

# Alcohol-related risk-reduction in young people

Dr Eileen Kaner  
Senior Lecturer in Public Health



## Alcohol (mis)use in young people: a health or social problem?

- Many young people who drink don't experience harm
- Alcohol use may have positive social/emotional coping functions (Bradizza et al. 1999)
- Alcohol consumption does increase risk
  - Risk contexts – public & private drinking spaces
  - Risk taking – alcohol & judgement
  - Risk behaviour – drinking/smoking, drinking/sex
  - Collateral damage – the fall out from others

## Government policy focus - social & criminal justice problems



## Is this a health or social problem?



## Risks

- Young people more vulnerable to effects
  - Body mass, metabolism (Miller et al. 2001)
- Lack of experience
  - Ability to assess/avoid risk (Murgraff et al. 1999)
- Pattern of drinking leads to risk
  - High intensity, binge drinking → intoxication
  - Linked to RTAs, trauma (Shepherd et al. 1990)
  - Incidents of rape/assault (Koss & Gaines 1993)
  - Criminal activity, drink-driving (Weschler & Issac 1992)
  - Early onset of sex, sexual risk-taking (Bailey et al. 1999)
  - Correlation with STI/pregnancy (Murgraff et al. 1999)

## How to prevent/reduce risks?

- Stopping young people from drinking
  - Reduce incidence
  - Delay age of onset
  - Broader focus
- Reducing risk in young people who drink
  - Reduce prevalence
  - Harm minimisation
  - Targeted approach



## Social Marketing

- Application of commercial marketing techniques to the analysis, planning, execution and evaluation of programmes designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of society (Andreasen 1995)
- Primary prevention with targeting of specific likely 'high risk' groups (segmentation)

## Evidence - primary prevention Foxcroft et al. 2003

- Young people up to 25
- RCTs (n=41), CTs (n=14) & ITS (n=1)
- 56 studies (32 generic, 24 focus on alcohol)
  - Short < 1yr
    - 15 partially effective, 24 no effect, 4 negative
  - Medium 1-3 yr
    - 19 partially effective, 19 no effect, 2 negative
  - Long > 3 yr
    - 3 effective, 5 no sustained effect

## Conclusion - 1<sup>o</sup>

- Methodological flaws
- Some +ve & -ve effects
- Longer-term effects
  - Life skills training
  - Culturally focused skills training
  - Strengthening families programme, 4 yr nnt 9
- Many popular approaches not effective
  - DARE, SMART, AMPS, PALS, ALERT, Northland etc.
- Problems in transference from US to UK

## Evidence - secondary prevention Natarajan & Kaner 2007

- Age range 11-24
- 8 RCTs of brief intervention
  - Adult trials excluded, no clear youth data
- motivationally focused intervention (FRAMES) with high risk subjects
- Follow-up 30 days to 1 year
  - (latter also reported 2 & 4 years)
- Seven out of 8 trials reported positive outcomes, small to medium effect sizes

## Conclusion 2<sup>o</sup>

- Methodological problems
  - Different outcome measures
  - Self-reported behaviour
- Subjects not representative
  - All US studies
  - Focus on educational settings
  - Primarily white, affluent males
  - Mainly older young people ie 18-21
- Difficulty in generalising to the UK

## We need to know more about reducing alcohol-related risk in young people

- UK evidence-base
- Exploratory work with young people
- Better methodology & more robust evaluation
- Different approaches with younger-young & older-young
- Cultural specificity
- Focus on what works
- Avoid ineffective programmes

