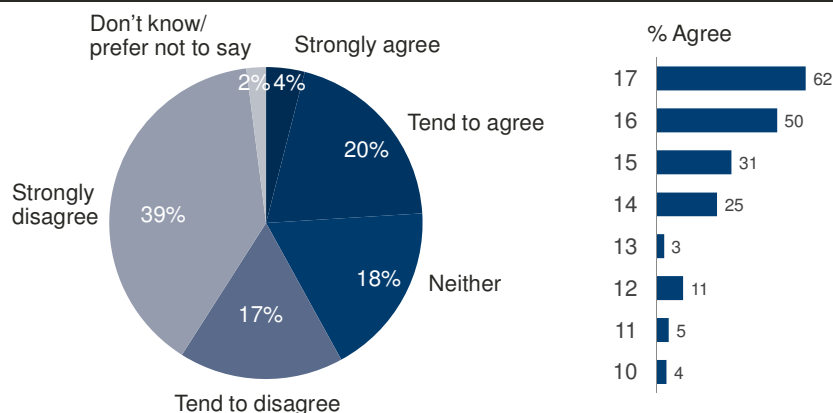
Similarly, the proportion of young people who think that it is okay to "try getting drunk to see what it is like" varies according to a number of factors:

- Again, the greatest predictor of whether or not a young person thinks that it is okay for people their age to try getting drunk to see what it is like is age: older respondents are significantly more likely to agree than younger respondents (19% of 15-17 year olds compared to 2% of 10-11 year olds).
- Those who report that almost or all of their friends drink alcohol are more likely to think it is acceptable than those who report that some or a few of their friends drink alcohol (37% compared to 9%).
- Again, by contrast, children of above-guideline drinkers are no more likely to agree that it is okay for young people their age to try getting drunk than children of low-risk drinkers (11% and 10% respectively).

Interestingly, despite the relatively high proportion of young people who agree that it is okay for people of their age to try drinking alcohol to see what it is like (62%), only one in four young people (24%) agree that it is 'normal' for someone of their age to drink. Similarly, only around one in five young people (18%) reported that all or most of their friends drank alcohol. As would be expected, the proportions of young people who agree with both these statements increase greatly with age.

## Normality of drinking alcohol

*How much do you agree or disagree with the following statements?  
It is normal for someone my age to drink*



Base: All children aged 10-17 (519); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

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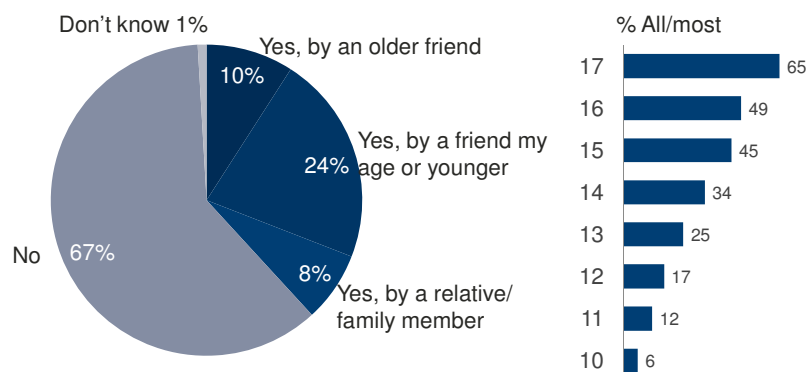


More worryingly, 42% of children report that they have felt encouraged to drink alcohol. This encouragement increases steeply with age: almost twice as many 17 year olds report having felt encouraged to drink as 14 year olds (75% v 34%). The majority of those who have experienced this have been encouraged by a friend who is older (10%) or their age or younger (24%). A small minority have felt encouraged by relatives or members of their family (8%). This proportion does not vary depending on the unit intake of parents (both 7% for children of low-risk and above guideline parents), suggesting that above guideline parents do not actively encourage their children to drink any more than low-risk parents<sup>3</sup>.

<sup>3</sup> It should be noted that some young people responding to this survey may not have felt able to admit to feeling encouraged in this way. However, it is likely that the broad trend would hold true regardless of this.

## Pressure to drink alcohol

*Have you ever felt encouraged to drink alcohol?*



Base: All children aged 10-17 (519); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

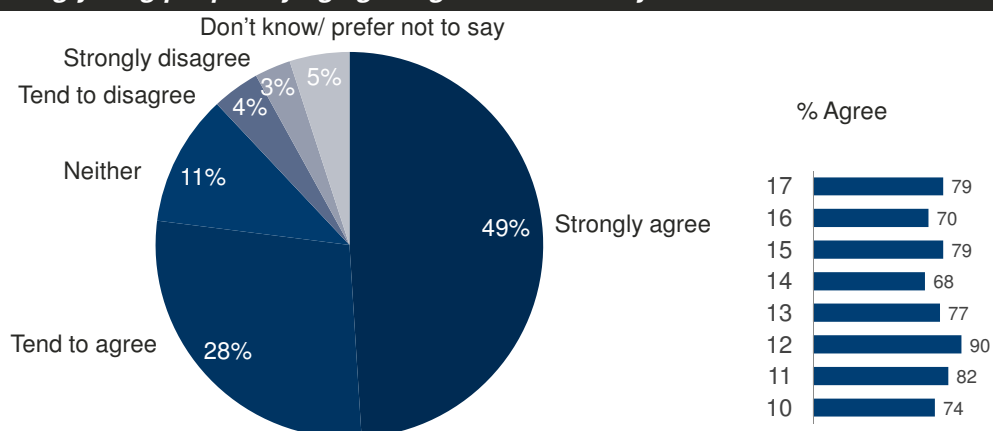
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As seen earlier in this section, only one in ten young people agree that it is okay to get drunk to see what it is like and 3% agree that it is acceptable to get drunk once a week. This low opinion of drunkenness is also reflected by the high percentage of young people who agree that *'seeing young people my age getting drunk isn't very cool'*. More than three in four young people (77%) agree with this statement and half of young people (49%) *strongly* agree. While there would appear not to be a clear pattern in views by age, it should be noted that a higher proportion of 10 and 11 year olds respond 'don't know' (13% and 10% respectively).

## Acceptability of drunkenness

*How much do you agree or disagree with the following statements?  
Seeing young people my age getting drunk isn't very cool*



Base: All children aged 10-17 (519); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

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## 4.5 ABC1 parents' belief in their influence in shaping drinking behaviour

As noted above, 76% of parents agree it is acceptable for a child to have their first drink before they are 16. At the same time, only 33% believe it is acceptable for parents to *allow* their child to have a drink. This implies that even if they think alcohol is acceptable for children below 16, many nevertheless feel a responsibility as parents to prevent their under-16s from having a drink. However, the extent to which parents can do this depends on the degree to which they believe they can influence on their children's behaviour.

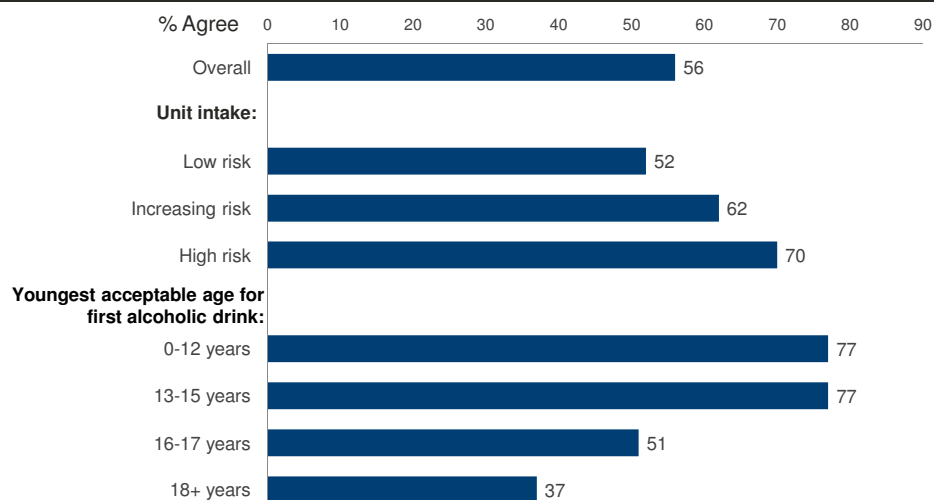
Troublingly, almost three in five parents (56%) agree that *it is inevitable that most children will drink alcohol before the age of 16*. As shown in the chart overleaf, the proportion of parents who agree with this statement varies according to a number of factors, for instance:

- Above-guideline parents are much more likely than below-guideline parents to agree it's inevitable children will drink before they are 16 (62% of increasing-risk drinkers and 70% of high-risk drinkers v 52% of below-guideline parents).
- Those who think it is acceptable for children to have their first alcoholic drink before the age of 16 are also much more likely to agree it's inevitable than those who think that children should not have their first alcoholic drink until they are aged 16-17 or 18+ (77% compared 51% and 37% respectively).



## Likelihood of drinking alcohol before the age of 16

*It is inevitable that most children will drink alcohol before the age of 16*



Base: All respondents (528)

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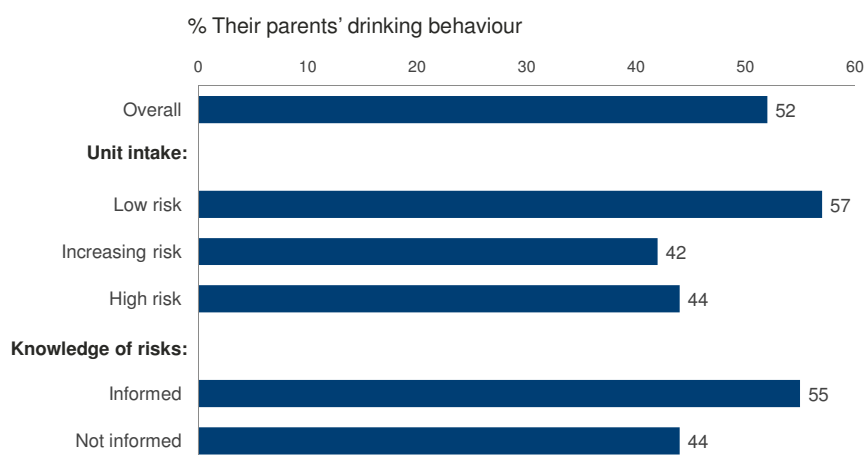


When asked about the factors that had the greatest influence in shaping children's attitudes to alcohol, around half of parents (52%) selected *parent's drinking behaviour* as the most important influence. Low risk drinkers were more likely to think this is the case than increasing- or high-risk drinkers (57% compared the 42% and 44% respectively).

This finding, considered alongside the fact that high proportions of above-guideline drinkers think it is inevitable that young people will drink before age 16, seems to indicate that above-guideline drinkers are less likely than low-risk drinkers to realise, or to accept, that they have a power to influence their children's drinking behaviour. Hence, as well as *normalising* drinking under 16, and being *permissive* about under-16s drinking, this group also exhibit a *fatalism* that there is nothing they can do about it. This certainly suggests that above-guideline parents are an important – but challenging – group for Drinkaware to engage.

## Parents' belief in their influence in shaping behaviour

*Which of the following factors would you say has the greatest influence in shaping children's attitudes to alcohol?*



Base: All respondents (528)

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## 5. First supervised and unsupervised drink

### PART 1: KEY METRICS

#### PARENTS MEASURES

	All	All drink at least once a year	All drink at least once a week	All drink over unit guideline
Age of first supervised drink amongst children who had drunk with parents	13.67	13.76	13.77	13.55
% of parents giving alcohol to their child before age of 16	20	22	23	25

Key points:

- Again, this highlights concerns about above-guideline parents: their children have their first supervised drink slightly younger, and one in four of this group give alcohol to their children before age 16

#### CHILDREN MEASURES:

	All	Children of low risk parents	Children of above guideline parents
Average age of first unsupervised drink amongst those who report having had a drink	14.3	14.5	13.6
Average age of first supervised drink amongst those who report having had a drink	13.3	13.6	13.1

Key points:

- The children's responses also indicate that children of above-guideline parents have their first drink at a younger age.
- This difference is particularly stark regarding the first *unsupervised* drink: this happens about a year earlier for children of above-guideline parents
- Another way to look at this is that children on below-guideline parents take a year to move from supervised drinking to unsupervised drinking. In contrast, children of above-guideline parents make this transition in about six months.

## OTHER KEY CHILDREN MEASURES:

	All	Children of low risk parents	Children of above guideline parents
% had an alcoholic drink	49% yes	43% yes	49% yes
% who drink weekly/monthly? (base: all who have drunk alcohol)	7% weekly 31% monthly	6% weekly 21% monthly	6% weekly 38% monthly

### Key points:

- It can be seen again that heavier drinking parents have children who tend to drink more: their children more likely to have had an alcoholic drink; and they are significantly more likely to drink monthly

## PART 2: DISCUSSION

Drinkaware communications highlight the recommendation by UK chief medical officers for an alcohol free childhood, and this underpins Drinkaware's two long term aspirations of increasing the age of children's first supervised and unsupervised drinks to age 15; and decreasing the proportion of parents giving alcohol to their under-16s. This chapter reports the baseline scores we have derived from the survey on these two key measures<sup>4</sup>.

<sup>4</sup> Note: throughout this chapter, the metrics need to be interpreted with caution. All estimates of proportions who have drunk alcohol, whether they were with their parents, and the age at which it happened are based on the subset of our sample who report that they have already had a drink. However, within our sample, there are children below 16 who have not yet had a supervised or unsupervised drink, and we cannot know for sure when they will do so. Based on the data we have available, it would be possible to do some further modelling on this, but this is outside the scope of the present analysis. The reader should therefore be aware that the estimates below are based only on the subsamples where the parents or children have reported they have already had a drink.

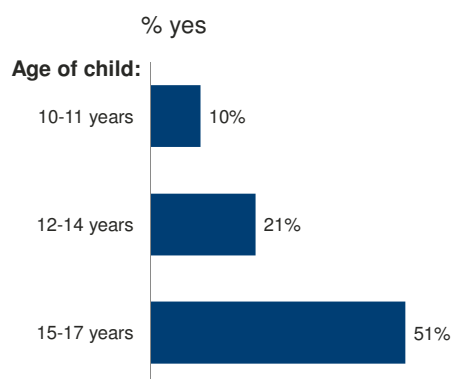
## 5.1 Parents' reports of supervised drinking

### *Children drinking with their parents*

Overall, 29% of parents report that their child has had an alcoholic drink in their presence. As shown in the chart below, this varied considerably by the child's age; for instance, parents of 12-14 year olds were less than half as likely to say their child had had a drink in their presence than parents of 15-17 year olds (21% compared to 51%).

#### Proportion who have drunk alcohol with a parent

*Thinking about the specified child in your household, have they ever drunk a whole alcoholic drink (not just a sip) with you, for example at a meal or on a special occasion.*



Base: All respondents (528); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

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The survey also found that certain categories of parents were more likely to say that their child had ever had an alcoholic drink with them. This can be seen in the following breakdown; amongst parents in the following categories, the proportion saying their children had had an alcoholic drink with them were:

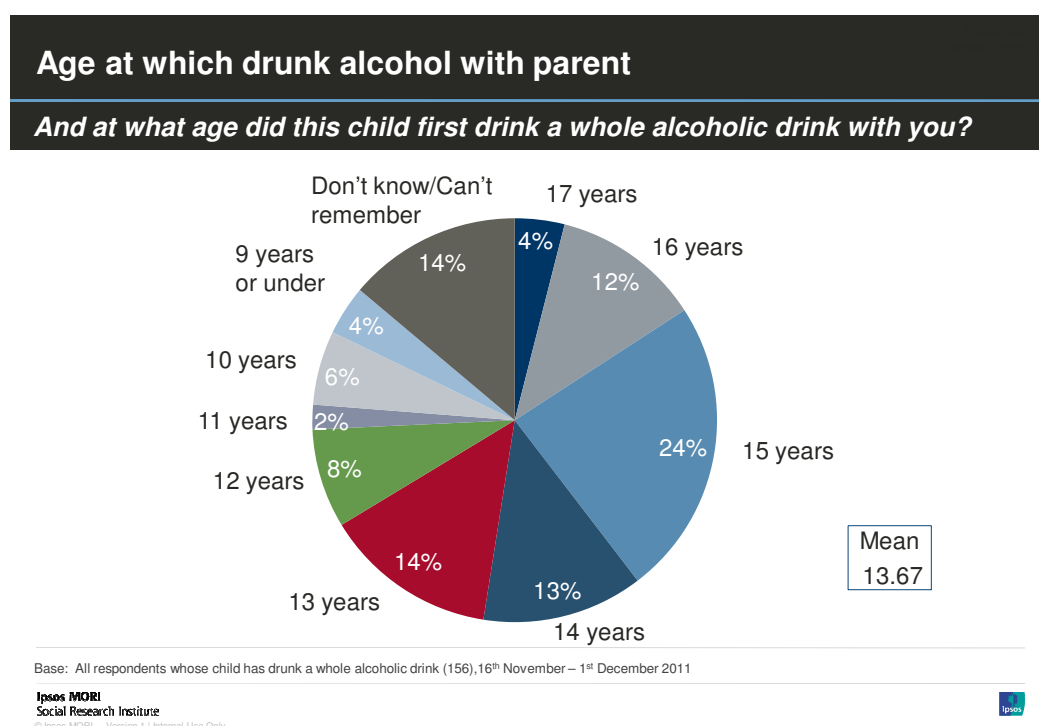
- All parents: 29%
- Parents who drink less than once a week: 24%
- Parents who are regular drinkers (at least once a week): 33%
- Above guideline parents: 34%

- Parents who think it's *acceptable* for young people to drink below 16 years: 51%

Hence, while these differences are not statistically significant, there is an indication that a number of variables – behavioural and particularly attitudinal – affect how likely parents are to allow their children to have a drink with them.

### ***Parents giving alcohol to their children before age 16***

Building on the previous question, we went on to ask parents whose children had had a drink with them what age this occurred at. The breakdown is presented in the following chart:



Drinkaware's target is to reduce the percentage of parents giving alcohol to under-16 year olds. Yet it can be seen from the chart above that where parents and children had had a drink together, the child was under 16 in 71% of cases. 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 20% of all parents giving alcohol to their child before the age of 16.

Again, we can also see that variables on parental behaviour and attitudes also have an influence. Repeating the same breakdown as above, we can see the proportion of parents saying their children had had a drink with them *before age 16*:

- All parents: 20%

- Parents who drink less than once a week: 16%
- Parents who are regular drinkers (at least once a week): 23%
- Above guideline parents: 25%
- Parents who think it's *acceptable* for young people to drink below 16 years: 45%

While the differences between the groups are relatively small, again it is possible to see the trends by which parents' behaviour and attitude influence when their child is allowed to start to have alcoholic drinks.

### ***Age of first supervised drink***

The final measure we were keen to derive from this data was the age of the child's first supervised drink. This revealed that amongst children who had drunk with their parents, the average age of the first supervised drink was 13.67 years.]

Again, looking at different behavioural and attitudinal subgroups of parents reveals some interesting trends. For different parent subgroups, the average age of first supervised drink was:

- All parents: 13.67 years
- Parents who drink less than once a week: 13.71 years
- Parents who are regular drinkers (at least once a week): 13.77 years
- Above guideline parents: 13.55 years
- Parents who think it's *acceptable* for young people to drink below 16: 13.02

Looking across these three measures (whether drunk with parents, proportion who did this before 16, and average age of first supervised drink), the evidence suggests an important role for parents' drinking behaviour and attitudes in influencing their child's take up of drinking alcohol. Clearly, as Drinkaware seeks to engage with parents, this gives some useful insight into the parent segments they will particularly need to engage.

## **5.2 Children's age of first supervised and un-supervised drink**

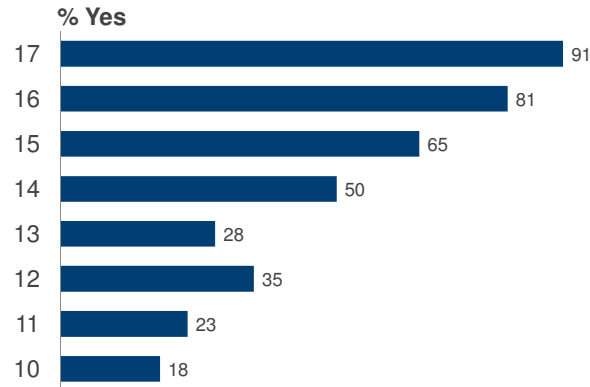
### ***Experience of drink and getting drunk***

As seen in the previous chapter, the majority of young people do not see it as 'normal' to drink alcohol. Despite this, however, half of young people (49%) reported that they had

consumed a whole alcoholic drink. As would be expected, the proportion varied greatly by age: one in five 10-11 year olds (21%), two in five 12-14 year olds (38%) and four in five 15-17 year olds (79%) reported having had an alcoholic drink.

## Prevalence of drinking

*Have you ever had an alcoholic drink, not just a sip? Please don't count drinks labelled low alcohol.*



Base: All children aged 10-17 (519); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

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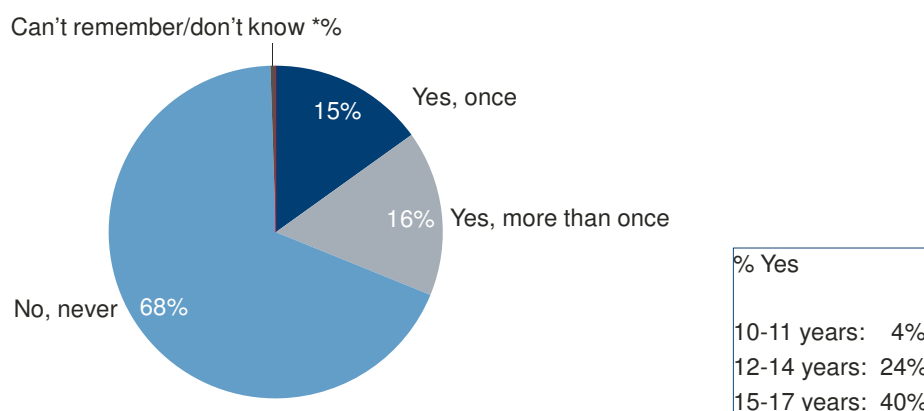
Similarly, although only a very small proportion of young people agree that it is acceptable for young people their age either to “get drunk to see what it is like” (11%) or to “get drunk once a week” (3%), reported behaviour does not necessarily reflect this. Of young people who report having drunk a whole alcoholic drink:

- Nearly one in three young people (31%) report that they have been drunk at least once
- And one in six (16%) report that they have been drunk more than once.



## Proportion who have ever been drunk

### Have you ever been drunk?



Base: All who have drunk a whole alcoholic drink (258), 16<sup>th</sup> November – 1<sup>st</sup> December 2011

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Again, it can also be seen that parental drinking behaviour may be an influencing factor. Where 31% of children who have drunk a whole drink say they have been drunk, this falls to 27% of children whose parents drink at low risk levels, but rises to 34% of children who have above-guideline drinking. While these differences are not statistically significant, the trends are in line with those that have appeared repeatedly through this report.

The children's own attitudes may also be coming into play here. Of those who have never been drunk, 80% agree it's "uncool" to get drunk. But amongst those who have been drunk once, this falls to 66%; and of those who have been drunk more than once, only 44% agree it's uncool to get drunk. While these differences are statistically significant, the causal direction needs further examination: is it that seeing getting drunk as uncool means young people choose to avoid getting drunk; or is it that experience of getting drunk makes young people more likely to feel that getting drunk is cool? The answer to this will have implications into how Drinkaware should build messages into its communications with young people.

### Age of first drink

The mean age at which young people report having had their first alcoholic drink (whether supervised or unsupervised) was 13.36 - significantly lower than 15 years, Drinkaware's

target age for first drink<sup>5</sup>. Indeed, of young people who had ever had an alcoholic drink, over half (56%) had their first drink before the age of 15 (see chart below).

Again, there is some evidence of the role of parental drinking in influencing this. Amongst children who have had a drink, children of low-risk drinkers have their first drink at age 13.54, whereas children of above-guideline drinkers have their first drink at age 13.07, nearly six months earlier. While this difference is not statistically significant, the trend is in the same direction as seen elsewhere in this report – that parents with riskier drink behaviour have children who also exhibit riskier behaviour.



### ***Supervised and unsupervised drinks***

The mean age at which young people report having had their first *supervised* drink is 13.32 years. By contrast, the mean age at which young people report having had their first *unsupervised* drink is 14.27 – around a year older. Reassuringly, given that the age of first drink is 13.36 (see above), which is much closer to the age of first supervised drink, it is clear that for the substantial majority of children, their first experience of drinking alcohol is supervised by their parents.

Again, parental drinking appears to be having some influence on this:

<sup>5</sup> Although note the cautionary footnote at the start of this chapter.

- For supervised first drink: this happens at age 13.6 for children of low-risk parents; but 13.1 for children of above-guideline parents
- For unsupervised first drink, this happens at 14.5 for children of low risk parents, but 13.6 for children of above-guideline parents

Again, these differences are not significant, but the trends are consistent with those reported elsewhere in the report:

- Children of high risk parents have their first supervised drink six months earlier than those of low risk parents
- And their transition to unsupervised drinking happens faster, within six months, rather than the year it takes for children of low-risk parents.

Finally, while these differences in age of first drink are indicative rather than statistically significant, there *is* a statistical difference regarding the *frequency* of children's drinking:

- Over one in three children of high-risk and increasing-risk drinkers say that they drink *at least once a month* (37% and 38% respectively)
- In contrast only one in five children of low-risk drinkers (21%) drink that often

So while there is only indicative evidence that children of heavier drinkers start earlier, once they have started drinking, something about the family dynamic and its relationship with alcohol mean those children are likely to drink more often.

## 5.3 Children's routes into drinking

### *The influence of parents and friends*

Although most countries have national alcohol policies, a review of international guidelines<sup>6</sup> shows that very few countries have developed guidance for the consumption of alcohol by children and adolescents. The UK is one exception to this. 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 children *are* to drink alcohol, it should not be until at least 15 years of age. This recommended abstinence from alcohol before the age of 15 stands in opposition to the so-called 'continental' approach to alcohol. This approach, where parents introduce their children to alcohol in moderation at a young age is based on the premise that allowing children an occasional (supervised) drink helps demystify alcohol, and reduces the chance of young people drinking to excess or bingeing later on.

As discussed earlier in this chapter, the research data shows that the guidance provided by the Chief Medical Officer is, in many cases, not being heeded. The mean age at which young people report having had their first alcoholic drink (whether supervised or unsupervised) is 13.36 - significantly lower than 15 years. In line with this, over half (56%) of young people who have ever had an alcoholic drink report that they had their first drink before the age of 15 years of age.

There are a number of hypotheses for why this early drinking occurs. For example, parents may be enabling children to drink alcohol by taking a 'continental approach' to alcohol consumption, perhaps under the impression that this is the safest way to introduce their children to alcohol. Alternatively, children may be encouraged and facilitated in their drinking by their peers. While it is unlikely that these influences are mutually exclusive - it is possible that for many young people both factors are at play – this section of the report explores how important both influences are in affecting children's drinking behaviour.

As discussed in section 4.4 and shown in the chart overleaf, one in 12 young people (8%) report that they have felt encouraged to drink by a relative or family member. Children of all ages report having been encouraged to drink alcohol by relatives or family members but, interestingly, this encouragement does not increase significantly with age; 12-14 year olds

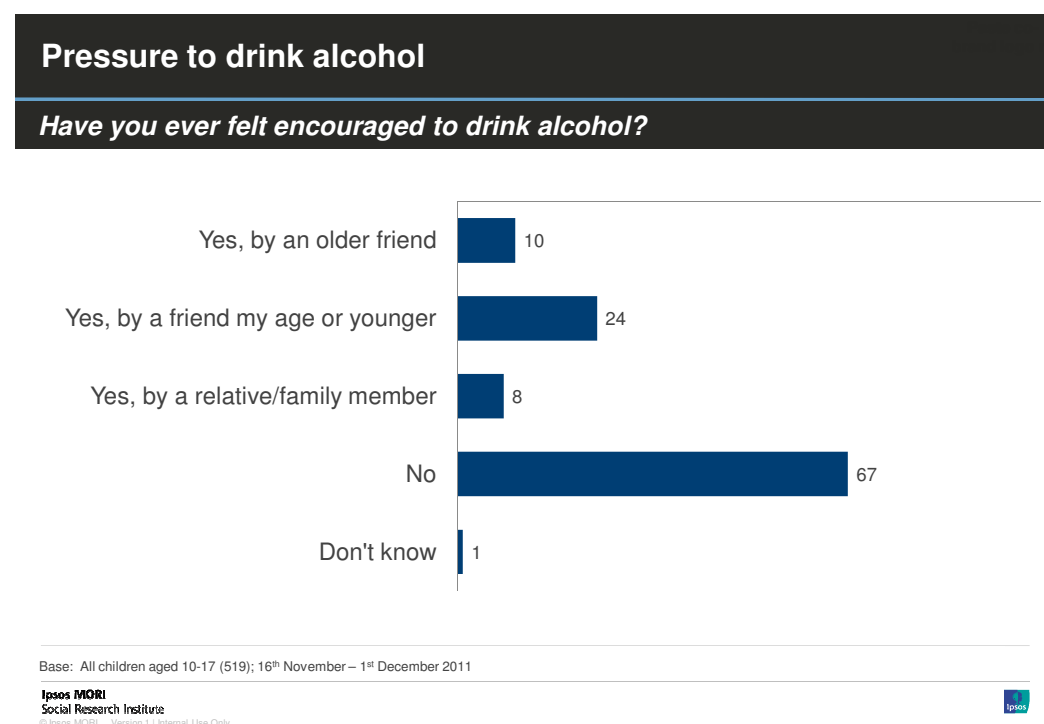
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<sup>6</sup> Department of Health (2009) Guidance on the consumption of Alcohol by children and young people [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_110256.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110256.pdf)

are equally likely to 15-17 year olds to report being encouraged to drink by relatives or family members (both 10%). Overall, the proportion of children reporting that relatives or family members encourage them to drink alcohol is relatively low. This suggests that it is unusual for parents to proactively encourage their children to drink alcohol.

In contrast, young people are four times more likely to have felt encouraged by friends than by adult relatives; over one in three young people (34%) say that they have been encouraged to drink alcohol by a friend who is either older (10%) or their age or younger (24%). This high proportion suggests that young people are far more likely to meet proactive encouragement to drink from their peers than from their relatives (or indeed, parents). Unlike encouragement from family members, the proportions that have experienced encouragement from friends increase dramatically with age; from one in four 12-14 year olds (25%) to just fewer than two in three 15-17 year olds (63%).

Neither the proportions of young people who say that they have been encouraged to drink alcohol by a family member nor the proportions encouraged to drink by a friend vary by gender.

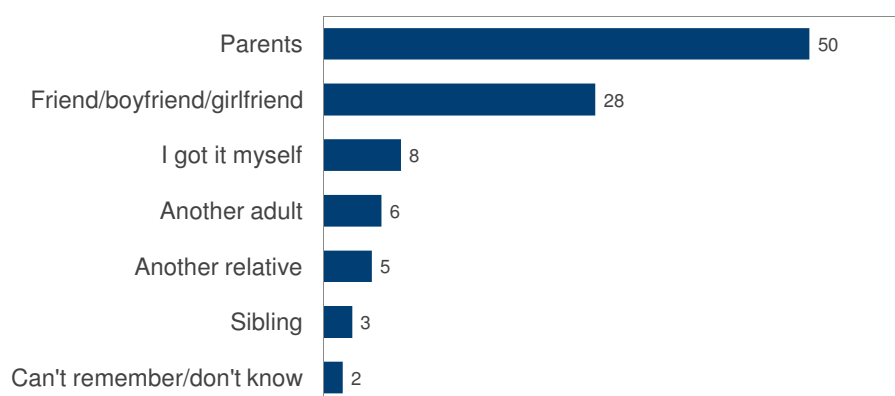


When children who have drunk alcohol are asked how they access it however, a different story begins to emerge. Parents are by far the most common source of alcohol; half of young people who have consumed alcohol (50%) report that the last time they drank, their parents provided the alcohol. When not sourced from parents, young people are most likely to get

their alcohol from friends, boyfriends or girlfriends (28%). Again, sources of alcohol do not vary by gender; males and females were equally likely to be given alcohol by their parents (52% and 48% respectively) or their friend, boyfriend or girlfriend (31% compared to 25%).

## How young people get alcohol

*The LAST TIME you were drinking alcohol, how did you get it?*



Base: All 10-17 year olds who have drunk a whole alcoholic drink (258); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

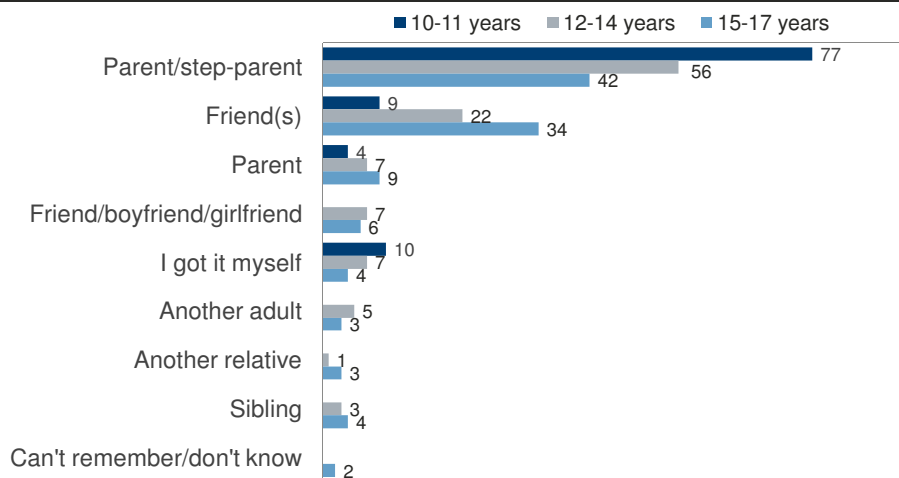
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As shown in the chart overleaf, the source from which young people get their alcohol varies considerably by age. Parents, remain the most common source of alcohol across all three age bands (77% of 10-11 year olds, 56% of 12-14 year olds and 42% of 15-17 year olds). As young people get older, however, the proportion that get alcohol from parents decreases whilst the proportion who get alcohol from friends increases (9% of 10-11 year olds, 22% of 12-14 year olds and 34% of 15-17 year olds). This chimes with the previously discussed finding that the proportion experiencing encouragement from friends increases with age whilst the proportion experiencing encouragement from parents remains constant.

## How young people get alcohol

*The LAST TIME you were drinking alcohol, how did you get it?*



Base: All 10-17 year olds who have drunk a whole alcoholic drink (258); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

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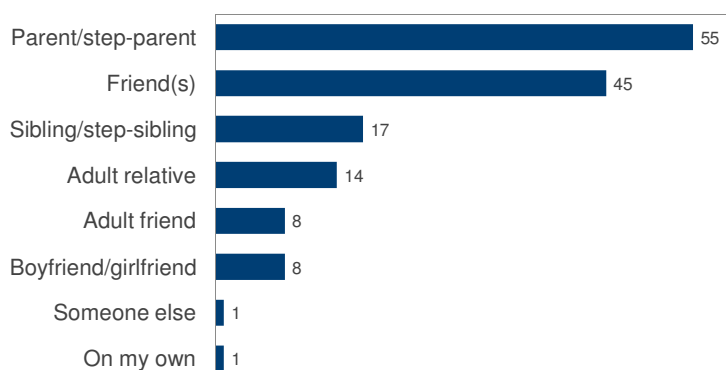


A similar picture emerges when young people are asked who they were with at the time of their last alcoholic drink. Over half of young people (55%) were with a parent whilst just fewer than half (45%) were with a friend. Significant, though far smaller, proportions report that they were drinking with siblings (17%) or adult relatives (14%).

It's also notable that there are differences in who young people drink with by gender: females are more likely than males to report being with friends (50% compared to 41%) or a boyfriend or girlfriend (11% compared to 4%). This is interesting, as it suggests the route into alcohol for young women is somewhat different to that for young men – with young women being more likely than young men to experience drink in a social or friendship setting. It would be interesting to explore further how this develops as the young people move into adulthood: we know from the 18-24 study that young adult women are more likely than young adult men to say they drink for social confidence, and it may be that the data for this age group is another expression of that phenomenon.

## Who young people drink with

*The LAST TIME you were drinking alcohol, who were you with?*



Base: All 10-17 year olds who have drunk a whole alcoholic drink (258); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

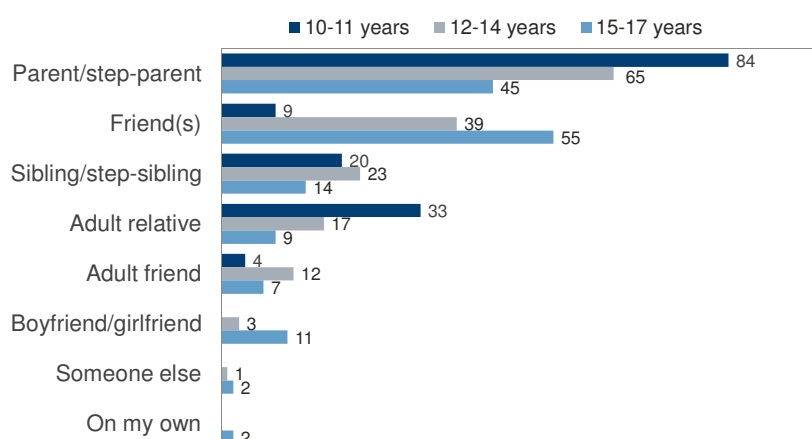
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Who young people report being with when they last drank also differs by age. Young people aged 10-11 years old and young people aged 12-14 are most likely to report that they were with their parents when they last drank (84% and 65% respectively). Additionally, one in three 10-11 year olds (33%) report having drunk with another adult relative, more than any other age group. Those aged 15-17 however, were more likely to have last drunk with their friends (55%) than with their parents (45%) or adult relatives (9%).

## Who young people drink with

*The LAST TIME you were drinking alcohol, who were you with?*



Base: All 10-17 year olds who have drunk a whole alcoholic drink (258); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

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This finding supports the theme that has emerged throughout this chapter that, although parents do not actively encourage their children to drink, they enable them to have alcohol, and often before the age of 16. Not only do they provide their children with alcohol but they are often present when their children consume alcohol. In seven in ten cases of drinking among children aged 10-14 (71%), alcohol was either provided by parents, consumed in the presence of parents, or both. This would seem to indicate that parents have a great deal of influence over the drinking behaviour of children of these ages. This pattern shifts slightly in older ages, with 15-17 year olds far more likely to get alcohol from, and drink alcohol with, friends. However, even in this older age group, drinking with parents is still very common.

If this is the case, and parents are introducing their children to moderate amounts of alcohol at a young age, it could be hypothesised that children who are drinking in the presence of parents would drink less on their last drinking occasion than those who drink with their friends. This seems to be the case; young people who were with a parent the last time they drank were significantly more likely to drink only one drink (71%) than those who were with their friends (32%). Conversely, those who were with a friend the last time they drank were significantly more likely to drink 2-3 drinks (64%) or 4+ drinks (88%) than those who were with a parent (36% and 15% respectively). Although this trend is likely to be partly a product of age (those who drink with friends tend to be older than those who drink with parents) it seems probable that parents are heavily moderating the number of drinks their children are drinking in their presence.

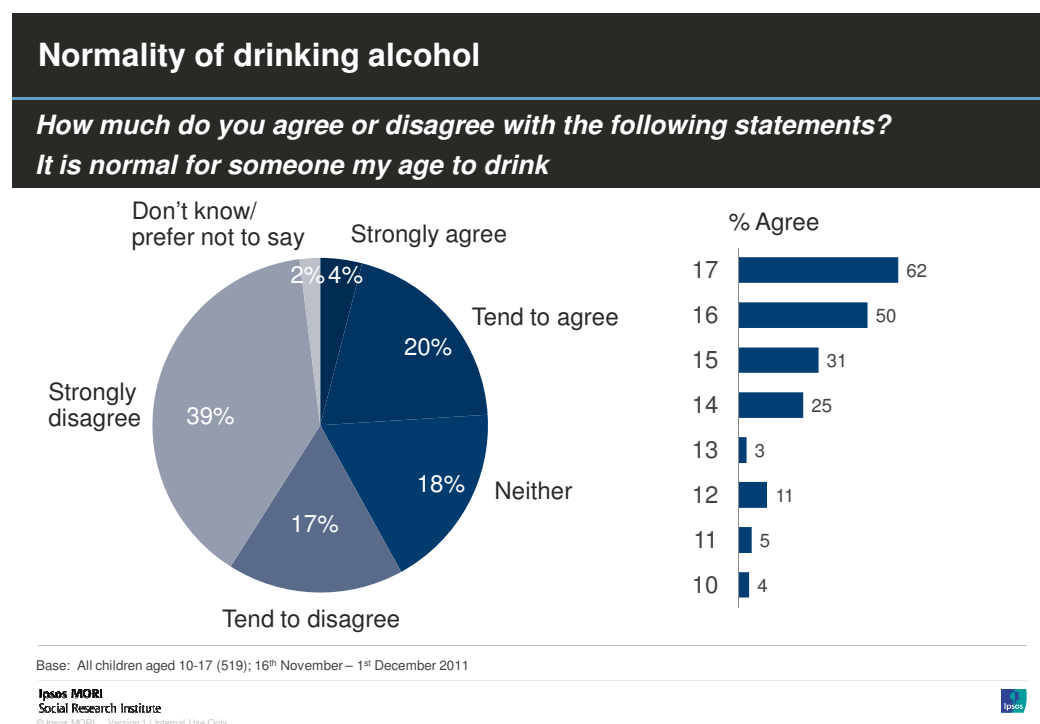
This tendency for parents to enable drinking suggests that, despite CMO guidance, drinking among younger age groups may be primarily driven by parents adopting the aforementioned 'continental' approach to alcohol rather than by peer pressure. It may be the case that these parents consider this to be the responsible way of introducing young people to alcohol, and would rather their children experience alcohol in the presence of an adult, rather than unsupervised with their peers. And indeed, the data provides some evidence that those parents are acting to moderate their children's drinking – which may in part be parents' rationale for adopting this approach. Nevertheless, their practice does run counter to CMO advice, and it may be an areas Drinkaware wish to target in future campaigning.

Qualitative observational research may be useful to assess these dynamics further to explore the relative strength of influence over children's drinking, as well as the extent to which parents sanction the use of alcohol and, if so, why.

## The social context of drinking

As recognised by theories of behaviour change, an important influence on young people's drinking behaviour is what they perceive to be the 'norm'. The majority of young people are likely to conform to the behaviour that they believe is being exhibited by those around them, including peers, family members and others in their social circle. As discussed in the previous section, many parents enable their children to access alcohol, perhaps with the hope that normalising alcohol at a young age will help to demystify it and reduce the chance of children bingeing later on. We have seen, however, that as young people get older, the proportion that drink with their parents decreases and the proportion that drink with their friends increases greatly. So, what is the social context in which young people are deciding what is 'normal' behaviour, and what can we understand about how these influences interact; the attitudes of parents and the attitudes and behaviours of peers?

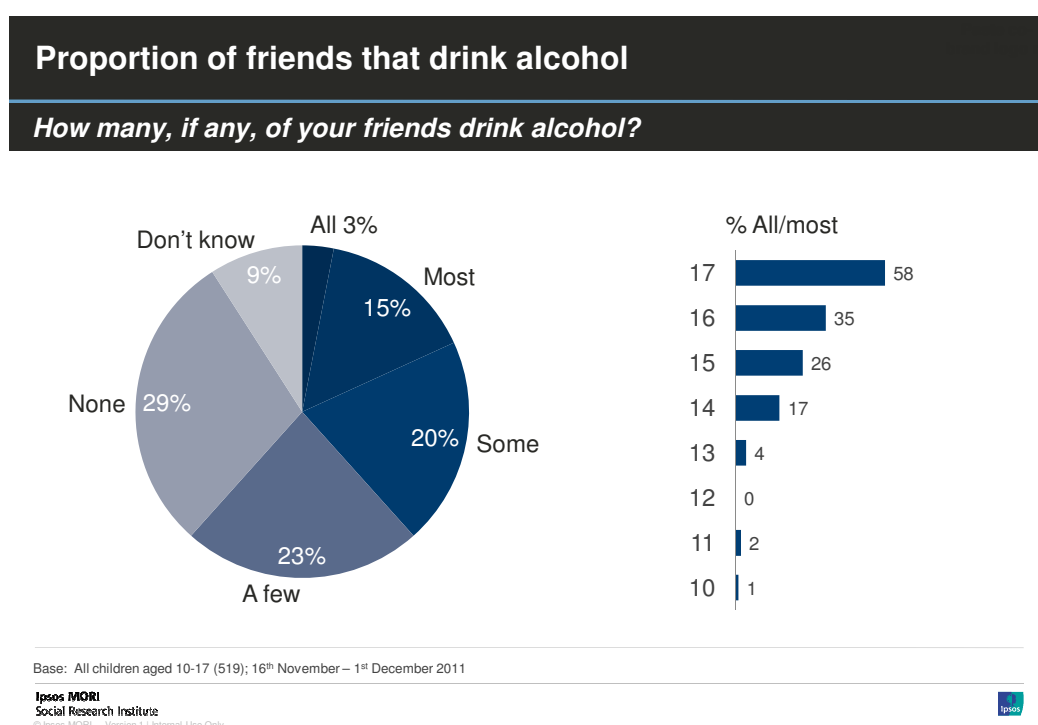
As shown in the chart below and discussed in section 4.4, over half of young people (55%) do not think that it is normal for someone of their age to drink alcohol. Parents' endorsement of drinking alcohol at a young age does not seem to have an effect on whether or not young people view drinking as normal.



Young people whose parents think that the youngest acceptable age of first drink is between the ages of 0-12 years old (20%) are no more likely to agree that drinking is normal than

those whose parents think that the youngest acceptable age for the first drink is 16-17 years of age (20%) or 18+ years of age (20%).

These findings seem to indicate that the degree of leniency parents have towards their children drinking alcohol does *not* have a great deal of influence over what their children see as 'normal' drinking behaviour for people their age. However, a different story emerges when the attitudes and behaviours of young peoples' peers are considered. As shown in the chart below, two in five young people (18%) say that all or most of their friends drink alcohol. This proportion does not vary significantly with gender (15% of males and 21% of females). However, as would be expected, it increases sharply with age; two in five (17%) 14 year olds report this compared with three in five (58%) 17 year olds.



Although parents' degree of leniency towards their child's drinking behaviour does not seem to have an impact on what young people consider to be 'normal', the attitudes and behaviour of young peoples' friends does. Those who say that all or most of their friends drink alcohol are more likely than average to say that they drink at least weekly (19% compared to 7%), that they had 3 or more drinks on the last occasion they drank alcohol (38% compared to 25%) and that it is normal for someone their age to drink (51% compared to 24%). In contrast, those who say that only some or a few of their friends drink are more likely than average to say that they only drink on special occasions (39% compared to 30%), that they had only 1 drink on the last occasion they drank alcohol (62% compared to 40%) and no

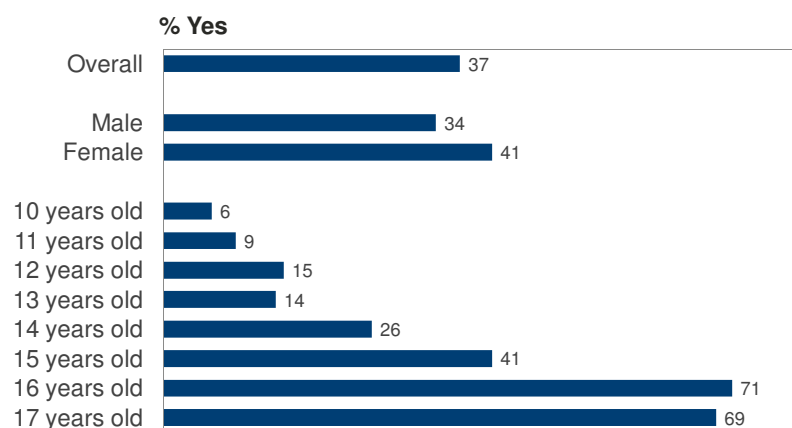
more likely than average to think it is normal for someone their age to drink (23% compared to 24%).

While this is likely to be a function of age, these findings indicate that what young people view as 'normal' drinking behaviour is governed far more by the behaviour they see demonstrated by their peers than the behaviour endorsed by their parents. The influence that peers have on young people's drinking behaviour is likely to be further exacerbated by the relatively new phenomena that are social networking sites. Use of social networking sites has the potential to expose children to evidence of behaviour among their peer group that they might otherwise have remained unaware of. In this way, social networks have great potential to normalise certain behaviours, including negative ones. Over two in three young people (70%) report that they use social networking sites and this proportion increases with age. Usage is relatively common among younger children and by the time children are 11 years old almost half (45%) use social networking sites. This rises to nine in ten (89%) of those aged 16.

As shown in the chart overleaf, two in five young people who use social networks (37%) have, by doing so, been exposed to pictures of their friends under the influence of alcohol. Females show a slightly greater tendency to say that this is the case (41% compared to 37%, although it should be noted that this is not a statistically significant difference), as are those aged 15-17 (61% compared to 37%). By the time they reach 16, seeing images of drunkenness on social networking sites is the norm among young people; seven in ten 16 (71%) and 17 year olds (69%) have been exposed to these images.

## Alcohol on social networking sites

*Have you ever seen on these sites pictures of any of your friends under the influence of alcohol?*



Base: All 10-17 year olds on social networking website (367); 16<sup>th</sup> November – 1<sup>st</sup> December 2011

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Young people who display negative drinking behaviour are more likely than average to have seen pictures of their friends under the influence of alcohol. Those who drink at least fortnightly (88% compared to 37% overall) and who drank 4 or more drinks on their last drinking occasion (89%) are more likely than average to have seen these pictures. There is also a very strong link between whether young people have seen pictures of their friends under the influence of alcohol, and whether they think that it is normal for someone of their age to drink; those who agree that it is normal are more likely that those who disagree that it is normal to have seen pictures (69% compared to 15%). Although it is difficult to assign causality to this relationship - we cannot be sure that seeing pictures of their friends drinking alcohol on social networking sites leads young people to think that this behaviour is normal – there is clearly a link between the two.

Despite the great influence that peers have on what young people view as ‘normal’ drinking behaviour, there is still a large proportion of young people who think that it is not normal for someone of their age to drink alcohol. Even among 15-17 year olds, one in four (23%) disagree that it is normal to drink alcohol, and half (49%) either never drink alcohol (28%) or only do so on special occasions (21%).

The ease of broadcasting irresponsible drinking behaviour that social networking sites offer may be contributing to a normalisation of drinking alcohol at a young age. It is therefore important to reinforce the truth that drinking at a young age is not necessarily normal and

that, perhaps despite appearances, there remain a large proportion of young people who do not engage in this behaviour.

## 6. Exposure to Drinkaware comms

### PART 1: KEY METRICS

#### COMMUNICATIONS MEASURES: ABC1 PARENTS

The table below presents the proportion of ABC1 parents who have come into contact with Drinkaware in a number of different ways. The table includes:

1. Those who have seen or heard direct communications on alcohol risks/responsible drinking and attribute it to Drinkaware, including newspaper/magazine articles, posters/adverts, information online, or have visited the Drinkaware website, registered on MyDrinkaware or seen an email or leaflet from Drinkaware.
2. Those who have had wider interaction with Drinkaware. This includes people at (1) but also people who have seen Drinkaware's logo on alcohol advertising/packages, seen or heard about Drinkaware on the TV or radio, or have spoken to friends/family or a health professional about Drinkaware.
3. The people who have seen the specific campaign materials aimed at ABC1 parents

Metric	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline
1. % seen or heard any Drinkaware comms	27%	27%	29%	35%
2. % Interaction with Drinkaware	41%	42%	45%	52%
3. % 'recogniser' of parent online ads	5%	5%	5%	7%

#### Key points:

- Around two in five (41%) ABC1 parents have seen or heard any Drinkaware communications. This increases to around a half for those drinking above guideline levels. These figures are on a par with the proportion of 25-44s who have seen any Drinkaware comms
- Around one in four (27%) have seen or heard more proactive communications from Drinkaware.
- Recognition of the specific parent online adverts is lower, however. Around one in twenty (5%) recall the parent online adverts. This is the lowest recognition rate of all

the campaigns (compared with 13% of 18-24s recognising 'Why let good times go bad?' posters; and 9% of 25-44s recognising adult campaign)

- In contrast to other more general Drinkaware communications, above guideline drinkers are no more likely to recall them.

## **PART 2: DISCUSSION**

As recognised by the young people/parent logic model, Drinkaware has a number of different outputs and activities that it uses to help increase awareness of its target audiences and bring about change in behaviour. This section addresses the extent to which ABC1 parents of 10-17 year olds are aware of Drinkaware and its activities and in what ways they have been exposed to it.

### ***Exposure to parents online adverts***

When presented with the parent 'conversation' online banner, along with a still from the same materials, one in twenty (5%) of all parents recall having seen it; this is lower than the recall rates of Drinkaware's other target segments (in relation to the campaigns targeted at those segments).

Recall of this is higher among:

- Women (6% vs. 3% of men);
- Black and minority ethnic groups (13% vs. 4% of white); and
- Increasing risk drinkers (8%).

Given the small numbers of these 'parent banner recognisers', it has not proved possible to provide a further analysis of this group.

### ***Exposure to Drinkaware communications***

Respondents were asked a series of questions on the different media, if any, through which they had seen information about the risks of alcohol or responsible drinking (for further details please see the full questionnaire in the appendices). These included:

- Newspapers or magazines
- Posters or adverts



- Anything online relating to the risks of alcohol or drinking responsibly.

Follow-up questions were asked to those who had seen such material to determine whether this could be attributed to Drinkaware, either through unprompted mention of Drinkaware, or by indicating that the information had mentioned Drinkaware or shown its logo

Respondents were also asked whether they had directly interacted with Drinkaware in any of the following ways over the previous six months:

- Registered on MyDrinkaware to track how much alcohol they are drinking
- Received an email from Drinkaware asking to sign up to the drinks calculator
- Come across leaflets and other information from Drinkaware
- Visited Drinkaware's website for information

Anyone who showed proven recall of Drinkaware information through newspapers/magazines, posters/adverts or anything online, or who reported having directly interacted with Drinkaware over the previous six months is hereafter referred to as having 'seen or heard Drinkaware communications'.

More than one in four parents (27%) reported having seen or heard Drinkaware communications. Women were more likely than men to have seen Drinkaware communications (31% compared to 23%). There are no differences by regularity of drinking but those who consume more than the recommended daily unit guideline are more likely to have seen or heard Drinkaware communications (35% vs. 23% of low risk drinkers).

### ***Exposure to Drinkaware communications – by channel***

All parents (both those who drink alcohol and non drinkers), were asked whether they had seen anything recently online, via magazines / newspapers or in posters, about the risk of drinking or about drinking responsibly. The table overleaf gives a summary of the proportion of all adults, as well as of low risk drinkers and those drinking above recommended unit guideline levels, which have seen anything on these subjects, and whether it is was from Drinkaware or only from other sources.

	Seen any responsible drinking article/advert			Seen any Drinkaware responsible drinking article/advert			Seen only non-Drinkaware responsible drinking article/advert		
	All	Low risk drinkers	Above guideline drinkers	All	Low risk drinkers	Above guideline drinkers	All	Low risk drinkers	Above guideline drinkers
Newspaper/magazine articles	21	19	24	9	7	11	12	11	13
Poster/advert	19	21	16	11	11	11	8	10	5
Online	12	10	14	9	8	13	2	3	1

All parents were also asked whether they had seen anything recently (online or via magazines / newspapers) specifically about the risk of children drinking or about how parents can talk to their children about alcohol.

The table overleaf gives a summary of the proportion of all parents, as well as of low risk drinkers and those drinking above recommended unit guideline levels, which have seen anything on these subjects, and whether it is was from Drinkaware or only from other sources.

	Seen any article/advert about children and drinking			Seen any Drinkaware article/advert about children and drinking			Seen only non-Drinkaware article/advert about children and drinking		
	All	Low risk drinkers	Above guideline drinkers	All	Low risk drinkers	Above guideline drinkers	All	Low risk drinkers	Above guideline drinkers
Newspaper/magazine articles	6	6	5	2	2	2	4	4	4
Online	6	4	9	5	3	8	1	1	1

As can be seen from the table above, 6% have seen information on the dangers of children drinking alcohol, or about how parents can have conversations with their children about alcohol – either via newspaper/magazine articles or online.

### ***Wider interaction with Drinkaware***

As well as direct interaction, respondents were also asked whether they had done any of the following in-direct interactions with Drinkaware over the previous three months:

- Seen Drinkaware's logo on alcohol advertising
- Seen Drinkaware's logo on bottles and cans of drinks
- Spoken to a health professional (e.g. doctor or GP) about Drinkaware
- A friend or family member has mentioned Drinkaware to them
- Read about Drinkaware in a newspaper/magazine
- Heard about Drinkaware on the radio
- Seen people discussing Drinkaware on TV

All those who reported having either 'seen or heard Drinkaware communications' or having had in-direct interactions with Drinkaware over the last three months are hereafter referred to as having 'interacted with Drinkaware'.

41% of parents have come across Drinkaware in some form or other and can be considered to have 'interacted with Drinkaware'. Those of social grade A are more likely to have interacted with Drinkaware (59% vs. 43% of B and 36% of C1). Regular drinkers and those who consume more than the recommended daily unit guideline are more likely to have interacted with Drinkaware (45% and 52% respectively).

### ***Characteristics of parents who have interacted with Drinkaware***

This section looks at whether parents who have seen interacted with Drinkaware, are any different to the wider population, either in their awareness, attitudes or behaviour. It had been hoped to repeat this analysis for the specific subgroup that had also seen the parent banners (i.e. 'parent banner recognisers'). However, the small sample sizes involved do not permit a robust analysis of this group.

Key findings relating to the wider comms recognisers are as follows:

- Those who have interacted with Drinkaware are more likely to be drinking above recommended guidelines; just under half (44%) of those who have interacted with Drinkaware are increasing/high risk compared to 28% on non recognisers.
- The children of 'those who have interacted with Drinkaware are more likely to have had an alcoholic drink with their parent, although it may be that this is largely a function of the point above – that those who have interacted with Drinkaware are generally heavier drinkers than the average.
- They are also more likely, however, to agree that is ok to allow a child to drink alcohol before the age of 16 (39% vs. 29% of non recognisers).
- On the plus side, a greater proportion of those who have interacted with Drinkaware have had a conversation with their child about the risks of alcohol (83% vs. 74% of non recognisers). However, it should be noted that the same proportion (83%) of those who have seen or heard other non-Drinkaware comms have also had these conversations.

- Positively, those who have interacted with Drinkaware are more likely to recognise the importance of having conversations with their child – a greater proportion agree with the statement *'It is important that I proactively bring up alcohol with my child, not wait for something to happen'* (78% vs. 63% of non recognisers).

# Conclusions

The first waves of this tracking research showed relatively little movement in the measures that Drinkaware was seeking to influence, and as a result, it has spent considerable time reframing its aspirations around more interim goals. The intention behind this is that it should be possible to see some movement in the shorter term goals more quickly, in order to be able to assess the impact of Drinkaware. We will need to wait for future waves of this survey to establish whether these 'interim' measures do indeed show more movement.

From this wave, however, it is clear that the move to more targeted goals has been useful in its own right: it provides the opportunity for a much richer understanding of how ABC1 young people's drinking behaviour may be being mediated – which is in itself potentially valuable in helping Drinkaware determine what steps it takes next.

In this report we have focused on each stage of Drinkaware's logic model in turn, and some interesting findings have emerged – including a recurring theme of the impact of parental drinking. Some of the key findings are outlined below.

## Engagement with the risks of alcohol

### *Headline measures*

- Perhaps reassuringly, ABC1 parents appear willing to take parental responsibility around the issue of their children's drinking: around 8 in 10 see it as important to talk to their children about alcohol risks, and 7 in 10 see it as important to be proactive about this
- Three quarters also feel at least fairly well informed about these alcohol risks, nearly all parents being able to name at least one harm risk. A third feel there are many things they don't know – although only a quarter would like more information about how to talk to their child more effectively
- This assurance on the part of parents is reflected in the awareness their children have of the harms associated with alcohol. Children appear more familiar with the social harms – 9 in 10 being able to identify at least one; they are marginally less familiar with health harms – but even here, 8 on 10 children can name at least one

### *Impact of parental drinking*

- Interestingly, these short term headline measures do *not* appear to be affected by the level of parental drinking. The notable exception to this is that children of above-guideline parents are less likely to be able to identify health harms
- That said, there are also patterns in the data that suggest there are some issues around parents who are high risk drinkers. While the small sample sizes mean the differences are not always statistically significant, a pattern does emerge: high-risk drinking parents are least likely to say they are uninformed about the risks of drinking to children. Yet they are less likely to mention risks such as liver disease or having

unprotected sex. Hence, while they are just as motivated to be good role models, this data shows they may lack the awareness to deliver this role as effectively as parents who drink less.

## Influences on drinking behaviour

### **Headline measures**

- Parental scores on these measures are lower than the scores for the short term KPIs. Only half say they *are* good role models (drinking within guidelines); and only half accept their drinking has the most influence on their children. And while three quarters say they have conversations with their children about alcohol, only a quarter did so before the child was 11, or reported having *meaningful* conversations
- More worrying perhaps are the social norms some ABC1 parents hold: a third say it's OK to for a child to drink below 16, and a third say it's OK for parents to allow this. Furthermore, 56% say that most children drinking under 16 is inevitable. If parents are a key player in reducing underage drinking, this suggests there is some way to go to shift the norms they hold
- ABC1 children report what appear to be relatively level-headed attitudes about drink. While 62% feel it is OK to try alcohol to see what it's like, only 1 in 10 say it's OK to get drunk, and three quarters feel it's uncool to get drunk.
- Again, social norms appear problematic: a quarter of children say it's normal to drink, and one in five say most of their friends do. Furthermore a third report feeling encouraged to drink. While these scores are all considerably higher for older children than younger children, it does suggest there is more work to be done challenging the norms around alcohol

### **Impact of parental drinking**

- Perhaps one of the strongest messages is the poorer scores on these medium term measures for above-guideline parents. A third of them don't recognise they are above guideline, only 4 in 10 feel their drinking behaviour influences their child, and they are most permissive of children drinking under 16, as well as the most fatalistic it is likely to happen
- Children of above guideline parents also see alcohol differently. Interestingly, they are half as likely to feel alcohol gives them confidence than other children – which may give them less of an incentive to take it up themselves. It would be interesting to explore the dynamics in these families to find which alcohol is less likely to be seen as a confidence builder
- More worryingly, however, children with above guideline parents are more likely to think it's ok to drink or get drunk, and are more likely to have felt encouraged to drink. While these differences are small in numerical terms, it suggests that due to their parents' drinking, these children perceive drinking as a more normalised behaviour

## First supervised and unsupervised drink

### **Headline measures**

- The reported age of children's first drinks (amongst children who have had an alcoholic drink are 13.3 years for supervised drinks; and 14.3 years for unsupervised drinks
- Furthermore, 20% of parents report giving alcohol to their children before the age of 16
- While both of these provide a baseline for tracking in future waves, it's notable that these measures both fall well short of Drinkaware's aspirations

### **Impact of parental drinking**

- Again, this highlights concerns about above-guideline parents: their children have their first supervised drink slightly younger, and one in four of this group give alcohol to their children before age 16
- As noted above, there is some indication that higher drinking parents are more permissive about drinking, and more fatalistic that it is going to happen anyway. There appears to be some evidence in the parent data that this is reflected in children of such parents starting to drink earlier
- The children's responses also indicate that children of above-guideline parents have their first drink at a younger age.
- This difference is particularly stark regarding the first *unsupervised* drink: this happens about a year earlier for children of above-guideline parents
- Another way to look at this is that children of below-guideline parents take a year to move from supervised drinking to unsupervised drinking. In contrast, children of above-guideline parents make this transition in about six months.

## Communication measures

- Around two in five (41%) parents have seen or heard any Drinkaware communications. This increases to around a half for those drinking above guideline levels. These figures are on a par with the proportion of 25-44s who have seen any Drinkaware comms
- Recognition of the specific parent online adverts (the 'excuses' campaign) is lower, however. Around one in twenty (5%) recall the parent online adverts. This is the lowest recognition rate of all the campaigns (compared with 13% of 18-24s recognising 'Why let good times go bad?' posters; and 9% of 25-44s recognising adult campaign)
- In contrast to other more general Drinkaware communications, above guideline drinkers are no more likely to recall them



## Moving forward

The preceding analysis identifies a number of issues that Drinkaware may want to consider as it moves forward. Below, we highlight four issues we feel merit particular attention.

### **1. Above-guideline parents**

Parents with higher levels of drinking have emerged as a particularly challenging area for further attention. While they see themselves just as much as role models as other parents, they are least likely to think their own drinking behaviour will affect their children's. Furthermore, while they are least likely to say they are uninformed about the effects of drink, they are also the least likely to report they are aware of key health and social harms associated with drinking. And they appear to show a greater permissiveness and fatalism that children under 16 will drink – so are presumably less likely to take responsibility in trying to stop this,

It may therefore be useful for Drinkaware to think further about how it targets this group. That said, this is likely to be challenging, as high risk drinkers in particular do not see the need for further information. Whatever communications channels are adopted, it would appear that key messages to get across are that it is *not* a norm for under-16s to drink; and that parents can make a difference in when a child has their first drink.

### **2. The conversations parents have with their children**

An interesting finding was that low-risk drinking and above-guideline parents both reported they were equally likely to have conversations with their children about drink. So it is interesting that children of above-guideline parents were less able to recognise the health risks of alcohol: if these parents *are* having conversations with their children, some important messages are not getting across.

In relation to this, it is noteworthy that above-guideline drinkers are least likely to say their conversations with their children about alcohol are *meaningful* – and this may go some way to explaining why their children are less likely to take away key messages about health harms.

This suggests Drinkaware are right in their metrics to focus not just on whether parents and children have conversations, but on whether they have *meaningful* conversations. It would be interesting to explore further what does *meaningful* mean in this context? What should a conversation look like in *content, nature and style* in order to be able to transmit protective

information from parent to child effectively? We would suggest this would be an interesting area for further research.

### **3. *Where Drinkaware focuses its communications***

We have noted previously that some of the shifts Drinkaware are seeking to achieve are long term ones. One consequence of this is that by the time you have shifted the attitudes and norms of the parents of teenagers, their teenagers may have grown into young adulthood. Certainly, any shift in attitude you might have achieved would be difficult to pick up in a survey: because their children have grown up, these parents would no longer be eligible for the survey – and the new cohort of parents of teenagers may not have been exposed to your messages over the preceding four or five years.

This suggests that if you want to shift the attitudes of parent of teens over the next five years, you should actually be focusing on parents who currently have 8-10 year olds. If you can shift their attitudes, they will take those new attitudes into their children's teenage years, which will hopefully have a moderating effect on their children's teenage drinking.

Another benefit of targeting parents at this point is that they are just starting to become aware of anxieties about their children moving up to senior school. They should therefore be receptive to any communications and support which help them alleviate those anxieties – for instance, how they can better help their children negotiate the challenges of drink.

Clearly Drinkaware will need to continue to provide information and support to parents of teens. Nevertheless, it may be worth considering whether your targets on preventing young teenage drinking could also be facilitated by focusing more on the parents of younger children.

### **4. *Drilling into the data***

The data generated by this survey is extensive, and this report only touches on some of the key indicators of interest to Drinkaware. However, the survey questionnaire was constructed with a view to being able to explore different hypotheses about the take-up of drinking, how this is affected by the dynamics and attitudes within the family, and how all this is influenced by Drinkaware's communications activities. There would certainly be value in exploring this further.

# Appendices





# Appendices

## Questionnaire

### Drinkaware KPI research FINAL Parents / Children questionnaire

ALL PARENTS WERE ASKED THE 25-44 SURVEY QUESTIONS, FOLLOWED BY THE PARENT-SPECIFIC QUESTIONNAIRE BELOW.

#### NEW SCREEN

The following section will include some questions about alcohol in relation to children. Some questions ask about a specific child – this is because we want to find out about alcohol in relation to children of particular ages.

#### SHOW FOR EXTERNAL (NORTHERN IRELAND) PANEL:

It has been identified that in your household you have a [INFILL GENDER] aged [INFILL EXACT AGE (10-17)]. For the rest of the survey please think about this child when answering the questions.

#### ASK ALL PARENTS

P1.

#### SINGLE CODE

#### INTERNAL

Thinking about [INSERT child name FROM PANEL INFO WHO WILL BE ASKED TO ANSWER THE CHILDRENS SECTION], have they ever drunk a whole alcoholic drink (not just a sip) *with you*, for example at a meal or on a special occasion?

#### EXTERNAL

Thinking about the specified child in your household, have they ever drunk a whole alcoholic drink (not just a sip) *with you*, for example at a meal or on a special occasion?

Please select one answer only

1. Yes
2. No

ASK IF CHILD HAS DRUNK A WHOLE ALCOHOLIC DRINK (CODE 1 AT QP1) IF NOT, SKIP TO QP4

P2.

NUMERIC: ALLOW 0 – UP TO CURRENT AGE OF RESPONDENTS CHILD WHO WILL BE ASKED TO ANSWER CHILDRENS SECTION  
CAN'T REMEMBER/DK IS EXCLUSIVE

And at what age did this child first drink a whole alcoholic drink *with you*?

Please type in your answer below

99. Can't remember / Don't know

**ASK IF ANY AGE GIVEN AT QP2 IF NOT, SKIP TO QP4**

**P3.**

**SINGLE CODE**

**Do you think that was their first drink of alcohol or do you know / think that they had drunk alcohol before?**

**Please select one answer only**

1. That was the first time they had drunk alcohol
2. I know for certain they had drunk alcohol before
3. I don't know for sure, but they had probably drunk alcohol before
4. Don't know

**ASK ALL PARENTS**

**P4.**

**NUMERIC: ALLOW 0-21**

**DK IS EXCLUSIVE**

**What age do you think is the youngest acceptable age for a young person to have their first drink of alcohol, not just a sip?**

**Please type in your answer below**

99. Don't know

**ASK ALL PARENTS**

**P5.**

**SINGLE CODE**

**INTERNAL**

**Thinking now about [INSERT child name FROM PANEL INFO WHO WILL BE ASKED TO ANSWER THE CHILDRENS SECTION], have you or your partner/spouse ever spoken to them about the risks of alcohol and how to handle it sensibly?**

**EXTERNAL**

**Thinking now about the specified child in your household, have you or your partner/spouse ever spoken to them about the risks of alcohol and how to handle it sensibly?**

**Please select one answer only**

1. Yes – have spoken to them – **ROUTE TO QP6**
2. No – haven't spoken to them – **ROUTE TO QP10**
3. Don't know – **ROUTE TO QP10**

**ASK IF CODE 1 AT QP5 IF NOT, SKIP TO QP10**

**P6.**

**NUMERIC: ALLOW 0 – UP TO CURRENT AGE OF RESPONDENTS CHILD WHO WILL BE ASKED TO ANSWER CHILDRENS SECTION  
CAN'T REMEMBER/DK IS EXCLUSIVE**

**What age were they when you first talked to them about this?**

**Please type in your answer below**

99. Can't remember / Don't know

**ASK IF CODE 1 AT QP5 IF NOT, SKIP TO QP10**

**P7.**

**SINGLE CODE**

**INTERNAL**

**When you first spoke to [INSERT child name FROM PANEL INFO WHO WILL BE ASKED TO ANSWER THE CHILDRENS SECTION] about alcohol who started the discussion?**

**EXTERNAL**

**When you first spoke to the specified child in your household about alcohol who started the discussion?**

**Please select one answer only**

1. I started the discussion
2. My husband/wife/partner started the discussion
3. My husband/wife/partner and I started the discussion together
4. My child started the discussion
5. School/Teacher suggested we talk to them
6. Someone else started the discussion
7. Can't remember / Don't know

**ASK IF CODE 1 AT QP5 IF NOT, SKIP TO QP10**

**P8.**

**MULTICODE**

**NONE OF THE ABOVE IS EXCLUSIVE**

**Which, if any of the descriptions below describe the type of conversations you have ever had with them about alcohol?**

**Please select all that apply**

1. Gentle reminders about how they need to be careful about drinking
2. Reminding them when they are going out with friends to be careful if they / their friends are drinking
3. Sitting them down for a detailed talk about the risks of drinking, and ways to avoid having problems related to drinking
4. Talking to them when you have discovered they have been drinking
5. Responding to questions they have asked about drinking
6. Discussing alcohol after something we have seen or heard on the TV, radio, internet, in the street
7. None of the above

**ASK IF CODE 1 AT QP5 IF NOT, SKIP TO QP10**

**P9.**

**MULTICODE**

**ROTATE ORDER EXCEPT NONE OF THE ABOVE**

**NONE OF THE ABOVE IS EXCLUSIVE**



**Did you talk to them about any of the following?**

**Please select all that apply**

1. The effect alcohol might have on their behaviour i.e. they could make silly / bad choices
2. The risk of getting involved in violence
3. How to use information on % ABV (i.e. strength of alcohol)
4. What information on alcohol unit means and how to use these
5. The short term effects of alcohol e.g. feeling unwell, being sick, dizziness
6. The risk of getting in trouble with the police
7. The possible long-term effect on their health
8. How to avoid being pressurised into drinking
9. How to know when to stop drinking
10. The risks of unwise sexual activity as a result of drinking too much
11. The risk of alcohol making them vulnerable to others
12. How not all young people drink alcohol
13. Why it's ok for adults to drink alcohol, but not children
14. None of the above

**ASK IF CODE 2 OR 3 AT QP5 IF NOT, SKIP TO QP12**

**P10.**

**SINGLE CODE**

**Do you or your partner/spouse plan to speak to your child about alcohol in the future?**

**Please select one answer only**

1. Yes – **ROUTE TO QP11**
2. No – **ROUTE TO QP12**
3. Don't know – **ROUTE TO QP12**

**ASK IF CODE 1 AT QP10 IF NOT, SKIP TO QP12**

**P11.**

**NUMERIC: ALLOW FROM CURRENT AGE OF RESPONDENTS CHILD WHO WILL BE ASKED TO ANSWER CHILDRENS SECTION - 18  
DK IS EXCLUSIVE**

**At what age do you think you will talk to them about this?**

**Please type in your answer below**

99. Don't know

**ASK ALL PARENTS**

**P12.**

**GRID**

**SINGLE CODE PER ROW**

**ROTATE ORDER**

**ACROSS THE TOP SCALE TO BE FLIPPED SO THAT 50% SEE CODES 1 TO 5 AND  
50% SEE CODES 5 TO 1, DK ALWAYS TO APPEAR LAST**

**To what extent do you agree or disagree with the following statements?**

**Please select one answer per row**

**ACROSS THE TOP**

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don't know

**DOWN THE SIDE**

1. It is okay for parents to allow their child to drink some alcohol, even if they are under 16 years old
2. I would like more information on the best way to talk to my child about the risks of alcohol and sensible drinking
3. There are many things I don't know about the effects of alcohol on children
4. It is important that parents talk to their child about the risks associated with alcohol, well before they become exposed to it
5. It is inevitable that most children will drink alcohol before the age of 16
6. Talking to children about alcohol can make it more of an issue than it needs to be
7. I worry that my own alcohol consumption is at odds with what I tell my children
8. I'm often unsure how to respond to tricky questions my children have about alcohol
9. I worry that my children's friends are a greater influence on my child's drinking behaviour than I am
10. It is important that I proactively bring up alcohol with my child, not wait for something to happen

**ASK ALL PARENTS**

**P13.**

**SINGLE CODE**

**How well informed, if at all, are you of the risks to children of drinking alcohol?**

**Please select one answer only**

1. Very well informed
2. Fairly well informed
3. Not very well informed
4. Not at all informed
5. Don't know

**ASK ALL PARENTS**

**P14.**

**OPEN END**

**DK IS EXCLUSIVE**

**What, if any, serious negative consequences do you think there are to children if they start drinking alcohol at too young an age?**

**Please type in your answer below**

99. Don't know

**ASK ALL PARENTS**

**P15.**  
**SINGLE CODE**

**If a child started drinking twice a week at age 14, how likely do you think it is that that child would develop a drinking problem later in life?**

**Please select one answer only**

1. Very likely
2. Fairly likely
3. Not very likely
4. Not at all likely
5. Don't know

**ASK ALL PARENTS**

**P16.**  
**MULTICODE**  
**ROTATE ORDER EXCEPT 'INCREASED RISK OF HAVING UNPROTECTED SEX' AND**  
**NONE OF THE ABOVE**  
**NONE OF THE ABOVE IS EXCLUSIVE**

**Which, if any, of the following do you think could affect a child as a result of drinking too much alcohol at a young age?**

**Please select all that apply**

1. Hair loss
2. Increased risk of accident or injury
3. Increased risk of contracting sexually transmitted infections
4. Increased risk of getting in trouble with the police
5. Increased risk of involvement with violence
6. Increased risk of unwanted pregnancy
7. More likely to catch infections
8. Problems with skin
9. Early onset of liver disease
10. Increased risks of doing less well at school
11. Increased risk of having unprotected sex **(ALWAYS AT END OF LIST ABOVE NONE OF THE ABOVE)**
12. None of the above

**ASK ALL PARENTS**

**P17.**  
**GRID**  
**SINGLE CODE PER ROW AND COLUMN**  
**DK IS EXCLUSIVE**

**Which of the following factors would you say has the greatest influence in shaping children's attitudes to alcohol?**

**Please rank your answers in order of importance, from the most important factor down to the least important factor.**

**Please select one answer per row making sure there is only one answer per column**

**ACROSS THE TOP**

1. 1 – Most important
2. 2
3. 3
4. 4
5. 5 – Least important

**DOWN THE SIDE**

1. Their parents' drinking behaviour
2. Their brother's/sister's drinking behaviour
3. Their friends' drinking behaviour
4. Drinking behaviour they are exposed to through the media
5. Drinking behaviour they see in their local area

**SEPARATE CODE**

99. Don't know

**ASK ALL PARENTS**

**P18.**

**SINGLE CODE**

**Have you read any articles in newspapers or magazines recently about the risks of children drinking alcohol or how parents can talk to their children about alcohol?**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know

**ASK IF CODE 1 AT QP18 IF NOT, SKIP TO QP21**

**P19**

**OPEN END**

**Please describe what you have seen. If you have seen more than one article, please describe the two which stick in your mind the most.**

**Please type in your answer below**

**ASK IF CODE 1 AT QP18 IF NOT, SKIP TO QP21**

**P20.**

**SHOW QUESTION TEXT THEN LOGO IMAGE 'DA\_logo\_sl-bottom\_xz' AND RESPONSE OPTIONS UNDERNEATH IMAGE**

**Did these articles mention Drinkaware or use this logo?**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know

**ASK ALL PARENTS**

**P21.**

## **SINGLE CODE**

**Have you seen anything online recently either about the risks of children drinking alcohol or how parents can talk to their children about alcohol?**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know

**ASK IF CODE 1 AT QP21 IF NOT, SKIP TO NEW SCREEN BEFORE QP24  
P22.  
OPEN END**

**Please describe what you have seen. If you have seen more than one thing online, please describe the two which stick in your mind the most.**

**Please type in your answer below**

**ASK IF CODE 1 AT QP21 IF NOT, SKIP TO NEW SCREEN BEFORE QP24  
P23.  
SINGLE CODE  
SHOW QUESTION TEXT THEN LOGO IMAGE 'DA\_logo\_sl-bottom\_xz' AND RESPONSE  
OPTIONS UNDERNEATH IMAGE**

**Did these use this logo?**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know

## **NEW SCREEN**

**On the next screen you will see some online adverts.**

**ASK ALL PARENTS  
P24.  
SINGLE CODE  
SHOW QUESTION TEXT THEN INTERACTIVE PARENT BANNER – WINE  
'http://console.unrulymedia.com/content/video/12123' TO BE EMBEDDED USING THE  
JAVA EMBED LINK MPU: '<script type="text/javascript"  
src="http://video.unrulymedia.com/wildfire\_55736051.js"></script>' (AS PER EMAIL  
WITH SCRIPTER DATED Fri 28/10/2011 10:42)  
RESPONSE OPTIONS TO THE RIGHT OF THE INTERACTIVE BANNER**

**Have you seen this advert before?**

**Please select one answer only**

1. Yes
2. No

3. Can't remember / Don't know

## ASK ALL PARENTS

P25.

### SINGLE CODE

SHOW QUESTION TEXT THEN IMAGE 'Parents video still' AND RESPONSE OPTIONS UNDERNEATH IMAGE

The following is a still image from a video. Have you seen this video before?

Please select one answer only

1. Yes - I have seen this video before
2. No - I have not seen this video before
3. Can't remember / Don't know

## NEW SCREEN

### Parents' Consent

Many thanks for completing this survey. This research is being conducted for an independent, UK-wide charity which aims to increase awareness and understanding of the role of alcohol in society, enabling individuals to make informed choices about their drinking.

Since many of the attitudes and behaviours associated with alcohol first start in childhood and adolescence, it is also important to understand children and young people's opinions and experiences of alcohol. **We are therefore conducting a survey among 10-17 year olds exploring these issues and would be very grateful if [INSERT child name FROM PANEL INFO... FOR INTERNAL PANEL AND INSERT 'the [INSERT GENDER] aged [INSERT EXACT AGE (10-17)] in your household' FOR EXTERNAL PANEL] could participate.**

The questionnaire covers a range of issues about young people including their attitudes to alcohol, their awareness of the health and social effects of alcohol, as well as their experience, if any, of drinking alcoholic drinks. **We are just as interested in young people who have never drunk alcohol as those who have.** If you wish to see the questions your child will be asked to complete please click here [\[INSERT LINK TO PDF QUESTIONNAIRE\]](#) for a copy of the questionnaire.

**The survey is completely confidential;** no individual will be identified in the results and no-one outside Ipsos MORI will know how an individual answered their questionnaire or even know that they took part. Ipsos MORI strictly adheres to the Market Research Society Code of Conduct and the Data Protection Act 1998.

### INTERNAL

I hope that you will be happy for your child to complete this survey which will take about 16 minutes and for which you will receive an additional x points. If you have any questions about the survey please email [epanel-uk@ipsosinteractive.com](mailto:epanel-uk@ipsosinteractive.com).

1. I am happy for my child to complete the survey – [GO TO CHILDREN'S SURVEY PARENTS' INTRO PAGE](#)
2. I do not wish my child to complete the survey – [THANK AND CLOSE EXTERNAL](#)

1. I am happy for the child to complete the survey – [GO TO CHILDREN'S SURVEY PARENTS' INTRO PAGE](#)
2. I do not wish the child to complete the survey – [THANK AND CLOSE](#)

**IF CODE 1 CONTINUE TO CHILDREN SURVEY PARENTS' INTRO PAGE**

**IF CODE 2 THANK RESPONDENT AND CLOSE SURVEY (GIVE INCENTIVE FOR PARENT COMPLETION ONLY)**

## **NEW SCREEN**

**Children's survey - Parents' intro page**

### **INTERNAL**

Thank you for agreeing to [\[INSERT child name FROM PANEL INFO...\]](#) helping with this research. Please bring [\[INSERT child name FROM PANEL INFO...\]](#) to the computer and click 'next'. The survey will then start for [\[INSERT child name FROM PANEL INFO...\]](#) to complete.

If [\[INSERT child name FROM PANEL INFO...\]](#) is not available to complete the survey at the moment, please exit and revisit the link when they are available.

### **EXTERNAL**

Thank you for agreeing to the specified child helping with this research. Please bring the child to the computer and click 'next'. The survey will then start for the child to complete.

If the specified child is not available to complete the survey at the moment, please exit and revisit the link when they are available.

**ASK QUESTIONS C1 TO C38 TO CONSENTED (CODE 1) CHILDREN ONLY, IF NOT THANK AND CLOSE**

## **NEW SCREEN**

Thank you for your interest in this survey. The results will help researchers learn about you, your views on alcohol, and any experience you might have had, if any, of drinking alcoholic drinks.

**Everything you write will be confidential (we won't know who you are and we won't pass on any information you give us to anyone else).** Please don't worry about other people seeing your answers – that won't happen, so please answer truthfully. **This survey is all about you so it is really important to the researchers that you are as honest as possible.**

Please read each question carefully and take your time to answer. The survey will take you about 16 minutes. This is not a test and there are no right or wrong answers.

If you see a question that you cannot answer, or you are unhappy about answering, please tick 'don't know' or 'prefer not to say' and move onto the next question. Please do try to answer as many questions as you can.

Thank you again for helping with our research. **Remember, you don't have to take part if you don't want to.** If you would like to take part in our research, please click on the 'next' button to continue to the survey.

**[PLEASE INCLUDE AS MUCH SPACE AS POSSIBLE BETWEEN THE TEXT ABOVE AND THE CLOSE OUT INSTRUCTION BELOW]**

If you do not want to take part please exit. **[FOR THIS SENTENCE PLEASE USE A SMALLER FONT SIZE AND INSERT CLOSE BUTTON UNDERNEATH ON THE FAR LEFT TO EXIT THE SURVEY]**

**AUTOCODE FOR THIS QUESTION FROM PANEL INFO**  
**QSC1.**  
**SINGLE CODE**  
**THIS QUESTION SHOULD NOT BE SHOWN ON SCREEN**

**Are you...**

1. Male
2. Female

**AUTOCODE FOR THIS QUESTION FROM PANEL INFO**  
**QSC2.**  
**NUMERIC**  
**RECORD EXACT AGE**  
**ALLOW 10-17**  
**THIS QUESTION SHOULD NOT BE SHOWN ON SCREEN**

**Please type in your age**

**ASK ALL**  
**C1.**  
**GRID**  
**SINGLE CODE PER ROW**

**Do you think it is OK, or not, for someone your age to do the following?**

**Please select one answer per row**

**ACROSS THE TOP**  
1. OK  
2. Not OK  
3. Don't know  
4. Prefer not to answer

**DOWN THE SIDE**  
1. Try drinking alcohol to see what it's like  
2. Try getting drunk to see what it's like  
3. Drink alcohol once a week  
4. Get drunk once a week

**ASK ALL**  
**C2.**  
**SINGLE CODE**



**How many, if any, of your friends drink alcohol?**

**Please select one answer only**

1. All
2. Most
3. Some
4. A few
5. None
6. Don't know
7. Prefer not to answer

**ASK ALL**

**C3.**

**MULTICODE**

**CODES 4, 5 AND 6 ARE EXCLUSIVE**

**Have you ever felt encouraged to drink alcohol?**

**Please select all that apply**

1. Yes, by an older friend
2. Yes, by a friend my age or younger
3. Yes by a relative / family member
4. No **(SINGLE CODE)**
5. Don't know **(SINGLE CODE)**
6. Prefer not to answer **(SINGLE CODE)**

**ASK ALL**

**C4.**

**SINGLE CODE**

**Have you ever had an alcoholic drink, not just a sip?**

**Please don't count drinks labelled low alcohol.**

**Please select one answer only**

1. Yes
2. No
3. Prefer not to answer

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) IF NOT, SKIP TO QC20**

**C5.**

**NUMERIC: ALLOW 0 – UP TO CURRENT AGE OF RESPONDENT**

**CAN'T REMEMBER AND PREFER NOT TO ANSWER IS EXCLUSIVE**

**How old were you when you had your FIRST alcoholic drink?**

**Please type in your answer below**

98. Can't remember

99. Prefer not to answer

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) IF NOT, SKIP TO QC20**

**C6.  
SINGLE CODE**

**When you had your FIRST alcoholic drink, were you celebrating a special family or religious event e.g. a birthday, wedding, Christmas?**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know
4. Prefer not to answer

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) IF NOT, SKIP TO QC20**

**C7.  
SINGLE CODE**

**Was there an adult present when you had your FIRST alcoholic drink or not?**

**By adult we mean someone 18 years or older.**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know
4. Prefer not to answer

**IF ADULT WAS PRESENT (CODE 1 AT QC7) IF NOT, SKIP TO QC10**

**C8.  
SINGLE CODE**

**Have you had an alcoholic drink without an adult present?**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know
4. Prefer not to answer

**IF YES AT QC8 IF NOT, SKIP TO QC10**

**C9.  
NUMERIC: ALLOW 0 – UP TO CURRENT AGE OF RESPONDENT  
CAN'T REMEMBER / DK AND PREFER NOT TO ANSWER IS EXCLUSIVE**

**At what age did you first have an alcoholic drink without an adult present?**

**Please type in your answer below**

98. Can't remember / Don't know

99. Prefer not to answer

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) AND ARE AGED 12-17, IF NOT CODE 1 AT QC4 SKIP TO QC20, IF NOT AGED 12-17 SKIP TO QC10B**  
**C10A.**  
**SINGLE CODE**

**How often do you USUALLY have an alcoholic drink?**

**Please select one answer only**

1. Every day or almost every day
2. About twice a week
3. About once a week
4. About once a fortnight
5. About once a month
6. A few times a year
7. Only on special occasions
8. I never drink alcohol now
9. Don't know
10. Prefer not to answer

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) AND ARE AGED 10-11, IF NOT CODE 1 AT QC4 SKIP TO QC20, IF NOT AGED 10-11 SKIP TO QC11A**  
**C10B.**  
**SINGLE CODE**

**How often do you USUALLY have an alcoholic drink?**

**Please select one answer only**

1. Every day or almost every day
2. About once or twice a week
3. About once or twice a month
4. Less often than this
5. I never drink alcohol now
6. Don't know
7. Prefer not to answer

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) AND ARE AGED 12-17, IF NOT CODE 1 AT QC4 SKIP TO QC20, IF NOT AGED 12-17 SKIP TO QC11B**  
**C11A.**  
**SINGLE CODE**

**When did you LAST have an alcoholic drink?**

**Please select one answer only**

1. In the last week
2. 2-3 weeks ago
3. 1 month ago
4. 2 months ago
5. 3-6 months ago
6. 7-12 months ago
7. Over a year ago
8. Can't remember / Don't know
9. Prefer not to answer

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) AND ARE AGED 10-11, IF NOT CODE 1 AT QC4 SKIP TO QC20, IF NOT AGED 10-11 SKIP TO QC12**

**C11B.**

**SINGLE CODE**

**When did you LAST have an alcoholic drink?**

**Please select one answer only**

1. In the last week
2. In the last month
3. In the last 6 months
4. In the last year
5. Over a year ago
6. Can't remember / Don't know
7. Prefer not to answer

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK IN THE LAST YEAR (CODE 1-6 AT QC11A OR CODE 1-4 AT C11B) IF NOT, SKIP TO QC13**

**C12.**

**DRAW AND DROP QUESTION**

**TEXT TO APPEAR WHEN YOU HOOVER OVER THE IMAGES INDICATING THE DRINK**

**Thinking about the LAST TIME you were drinking alcohol, please record how many, if any, of the following drinks you had?**

**Please count any whole drinks such as glasses, bottles or cans, rather than sips.**

**Please select each of the drinks that you drank and drag and drop them into the empty column. Type in underneath each drink how many you had of them.**

**TWO COLUMNS EACH HAS THE FOLLOWING:**

**FIRST COLUMN – ALL MAIN DRINK TYPES AS BELOW WILL DISPLAY DOWN THE SIDE TO BE DRAG AND DROPPED IN A BLANK COLUMN**

**SECOND COLUMN – BLANK COLUMN**

**NUMERIC BOX TO BE INCLUDED UNDERNEATH TO INDICATE THE AMOUNT THE RESPONDENT DRANK**

**RESPONDENT SHOULD BE ALLOWED TO DRAG AND DROP EACH IMAGE ONCE INTO THE BLANK COLUMN**

**RESPONDENTS SHOULD NOT BE FORCED TO DRAG ALL IMAGES INTO THIS COLUMN**

1. Lager or beer
2. Cider
3. Wine or champagne
4. Fortified wine (e.g. Martini sherry or port)
5. Spirits (with a mixer)
6. Spirits (as shots)
7. Alcopops (e.g. Smirnoff Ice, WKD or Bacardi Breezer)
8. Cocktails

**SEPARATE CODE**

99. Prefer not to answer

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) IF NOT, SKIP TO QC20**

**C13.**

**MULTICODE**

**ON MY OWN, CAN'T REMEMBER / DK AND PREFER NOT TO ANSWER IS EXCLUSIVE**

**The LAST TIME you were drinking alcohol, who were you with?**

**Please select all that apply**

1. My mother / father / step-mother / step-father
2. My brother(s) / step-brother(s) / sister(s) / step-sister(s)
3. Friend(s)
4. Boyfriend / Girlfriend
5. An adult relative (e.g. uncle, aunt, grandparent)
6. An adult friend
7. On my own **(SINGLE CODE)**
8. Someone else
9. Can't remember / Don't know **(SINGLE CODE)**
10. Prefer not to answer **(SINGLE CODE)**

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) IF NOT, SKIP TO QC20**

**C14.**

**SINGLE CODE**

**The LAST TIME you were drinking alcohol, where were you?**

**Please select one answer only**

1. At home or at the home of a friend or boyfriend / girlfriend
2. At a relative's, neighbour's or friend of parents' home
3. Outside e.g. in the street, in a park, on the beach or other open area
4. In a bar, pub, disco or club
5. In a restaurant
6. Somewhere else
7. Can't remember / Don't know
8. Prefer not to answer

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) IF NOT, SKIP TO QC20**

**C15.**

**MULTICODE**

**CAN'T REMEMBER / DK AND PREFER NOT TO ANSWER IS EXCLUSIVE**

**The LAST TIME you were drinking alcohol, how did you get it?**

**Please select all that apply**

1. I got it myself
2. One of my parents gave it to me
3. One of my brothers / sisters gave it to me
4. Another relative gave it to me
5. A friend, boyfriend / girlfriend gave it to me
6. Another adult gave it to me
7. Other (please write in)
8. Can't remember / Don't know **(SINGLE CODE)**
9. Prefer not to answer **(SINGLE CODE)**

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) IF NOT, SKIP TO QC20**

**C16.**

**SINGLE CODE**

**Have you ever been drunk?**

**By drunk we mean having drunk enough alcohol to feel less in control, wobbly or under strong influence of alcohol or doing something or saying things that you wouldn't normally do or say (without drinking).**

**Please select one answer only**

1. Yes, I have been drunk once
2. Yes, I have been drunk more than once
3. No, I have never been drunk
4. Can't remember / Don't know
5. Prefer not to answer

**ASK THOSE WHO HAVE BEEN DRUNK (CODE 1 OR 2 AT QC16) IF NOT, SKIP TO QC20**

**C17.**

**NUMERIC: ALLOW 0 – UP TO CURRENT AGE OF RESPONDENT**

**CANT REMEMBER / DK AND PREFER NOT TO ANSWER IS EXCLUSIVE**

**Thinking about the FIRST time you were drunk, how old were you?**

**Please type in your answer below**

98. Can't remember / Don't know
99. Prefer not to answer

**ASK THOSE WHO HAVE BEEN DRUNK (CODE 1 OR 2 AT QC16) IF NOT, SKIP TO QC20**  
**C18.**  
**SINGLE CODE**

**In the last four weeks, how many times, if any, have you been drunk?**

**Please select one answer only**

1. None
2. Once
3. Twice
4. Three or more times
5. Don't know
6. Prefer not to answer

**ASK THOSE WHO HAVE BEEN DRUNK (CODE 1 OR 2 AT QC16) AND ARE AGED 12-17 IF NOT, SKIP TO QC19B**  
**C19A.**  
**SINGLE CODE**

**How often, if at all do you and your friends drink alcohol to get drunk?**

**Please select one answer only**

1. Every day or almost every day
2. About twice a week
3. About once a week
4. About once a fortnight
5. About once a month
6. A few times a year
7. Once or twice a year
8. I never get drunk now
9. Prefer not to answer

**ASK THOSE WHO HAVE BEEN DRUNK (CODE 1 OR 2 AT QC16) AND ARE AGED 10-11 IF NOT, SKIP TO QC20**  
**C19B.**  
**SINGLE CODE**

**How often, if at all do you and your friends drink alcohol to get drunk?**

**Please select one answer only**

1. Every day or almost every day
2. Once or twice a week
3. Once or twice a month
4. Less often than this
5. I never get drunk now
6. Prefer not to answer

**ASK ALL**  
**C20.**

## **SINGLE CODE**

**How would you compare your level of drinking with other people your age?**

**Please select one answer only**

1. I drink more alcohol than most other people my age
2. I drink around the same amount of alcohol as other people my age
3. I drink less alcohol than most other people my age
4. I don't drink alcohol
5. Don't know
6. Prefer not to answer

**ASK THOSE WHO HAVE NOT HAD AN ALCOHOLIC DRINK (CODE 2 OR 3 AT QC4) IF NOT, SKIP TO QC22.**

**C21.**

**MULTICODE**

**ROTATE ORDER EXCEPT OTHER AND DON'T KNOW AND PREFER NOT TO ANSWER  
DON'T KNOW AND PREFER NOT TO ANSWER IS EXCLUSIVE**

**You said that you have never had an alcoholic drink, why is that?**

**Please select all that apply**

1. I'm not interested
2. It hasn't been offered to me
3. I don't know enough about it
4. For religious reasons
5. I might get into trouble with my parents
6. I am too young to drink
7. I think it's dangerous
8. It is too expensive
9. It gets you drunk
10. It will damage my health
11. I don't want to get addicted
12. Drinking is wrong
13. I don't like the taste
14. My friends don't drink
15. I can't get hold of any drink
16. My parents don't drink
17. I'm worried about being out of control
18. I'm worried about embarrassing myself / doing something I would regret
19. Other (please write in)
20. Don't know **(SINGLE CODE)**
21. Prefer not to answer **(SINGLE CODE)**

**ASK ALL**

**C22.**

**MULTICODE**

**ROTATE ORDER EXCEPT DON'T KNOW AND PREFER NOT TO ANSWER  
DON'T KNOW AND PREFER NOT TO ANSWER IS EXCLUSIVE**

**What would you expect to happen if you drink alcohol?**

**100**



**Please select all that apply**

1. I'll be relaxed
2. I might get into trouble with the police
3. I'll harm my health
4. I'll feel happy
5. I'll forget my problems
6. I might not be able to stop drinking
7. I might get a hangover/feel ill the next morning
8. I'll feel more friendly and outgoing
9. I might do something I would regret
10. I'll have a lot of fun
11. I might feel sick
12. I'll feel more confident
13. I may be in danger of being harmed by someone – **ONLY ASK OF CHILDREN AGED 13+ FROM QSC2**
14. I will not be aware of what is going on around me
15. Don't know **(SINGLE CODE)**
16. Prefer not to answer **(SINGLE CODE)**

**ASK ALL**

**C23.**

**MULTICODE**

**ROTATE ORDER EXCEPT CODES 10 - 14**

**NONE OF THE ABOVE AND DON'T KNOW AND PREFER NOT TO ANSWER ARE EXCLUSIVE**

**Which, if any, of the following problems do you think can happen by drinking too much alcohol at a young age?**

**Please select all that apply**

1. It can cause problems with your skin
2. It can make you feel depressed or unhappy
3. It may cause you to have an accident or injury
4. It may get you involved in violence
5. It may get you in trouble with the police
6. It may increase the risk of getting pregnant – **ONLY ASK OF CHILDREN AGED 13+ FROM QSC2**
7. You may be more likely to catch a sexually transmitted infection (STI) – **ONLY ASK OF CHILDREN AGED 13+ FROM QSC2**
8. You may put on weight/get fatter
9. It can affect your memory
10. You might be more likely to have unprotected sex – **ONLY ASK OF CHILDREN AGED 13+ FROM QSC2 (TO ALWAYS APPEAR BEFORE OTHER)**
11. Other (please write in)
12. None of the above **(SINGLE CODE)**
13. Don't know **(SINGLE CODE)**
14. Prefer not to answer **(SINGLE CODE)**

**ASK ALL**

**C24**

**MULTICODE**

**NONE OF THE ABOVE AND DON'T KNOW AND PREFER NOT TO ANSWER ARE EXCLUSIVE**

**Which, if any, of the following health problems do you think can happen by drinking too much alcohol at a young age?**

**Please select all that apply**

1. It can cause cancer
2. It can cause hair loss
3. It can cause heart problems
4. It can cause reduced fertility levels/harder to have children – **ONLY ASK OF CHILDREN AGED 13+ FROM QSC2**
5. You could hurt or damage your liver
6. It can affect your memory
7. Other (please write in)
8. None of the above **(SINGLE CODE)**
9. Don't know **(SINGLE CODE)**
10. Prefer not to answer **(SINGLE CODE)**

**ASK THOSE WHO HAVE HAD AN ALCOHOLIC DRINK (CODE 1 AT QC4) IF NOT, SKIP TO QC26**

**C25.**

**MULTICODE**

**ROTATE ORDER EXCEPT NONE OF THESE THINGS HAPPENED TO ME AND PREFER NOT TO ANSWER**

**NONE OF THESE THINGS HAPPENED TO ME AND PREFER NOT TO ANSWER IS EXCLUSIVE**

**Thinking about the last time you were drinking alcohol, did any of the following happen to you?**

**Please select all that apply**

1. I felt ill or sick
2. I had an argument with someone
3. I lost some of my money
4. I lost some of my things, e.g. mobile phone
5. I vomited
6. I damaged my clothes
7. I had a fight
8. I got in trouble with the police
9. I was taken to hospital
10. I embarrassed myself in front of friends / did something I regretted
11. None of these things happened to me **(SINGLE CODE)**
12. Prefer not to answer **(SINGLE CODE)**

**ASK ALL**

**C26.**

**GRID**

**SINGLE CODE PER ROW**

**ACROSS THE TOP SCALE TO BE FLIPPED SO THAT 50% SEE CODES 1 TO 5 AND 50% SEE CODES 5 TO 1, DK AND PREFER NOT TO ANSWER ALWAYS TO APPEAR LAST**

**How much do agree or disagree with the following statements?**

**Please select one answer per row**

**ACROSS THE TOP**

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don't know
7. Prefer not to answer

**DOWN THE SIDE**

1. I've seen quite a bit recently about the risks of drinking alcohol
2. Drinking gives me the confidence I need to meet people and make friends
3. Seeing young people my age getting drunk isn't very cool
4. It is normal for someone my age to drink

**ASK ALL**

**C27.**

**GRID**

**SINGLE CODE PER ROW**

**ROTATE ORDER**

**Which, if any, of the following have you done to find out about drinking alcohol?**

**Please select one answer per row**

**ACROSS THE TOP**

1. Yes
2. No
3. Don't know
4. Prefer not to answer

**DOWN THE SIDE**

1. I have asked my parents questions about alcohol
2. My parents have spoken to me about alcohol
3. I have spoken to friends about alcohol
4. I have spoken to a teacher about alcohol
5. I have spoken to a doctor, nurse or health advisor about alcohol
6. I have looked for advice or information about alcohol on the internet, in a book or magazine

**ASK THOSE WHO HAVE HAD A CONVERSATION WITH THEIR PARENTS (CODE YES AT DOWN THE SIDE CODES 1 OR 2 AT QC27) IF NOT, SKIP TO QC29**

**C28.**

**MULTICODE**

**ROTATE ORDER EXCEPT NO, WE DID NOT TALK ABOUT ANY OF THESE AND PREFER NOT TO ANSWER  
NO, WE DID NOT TALK ABOUT ANY OF THESE AND PREFER NOT TO ANSWER IS EXCLUSIVE**

**When you have had conversations with your parents about alcohol, did you talk to them about any of the following?**

**Please select all that apply**

1. Ways to stay safe while drinking alcohol
2. Ways to avoid getting too drunk
3. How much is a sensible amount to drink
4. The risk of getting involved in violence
5. The short term effects of drinking alcohol (such as feeling unwell, being sick, dizzy)
6. The risk of getting in trouble with the police
7. The possible effect on your health of drinking alcohol
8. How to avoid being pressurised into drinking too much
9. How to know when to stop drinking
10. The risks of unwise sexual activity as a result of drinking too much – **ONLY ASK OF CHILDREN AGED 16+ FROM QSC2**
11. That some young people decide not to drink alcohol at all
12. Why adults can drink alcohol, but children cannot
13. No, we did not talk about any of these **(SINGLE CODE)**
14. Prefer not to answer **(SINGLE CODE)**

**ASK THOSE WHO HAVE NOT HAD A CONVERSATION WITH THEIR PARENTS (CODE NO OR DK OR PREFER NOT TO ANSWER AT DOWN THE SIDE CODES 1 AND 2 AT QC27) IF NOT, SKIP TO QC31  
C29.  
SINGLE CODE**

**Would you talk to your parents about the facts and health effects of drinking alcohol?**

**Please select one answer only**

1. Yes
2. No
3. Don't know
4. Prefer not to answer

**ASK THOSE WHO CODE 1 AT QC29 IF NOT, SKIP TO QC31  
C30.**

**MULTICODE**

**ROTATE ORDER EXCEPT I WOULD NOT WANT TO DISCUSS ANY OF THESE WITH MY PARENTS AND PREFER NOT TO ANSWER  
I WOULD NOT WANT TO DISCUSS ANY OF THESE WITH MY PARENTS AND PREFER NOT TO ANSWER IS EXCLUSIVE**

**What would you like that conversation to be about?**

**Please select all that apply**

1. How to stay safe while drinking alcohol
2. How to avoid getting too drunk
3. How much is a sensible amount to drink
4. The risk of getting involved in violence
5. The short term effects of drinking alcohol (such as feeling unwell, being sick, dizzy)
6. The possible effect on your health of drinking alcohol
7. How to avoid being pressurised into drinking too much
8. How to know when to stop drinking
9. Why adults can drink alcohol, but children cannot
10. I would not want to discuss any of these with my parents (SINGLE CODE)
11. Prefer not to answer (SINGLE CODE)

**ASK ALL**  
**C31.**  
**SINGLE CODE**

**Have you had any lessons in school or college which included information on the facts and health effects of drinking alcoholic drinks?**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know
4. Prefer not to answer

**ASK ALL**  
**C32.**  
**GRID**  
**SINGLE CODE PER ROW AND PER COLUMN**  
**I WOULD NOT WANT TO DO ANY OF THESE AND PREFER NOT TO ANSWER IS**  
**EXCLUSIVE UNDERNEATH THE GRID**

**If you wanted to find out about the facts and health effects of drinking alcohol, where would you prefer to get the information from?**

**Please indicate which would be your first choice, followed by your second and then third choice.**

1. Speak to parents
2. Speak to friends
3. Speak to a teacher
4. Speak to a doctor, nurse or health advisor
5. Look for advice or information on the internet, in a book or magazine

**SEPARATE CODES**  
6. I would not want to do any of these (SINGLE CODE)  
7. Prefer not to answer (SINGLE CODE)

**ASK ALL**  
**C33.**  
**SINGLE CODE**

**Are you on any social networks such as Facebook, MySpace, bebo, Twitter?**

**Please select one answer only**

1. Yes
2. No
3. Don't know
4. Prefer not to answer

**ASK IF ON SOCIAL NETWORKING SITE (CODE 1 AT QC33) IF NOT, SKIP TO QC35 C34.**

**SINGLE CODE**

**And have you ever seen on these sites pictures of any of your friends under the influence of alcohol?**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know
4. Prefer not to answer

**ASK ALL**

**C35.**

**SINGLE CODE**

**Have you seen any posters or adverts recently about the dangers of drinking alcohol?**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know
4. Prefer not to answer

**ASK IF CODE 1 AT QC35 IF NOT, SKIP TO QC37**

**C36.**

**OPEN END**

**PREFER NOT TO ANSWER IS EXCLUSIVE**

**Please describe what you have seen. If you have seen more than one poster or advert, please describe the two which you remember the most.**

**Please type in your answer below**

99. Prefer not to answer

**ASK ALL**

**C37.**

**SINGLE CODE**

**Have you seen anything online recently about the dangers of drinking?**

**Please select one answer only**

1. Yes
2. No
3. Can't remember / Don't know
4. Prefer not to answer

**ASK IF CODE 1 AT QC37 IF NOT, THANK AND CLOSE  
C38.**

**OPEN END**

**PREFER NOT TO ANSWER IS EXCLUSIVE**

**Please describe what you have seen. If you have seen more than one thing online,  
please describe the two things which you remember the most.**

**Please type in your answer below**

99. Prefer not to answer

**THANK AND CLOSE**

## Statistical reliability

Because a sample, rather than the entire population of 10 to 17 year olds or their parents in the UK, 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.

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

<b>Overall statistical reliability<sup>7</sup></b>			
<b>Size of sample on which survey result is based</b>	<b>Approximate sampling tolerances applicable to percentages at or near these levels</b>		
	<b>10% or 90%</b>	<b>30% or 70%</b>	<b>50%</b>
	$\pm$	$\pm$	$\pm$
<b>528 (all parents)</b>	3	4	4
<b>519 (all 10-17 year olds)</b>	3	4	4
c. 250 (i.e. males or females)	4	6	6
c. 370 (parent regular drinkers)	4	6	6

*Source: Ipsos MORI*

For example, with a sample of 528 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:

<sup>7</sup> 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.



<b>Statistical reliability between subgroups</b>			
<b>Size of sample on which survey result is based</b>	<b>Approximate sampling tolerances applicable to percentages at or near these levels</b>		
	<b>10% or 90%</b>	<b>30% or 70%</b>	<b>50%</b>
	±	±	±
c. 250 vs. 250 (male vs. female)	5	8	9
c. 182 vs. 346 (above guideline drinker vs. low risk)	5	8	9
c. 123 vs. 243 (children of above guideline parents vs. children of low risk parents)	7	10	11

*Source: Ipsos MORI*

For example, if 10% of above guideline drinkers give a particular answer compared with 15% of low risk drinkers, 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.

## 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

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# 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.

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)
<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 drinker</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)
<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>Above guideline drinker</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.

Measure / term	Definition / how calculated
<i>'Wider comms recognisers'</i>	Parents who have seen more general Drinkaware campaign materials (includes recognisers) – the full definition is presented in section 7.2.