

**WHAT DO
YOU NEED
TO**
#MAKEITGOOD?

Insight Topic 1: **ALCOHOL**

Report authors:
Dr Colin Morrison/Ross Robertson
June 2016



INTRODUCTION

NHS Tayside and partners want to adopt a positive approach to young people's sexual health. An insight gathering project has engaged young people in discussion of what they need to make relationships good. The purpose of the insight process is to bring detail to consideration of future services, particularly the possible use of social marketing or broader communication messages targeting young people.

This paper is one of a number of topic chapters published at www.makeitgoodtayside.org Each topic chapter presents:

- Insight from young people.
- Insight from other research, resources or services.
- A summary and discussion points.

For more about the insight gathering process please refer to '**About the Insight Gathering project**' also published at www.makeitgoodtayside.org

1. INSIGHT FROM YOUNG PEOPLE

In the initial focus groups, the topic of **ALCOHOL** was raised and discussed by 9 of the 16 groups. In terms of online engagement, responses to the **ALCOHOL** online survey came from 63 young people as follows:

Online engagement by Local Authority:

	Number of online submissions
Angus	15
Dundee	43
Perth and Kinross	5
Other area	-
Total by method	63

Online engagement by gender:

	Male	Female	Other gender identity
Number of participants	28	34	1

Online engagement by age:

	Under 16	16	17	18	19	20	21+
Number of participants	9	25	19	6	3	1	-

In addition to discussion in focus groups young people completing the survey provided a response the request: *Tell us about your experience of alcohol when it comes to sex or relationships*. Insight from young people points to several themes.

The role of alcohol

Young people confirm what we know about Scotland's relationship with alcohol – that it is connected and viewed as critical to partying and having fun.

Alcohol is a wonderful thing. (16/Dundee/Male)

fkin love alcohol. (16/Dundee/Female)

Parties, drunk, sex. (17/Angus/Male)

Drugs/alcohol/porn: a good night in. (Focus group 14/PK)

Alcohol is also described as helping young people to relax, acting as a disinhibitor by making the individual feel more confident or free from worries and pressures.

Being intoxicated and feeling like you can talk to anyone and do anything.
(16/Dundee/Female)

Makes you more confident. (17/Dundee/Female)

It can enhance your feelings. (17/PK/Female)

Makes you have a good time, some people use it to forget about all the bad things in their life. (17/Angus/Male)

This positive sense of alcohol is also highlighted alongside some of its harmful effects; from these insights it seems that young people are recognising that there is a balance to be struck between risks and benefits of using alcohol when it comes to relationships and sex.

Alcohol can cause so many problems in a relationship. From arguments to domestic abuse to even forced sexual activity, however it can also do the opposite and help lighten the mood and make for a nice evening together.
(20/PK/Male)

Like when you are just drunk all the time you are not yourself really, like alcohol can be good 'cos it can let you say stuff that you wouldn't be able to, like gives you more confidence, but at the same time it's not something that helps to build trust and respect in a long-term relationship. (Focus group 4/Angus)

It can make you feel confident but it can also make you do things you regret.
(17/Dundee/Female)

In their responses young people have commented on alcohol in the context of relationships as being both fun and dangerous.

Wild and fun. (18/Dundee/Female)

Fun. Exciting. Dangerous. (>16/Dundee/Female)

Dangerous, good time and laughing. (>16/Dundee/Female)

Alcohol, sexual choices and risks

A consequence of the disinhibition when drinking is the risks which young people recognise they take in terms of having sex (when they might otherwise not do so). For the young people quoted below this can include sex with friends, sex outdoors, lack of memory about what they have done and not using condoms. Again responding to the prompt statement: *Tell us about your experience of alcohol when it comes to sex or relationships.*

Half the town's drunk half the time... Being drunk is when people have sex – alcohol initiates sex. (Focus Group 15/Angus)

I have to be drunk. (18/Dundee/Female)

When I drink I always sleep with my friends. (18/Dundee/Female)

Take risks, no condom. (18/Dundee/Female)

When people are intoxicated they do stupid things and this may lead to a one-night-stand. (>16/Dundee/Female)

Sex in woods. (16/PK/Female)

Can cause you to do things you wouldn't normally do. (16/Dundee/Male)

Makes it a bit sketchy. (16/Angus/Male)

Alcohol, sex and regret

Specifically, in terms of doing things one might not normally do, young people recognise feelings of regret when sex happens when intoxicated.

Bad idea and people often regret decisions made when they are under influence of alcohol. (17/Angus/Female)

Alcohol can lead to regret, such as having sex with a really ugly girl. (16/Dundee/Male)

Used to socialize and can contribute to a good night, but can also result in mistakes and can be damaging to your health. (16/Dundee/Female)

Sexual assault and rape

For these contributors, alcohol has been a factor in situations of actual or attempted sexual assault.

Once a boy took it a bit far with me and blamed it on drink and when I told my boyfriend he broke up with me. (16/PK/Female)

Once when I was drunk, a boy tried to make out with me but as I was not interested I stopped him but then he became angry and started shouting. I don't think alcohol and sex mix. (17/Angus/Female)

Alcohol harm

While young people understand the health impact of excessive alcohol use, "It has a bad effect on someone's physical and mental health" (16/Dundee/Male), there is also insight from young people in terms of broader alcohol harm, within relationships and families. When responding to the invitation to 'Tell us about your

experience of alcohol when it comes to sex or relationships' these young people responded as follows.

Can make people abusive, ruin relationships. Bad for health.
(18/Dundee/Female)

It makes people volatile, encourages jealousy and gets in the way of trust. (Focus group 13/Dundee)

Alcohol is bad for relationships, causes a lot of anger and abuse, destroys families. (18/PK/Male)

Unsafe sex, arguments, mistakes, domestic abuse. (16/Dundee/Female)

The pervasive nature of alcohol in young people's relationships

The link between alcohol consumption and sex is strong for some young people. This exchange from one focus group saw young people reflect on this with one young person implying that 'sober sex' was not the norm. (While it has not been possible to always identify the gender of contributions quoted from mixed sex focus group sessions in this extract YP 1 is male and YP 2 is female):

YP 1: What, you enjoy sober sex?

YP 2: Yeah, it's good to be able to remember it.

YP 1: I don't know man, I've had sex sober and it doesn't work out well.

YP 2: Well for me I like to feel everything and remember what's happened and how I felt. Otherwise what's the point?

YP 1: I don't know, I've been with some girls who just want their hole; they don't seem to care about feeling anything.

Finally, this young person's response sums up the tone and content of many views expressed in the focus group discussion and via the online survey, with alcohol use being seen as normal and fun, but with some concern for when there is a loss of control.

Alcohol is fun to drink at parties, but it shouldn't get involved in sex. If someone has had enough to drink to get kind of drunk, then they cannot make decisions on what they want to do with their body and it is sexual assault or rape. When it comes to relationships yeah it's fun to get drunk with your S.O but if it's too often, all that you do, makes the other person uncomfortable or the person seems to have a problem then it can seriously mess up relationships.
(16/Dundee/Female)

2. INSIGHT FROM RESEARCH, RESOURCES OR SERVICES

The purpose of identifying insight from other sources is to help locate young people's perceptions and lived experience in a broader context, and where possible to provide further evidence to support the stress which young people have given to an issue, in this section regarding alcohol and its role in relationships.

This is not an exhaustive review of literature, the bulk of project resource has been put to engagement with young people, but an identification of what seems particularly important in consideration of the sexual health and wellbeing of young people and gives insight on other work that should form part of local partners' consideration of service development and particularly the use of social marketing in relation to sexual health.

Commissioning partners will be aware of the challenges faced in terms of **Scotland's relationship with alcohol**. Information from ScotPHO profilesⁱ tells us that in Tayside 48.4% of men and 36.1% of women (aged 16 and over) exceed daily/weekly recommended drinking limits (close to the Scottish average) and 14.4% of men and 7.5% of women are identified as being 'problem drinkers' (slightly higher than the national average for men, and lower for women). In terms of wider alcohol harm, Tayside fairs worse than the national average in terms of people perceiving rowdy behaviour in their neighborhood and child protection issues concerned with parental drinking.

The main source for detailed **information about young people's use of alcohol in Scotland** comes from The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) which is a national survey on smoking, drinking and drug use. The survey is conducted on a biennial basis, targeting secondary school pupils aged 13 and 15 in local authority and independent schools. SALSUS was last undertaken in autumn 2013 (providing local and national output) and in autumn 2015 (providing national output only). While the survey is conducted with young people younger than the target group for this insight gathering process it does establish some baseline for the relationship young people have with alcohol at 15 years old. The last findings for NHS Taysideⁱⁱ from 2013 tell us that:

- 20% of 15 years said they had drunk alcohol in the week prior to the survey (this is down by 11% from the previous survey).
- 14% of 15 year olds report they usually drink at least once a week (this is down by 12% from the previous survey).
- Those 15 year olds who have drunk alcohol in the previous week report an average of 16 units in that week.
- While 33% of 15 year olds report they had never been drunk (up 8%) 16% said they have been drunk more than 10 times (an 8% reduction).

From the national SALSUS data 15 year olds report that the most common source of alcohol supply is a relative or friend. Alcohol is most likely to be drunk at a party (52% of young people identifying this setting), in someone else's home (44%) or at

home (43%). Further, 30% of boys and 42% of girls who had ever drunk alcohol reported they had done something they later regretted.

Research from across the UK and internationally is mixed in terms of concluding that there is an actual **correlation between alcohol (and drug) use and poor use of contraception and condoms**, and so subsequent unwanted pregnancy and acquisition of STIs. However, alcohol use is also strongly associated with **sexual violence**. From several sources we find that:

- The UNICEF Innocenti Report Card 11ⁱⁱⁱ published in 2013 confirms that the UK has one of the worst reported levels of childhood use of alcohol, reporting that 20% of children aged between 11 and 15 report having been drunk at least twice - establishing an early problematic relationship with alcohol.
- In 2007^{iv} the link between alcohol and drug use and young people's sexual behaviour is described by Professor Bellis in 'Sex, Drugs, Alcohol and Young People' as "fuel for a sexual health crises".
- In 2010 'Making the Links between Alcohol and Sexual Health'^v published by partners in north-east England re-stated similar messages about alcohol consumption and sexual behaviour; claiming that when drinking young people are more likely to have riskier sex, to have sex at a younger age and to not use contraception.
- In 2004 the Home Office published 'Alcohol and sexual violence: key findings from the research'^{vi} whose conclusions included that: "Alcohol is an important dimension in sexual violence".

NHS Tayside and partners will be aware of The British National Surveys of Sexual Attitudes and Lifestyles^{vii} (known as NATSAL) which are among the largest and most detailed scientific studies of sexual behaviour in the world. The latest *Natsal-3* took place in 2010-2012. This survey provides us with information on two specific topics identified by young people in terms of alcohol and its connection to relationships including sexual relationships: issues of *regret* and *consent*.

Considering the young people's insight on the issue of **regret** Kaye Wellings^{viii} and colleagues have developed a measure of **sexual competence** at first sex originally using data from the second NATSAL survey. Firstly, they describe sexual competence as follows:

"Four variables relating to circumstances: regret, willingness, autonomy, and contraception at first intercourse, were used as criteria in the construction of a measure of sexual competence. Lack of sexual competence, thus defined, increases with declining age at first intercourse. A strikingly high proportion, 91% of girls and 67% of boys aged 13 to 14 years at first intercourse, were not sexually competent".

This work then highlights that the younger that first sexual intercourse occurs "the greater the likelihood that the respondent expressed regret relating to timing and reported being more or less (but not equally) willing compared with their partner.

Women were more likely than men to say they wished they had waited longer and to report not having been equally willing”.

In terms of sexual assault, also from NATSAL analysis^{ix}, we know that 9.8% of women and 1.4% of men report non-volitional sex: with a median age of most recent occurrence for women as 18 years old and for men 16 years old. A range of factors are associated with these experiences which include ‘binge drinking’ and in most cases the perpetrator was known to the individual. This locates this key issue strongly in the realm of the population of interest to this insight gathering process.

But some caution is required here. In their work Diane Morrison^x and colleagues highlight **the important difference between alcohol consumption being seen as a cause of risky sex or simply a correlate**. Using daily diaries about health behaviours including drinking alcohol and intercourse they conclude that while condom use after drinking was affected by alcohol consumption other factors mattered more, for example whether the partner was casual (more likely to mean a condom is used) or whether it was known that other methods of contraception were being used or if sex was unexpected (both factors undermine condom use). They conclude: “These findings challenge the widely accepted hypothesis that drinking is a cause of sexual risk-taking. Rather, they underscore the need for interventions to increase teenagers’ access to and ability to use condoms”.

Research from the US also provides useful insight when it comes to alcohol and sexual behaviour and choices, this also suggests the need for caution about assumptions when it comes to the role of alcohol. Dr Douglas Kirby and associates have studied adolescent sexual and reproductive behaviours, work which has included a review of programmes which help identify what factors might be considered *protective* and which might lead to *risk* when it comes to young people’s sexual choices and behaviours. The work has also influenced discussion and developments in Scotland, in 2008 NHS Health Scotland published work using Kirby’s evidence and applying it to work in Scotland^{xi}. In terms of alcohol (and drug) use Kirby and colleagues^{xii} conclude that:

“Numerous studies have found relationships between teens’ use of alcohol and illegal drugs and an increased likelihood of having sex, having sex more often, having sex with more partners, and pregnancy. It is plausible that drinking alcohol and using drugs may lower inhibitions, diminish the ability to assess risks, or increase sexual aggression, thus accounting for the measured relationship between alcohol and drugs and teen sexual activity”.

However, the report authors also sound a note of caution:

“.. it is also possible that part or all of the effect is caused by other factors, such as poor performance in school, general risk-taking or sensation-seeking, lack of parental monitoring, and so on. One study that controlled for some of these factors found that use of alcohol and other drugs was not related to sexual activity for either gender, nor was it related to use of female methods of contraception. However, drinking alcohol was negatively related to boys’ use of

condoms. Another study found that, while both alcohol and drug use in the past were negatively related to condom use, drug and alcohol use during the most recent sex was not negatively related to use of condoms. This finding suggests that something other than lowered inhibitions at the time of sex may explain the relationship. Still other studies have found either no relationship between substance use and sexual risk-taking or no significant relationship once other factors were controlled”.

With all this in mind the review of risk and protective factors concludes that although alcohol and other drug use has an important role in choices and behaviours, the relationship with poor use of contraception or condoms is correlated but not causal – telling us that **in terms of risk, alcohol or drug use matter but need to be considered in a broader, holistic view of a young person’s circumstances.**

There are a range of **information and learning materials** which support young people or professionals who work with them to consider the relationship between alcohol and sexual choices, behaviours and risk. This area of work is likely to be common in many of the youth programmes delivered by partners across NHS Tayside. Some examples from elsewhere include:

NHS Choices: Alcohol and Sex: With information and tips on staying safe when drinking, how alcohol use influences decisions and information on emergency contraception and sexual assault.

<http://www.nhs.uk/Livewell/Sexandyoungpeople/Pages/Sexandalcohol.aspx>

FPA offer training ‘Alcohol use, sexual activity and young people’: The course looks at strategies for workers’ to address issues with young people.

<http://www.fpa.org.uk/course/alcohol-use-sexual-activity-and-young-people>

Youth projects and programmes across Tayside already work with young people on alcohol education and minimising harm. Other agencies in Scotland also do so, for example **Fast Forward** seeks to enable young people to make informed choices about health, wellbeing and lifestyles through the provision of information, training and peer education <http://www.fastforward.org.uk/>

Alcohol Focus Scotland is a national charity and campaigns for evidence-based policies to reduce alcohol-related harm. The agency has developed a range of resources to support professionals work with children and young people on alcohol harm including the *Alcohol Truth Project*. This has included young people developing social media messages on one of the identified ‘ugly truths’ about alcohol: *drinking as a teenager increases your risk of having unprotected sex:*

<https://alcoholtruthproject.wordpress.com/ugly-truths/>

NHS Scotland Knowledge Network also provides links to a range of resources which inform further about both consumption of alcohol by young people or young people who have been affected by problem drinking:

<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/drugs-and-alcohol/topics/alcohol-and-young-people.aspx>

To conclude, there is a need, as with all the topics or themes addressed in this insight gathering process, to be cautious about claiming causality between a perceived concern or behaviour (such as drinking alcohol) and poor or ambivalent choices about condom use or contraception. This has already been stated earlier in consideration of the work of Kirby and colleagues and should be kept in mind and remind us to consider young people's lives *in the round*.

3. ALCOHOL: SUMMARY AND DISCUSSION POINTS

When it comes to the insight offered by young people and other sources several important themes and issues have been highlighted. These are summarised below and discussion points are highlighted.

Access/Alcohol is ubiquitous

Young people have relatively easy access to alcohol, including young people in the lower age bracket of our target group (16 and 17 year olds) for whom direct sales are illegal. The agency Alcohol Focus Scotland recognises that rather than delivering alcohol education which is about technical aspects of units of alcohol or simple messages that alcohol is a bad thing, young people (who are targeted by alcohol producers, particularly through social media) need support to be more literate about marketing and more aware of the harm that alcohol does to families and communities.

The SALSUS study quoted earlier shows an improving picture in terms of under 16s reporting that they drink alcohol or have been drunk. However, there is clearly further work to be done with young people most at risk of using alcohol and developing problems which are likely to worsen in later teenage years. Insight from young people highlights the connection they make between alcohol use and poor choices. If social marketing aims to change specific behaviours it may be that sexual health services need to work with colleagues in other sectors to address behaviours associated with alcohol use.

For young people, alcohol is strongly associated with having fun and feelings of freedom and confidence.

For adults with an interest in health promotion and wellbeing this may seem like an insurmountable problem – in social marketing terms this is the *competition* that is faced. Online promotion of alcohol regularly breaks standard media codes about promoting alcohol as a necessary part of a fun night or essential to relationships. The previously mentioned publication 'Sex, Drugs, Alcohol and Young People' (quoted below) re-frames this as a positive challenge, this will need to be the approach taken if young people are being asked to replace the *benefits* they see in alcohol use with alternatives:

“For any intervention to be successful, it is necessary to... realise what it is like to be young today. If we are concerned for the health and wellbeing of young people, we need to remember and understand that young people do not engage in risky behaviour: they experiment and explore. They have different priorities. They want to try something new”.

Regret, coercion and consent

Young people’s insight pays attention to the down side of alcohol in the context of relationships; they identify regret and coercion as powerful considerations. This may highlight a lack of self-efficacy or poor understanding of consent in their emerging understanding and experiences of personal and intimate relationships. In terms of *segmentation* of a social marketing approach this may point to the need to differentiate between genders and will call on *a mix of approaches* to support young people to learn, negotiate or adapt behaviours on these issues.

References

ⁱ Alcohol Profile Tayside

<https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do>

ⁱⁱ SALSUS: Summary of findings for Tayside http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS_2013_Tayside.pdf

ⁱⁱⁱ UNICEF Office of Research Innocenti Report Card 11 ‘Child well-being in rich countries: A comparative overview’

http://www.unicef.org.uk/Images/Campaigns/FINAL_RC11-ENG-LORES-fnl2.pdf

^{iv} Sex, Drugs, Alcohol and Young People: A review of the impact drugs and alcohol have on young people’s sexual behaviour. June 2007

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_075591.pdf

^v ‘Making the Links between Alcohol and Sexual Health’ (2010) Claire Cairns Associates

<http://www.avaproject.org.uk/media/64877/final%20alcohol%20%20sexual%20health%20report.pdf>

^{vi} Finney A (2004) Alcohol and sexual violence: key findings from the research.

Findings report 215 Home Office <http://www.dldocs.stir.ac.uk/documents/r215.pdf>

^{vii} The British National Surveys of Sexual Attitudes and Lifestyles. The core survey is a population-based probability sample survey of 15,000 men and women aged 16-74 years, resident in Britain (England, Wales and Scotland), which measures a wide range of variables related to sexual attitudes and lifestyles.

<http://www.natsal.ac.uk/home.aspx>

^{viii} ‘Sexual behaviour in Britain: early heterosexual experience’ Kaye Wellings et al Lancet Volume 358 No 9296 1 December 2001

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(01\)06885-4/fulltext?version=printerFriendly](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(01)06885-4/fulltext?version=printerFriendly)

^{ix} Lifetime prevalence, associated factors, and circumstances of non-volitional sex in women and men in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) Maccowall W. et al Lancet Volume 382 No 9907 p1845 (November 2013)

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2962300-4/fulltext>

^x 'Adolescent Drinking and Sex' Morrison DM, Rogers Gillmore M, Hoppe MJ, Gaylord J, Leigh B.C., Rainey D.. Perspectives on Sexual and Reproductive Health 2003; 35[4]. <https://www.guttmacher.org/pubs/journals/3516203.html>

^{xi} 'Promoting a Healthy Respect: What does the evidence support?' SM Fraser (2006) <https://www.healthscotland.com/documents/1184.aspx>

^{xii} 'Sexual Risk and Protective Factors: Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing and Sexually Transmitted Disease: Which Are Important? Which Can You Change?' (2007) Douglas Kirby and Gina Lepore <http://recapp.etr.org/recapp/documents/theories/RiskProtectiveFactors200712.pdf>