

Hard to reach and easy to ignore: The drinking careers of young people not in education, employment or training.

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Published version

NELSON, Pete and TABERRER, Sharon (2015). Hard to reach and easy to ignore: The drinking careers of young people not in education, employment or training. *Child and Family Social Work*, 22 (1), 428-439.

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Abstract

Young people's drinking in the UK remains a matter of medical, social, media and political concern. The notion of transition and drinking styles in the move from childhood to adulthood and education to employment has been central to understanding young people's drinking behaviour but little is known about how the drinking patterns of those not in education or employment both men and women, develop over time. This paper reports on research which aimed to examine the current drinking habits and drinking careers of young people not in education employment and training who are traditionally described as hard to reach. In depth qualitative interviews were undertaken with 23 young people; 15 women and 8 men aged between 14 to 23. The findings are presented in respect of three stages of drinking; starting, continuing or increasing, and decreasing or stopping. The conclusions indicate that for the majority of these young people alcohol is a significant factor in their lives and that peers, gender, time and place combine to structure both their current alcohol use and drinking career. The paper argues that an understanding of young people's drinking career development and current alcohol use will help target effective social work and multi-agency intervention.

Key words

Alcohol, young people, employment, education, social work

Introduction

Substance use is a feature of the case load of all social workers irrespective of their specialist area of work and in response an attempt has been made to set out the roles and capabilities of social workers in England in relation to alcohol and other drug use (Galvani 2015). These are identified as a requirement to *engage* with the subject of substance misuse; to *motivate* people to consider changing their problematic substance misusing behaviour and to *support* them in doing so; and to support people to *make and maintain changes* in their substance use. These roles go beyond the current dominant social work role of assessment and referral to specialist agencies to imply direct work on the part of all social workers. This paper aims to contribute to an evidence base that will help facilitate and target that work with young people.

The paper explores the drinking careers of a group of young people who span age ranges and professional specialisms, who can be both parents and children in need, but who have in common only that they are not in education training or employment. Traditionally described as hard to reach little is known about the drinking patterns of this group. What is known is that the negative effects of excessive drinking impact on the ability to care, physical and mental health, problematic relationships and criminological consequences. (Gavani 2015:3). In seeking to identify their drinking careers and the type and pattern of drinking in which they engage the research aims to contribute to an evidence base which will help facilitate effective intervention.

Young people's drinking in the UK remains a matter of medical, social, media and political concern (Herring et al 2012: 2). In contrast to the dominant discourse of a homogenous group characterised by excessive alcohol use there is evidence that the pattern of young people's drinking is complex and nuanced, influenced by the

overlapping and interrelated effects of gender, class, race, education, employment and geographical location amongst others. (Health and Social Care Information Centre 2013, Seaman and Ikegwuonu 2011) The resulting complexity is open to wide interpretation and as Johnson (2013:2) identifies ‘depending on one’s historical perspective alcohol consumption can be said to be increasing, decreasing or stable’.

Certainly statistics on the alcohol use of school pupils shows a decline and downward trend from 25% who had drunk alcohol in the last week in 2001 to 12% in 2011 (Health and Social Care Information Centre 2013). Attitudinally there has also been a fall in the proportion of 11-15 year olds who think that drinking is acceptable for someone of their age (Health and Social Care Information Centre 2013). For young people aged 16-24 one - fifth has been identified as not drinking alcohol (Herring et al 2012). Considered regionally however the picture is more varied with 39% of pupils in London having had a drink compared with 63% in the North East (Health and Social Care Information Centre 2010.) Furthermore a reliance on averages will include those who abstain or drink little alcohol and take no account of culture, religion or gender differences, with some indication that alcohol use is increasing in young women whilst decreasing in young men, or of heavier drinking and associated higher risk amongst regular drinkers. (Seaman and Ikegwuonu 2011).

Defining young people as an identifiable social group within the context of alcohol use is also complex. The Health and Social Care Information Centre identify school children as aged 11-15 and adults as aged 16 and over yet young people’s friendship or social groups can span both groups with the adult sector arguably too broad to make useful distinctions. In order to understand the pattern of young people’s drinking that lies behind the statistics there has been a wealth of qualitative research. This work has tended to focus on either the 11-16 age range (Johnson 2013) or the 16-

25 age range (Herring et al, 2012,) or the 16-24 age range (Harnett et al 2000). This variation in sample makes it hard to compare the different groups studied or to pass comment on patterns of drinking across transitions.

The notion of transition has been used in understanding young people's drinking, often associated with the move from education to employment, from childhood to adulthood and on to marriage and parenthood as young people 'mature out' of drinking behaviour (Labouvie 1996). In researching young men Harnett et al develop a model of eight drinking styles: childhood, adolescent, experimental, sociable, recreational, safe, therapeutic and structured (Harnett et al 2000). For many young people drinking is a linear progression through the stages from childhood to adulthood. The associated drinking style is said to move from a childhood pattern through experimental use, to a recreational and eventual structured pattern compatible with employment and adult responsibility. The proposition that alcohol use always reduces during transition has however been challenged and for example a longitudinal study of 2000 Norwegian young people found a 'substantial stability in alcohol use over time' (Pape and Hammer 1996).

An explanation based on transition, although rich and nuanced in its full exposition, has tended to be generalised in practice in a way which hinders a fuller understanding (Seaman and Ikegwuonu 2011). For example youth unemployment is currently high in the UK with those young people not progressing to further education either not finding work or moving in and out of short term employment. In the period July to September 2013 there were 1.07 million young people aged from 16 to 24 who were Not in Education Employment or Training (NEET) which amounts to 14.9% of all young people (Office for National Statistics 2013). In Harnett et al's sample they identify a small minority who drank "solely in a therapeutic 'drinking style'. These

were the unemployed who had ‘nothing else to do’ (2010:75). Described as continuing to drink in a ‘socially open space’ not constrained by the contraction of space through employment, their drinking was only restricted by finance and as such the group are potentially at risk of becoming alcohol dependant. As a consequence there is the potential for increased health risk in a social group already disadvantaged by social exclusion. Studies that have focussed on the drinking patterns of young people have focussed on young people in education (Johnson 2013), have focussed exclusively on men (Harnett et al 2000), or have included in their sample only a small number of young people who are NEET (Seaman and Ikegwuonu 2011). Little is known about how the drinking patterns of these young people, both men and women not in education employment or training develop and progress over time. Harnett et al (2010:76) argue that *‘Further research is needed to examine how drinking styles differ amongst different groups of young people...If, through this sort of research, we can identify the route(s) by which young people came to be problematic drinkers, or establish which groups of young people are most at risk from drinking in certain ways, interventions could be focussed at the most at risk groups and tailored to meet needs.’*

Drinking careers

In this study we wanted to examine the drinking career of young people, both male and female. These young people were not selected for their drinking, but for their employment status at the time of the interviews, in this case not in employment, education or training. We are using the term 'drinking career'. This term is often used

in therapeutic settings to reflect the movement from experimentation in drinking to more regular occurrences and thence to problem drinking. Here we use it to include the following three stages:

- starting drinking;
- continuing and increasing drinking;
- stopping or decreasing drinking.

We were interested in exploring the drinking career of young people where a traditional career of education and employment did not impact on their drinking opportunities.

Stage 1: starting drinking

Much of the literature on how and why young people start drinking outlines the influence family history; family behavioural patterns and early exposure to alcohol have on future drinking patterns (Newbury-Birch et al.2009). Whilst it is unclear as to the underlying mechanisms (e.g., genetic, environmental through quality of care or through exposure to alcohol use by parents), there appears to be consensus about the link between parental drinking and their children's use of alcohol. For example Donovan has discussed the impact of parental norms on the onset of drinking (Donovan 2004). Parents have a strong influence on when and how alcohol is introduced, exposure to adult drinking patterns and through the amount of adult supervision provided, influence over the other significant factor in starting drinking – friends and peers (Bremner et al 2011).

Rather than focus on parental influences it has been argued that the age at which children start to drink unsupervised is a better indicator of future drinking problems as it marks a move from drinking with family to drinking with friends, with those in their mid-teens being more secretive and drinking specifically to get drunk (Newburn and Shiner, 2001). This pattern of alcohol use is often referred to as binge drinking where a period of heavy drinking is followed by a period of abstinence (Szmigin et al 2008). Binge drinking has been identified as being particularly problematic with consequences including accidents and violence (Brismar and Bergman 1998); risky sexual behaviour; unplanned pregnancies; sexually transmitted diseases (Cooper 1992); alcohol poisoning and death (POST, 2005.).

Other influences on starting drinking include exposure to alcohol in media such as film or TV. Media influence has been related to positive expectancy regarding alcohol use in adolescence (Smith and Goldman 1994) with a systematic review of longitudinal studies concluding that exposure to media messages regarding alcohol is associated with starting and increasing drinking in adolescence (Anderson et al 2009). A study in the British Medical Journal (Stoolmiller et al.2012), concludes that exposure to alcohol in feature films accounted for 28% of the alcohol onset and 20% of the binge drinking transitions in the observed cohort. Whilst Velleman (2009) suggests that marketing - both direct and indirect - has a very significant influence on young people.

Stage 2: Continuing and increasing drinking

The move from drinking in a family environment to drinking unsupervised had been associated with the idea of peer influence. Bremner et al (2011) indicate that having friends who drink is a strong influence on current drinking and drinking to excess. Research has also tended to an explanation of 'mutual influence' whereby young people seek out those with similar interests (Velleman 2009). The notion of 'conformity motives', whereby current drinking patterns are linked to cultural norms shared by the majority of young people, links drinking to both a time and a place (Van Wersch and Walker 2012).

Velleman's identifies the importance of place, both on the availability of alcohol, the cultural norms, and the physical characteristics of the area e.g., availability of places where young people can drink, with the proportion of 11 to 15 year olds drinking in the open air increasing from 21% in 1999 to 27% in 2008 (Fuller 2009). This brings its own risks with children drinking in risky environments being at increased risk of accidents (Newburn and Shiner 2001), with a study in the North West noting that 40% of those who drink outside experiencing alcohol fuelled violence (DCSF 2008).

Qualitative research with young people has highlighted the routine nature of the drinking, with young people seeing drinking to excess as a form of social glue that binds friendship groups and generates drinking stories (Guise and Gill 2008, Seaman and Ikegwuonu 2010). Whilst Szmigin and colleagues (2008) have argued that young people's drinking amounts to a 'planned letting go', whereby young people seek escape from the constraints of everyday life. Griffin et al (2009) in their study of young people's drinking narratives note that:

intoxication is always transgressing the boundaries of cultured normality, even when it is highly ritualised and sanctioned.

Yet as Bremner et al (2011) conclude, along with peer and family influence, attitudes and expectations of young people '*that drinking will be fun and make you happy*' increases the likelihood of drinking.

Stage 3: Decreasing and stopping drinking

For those children and young people who do drink the literature favours a model whereby young people move through drinking, along a normative path, which results in decreasing, regularising or stopping drinking as other activities such as jobs or family, take over. Some however will not follow this normative trajectory (Maggs and Schulenberg 2010), and for example children with less attachment to school have been found likely to be in a heavy drinking sub-group (Flory et al 2005). Research by Rachel Herring et al (2012) suggests that for young people who don't drink the experiences of those around them, including the negative effects of alcohol on others, plays a part in their decision to abstain, as does good parental role models. If drinking isn't seen as fun because of the impact on self, peers or family then the likelihood of drinking decreases (Bremner et al 2011)

Methodology

Research Site

The research site was a northern town with a population of approximately 136,000, which is seen as a focal hub for surrounding villages and suburbs which together make up a metropolitan borough. The town acts as a social hub for surrounding areas and has a town centre with over 40 pubs and clubs within two to three minutes walk of each other. A centre for mining and heavy industry until the 1980s collapse the town now has a commercial and service industry focus and unemployment levels are high. Deprivation is higher than average for England and about 14,100 children live in poverty. (GOV.UK 2012). The health of people in the town is generally worse than the England average and life expectancy for both men and women is lower than the England average. Rates of road injuries and deaths, smoking related deaths and hospital stays for alcohol related harm are worse than the England average. Although primarily a very poor area there are pockets of affluence and associated inequality with life expectancy being 10.5 years lower for men and 7.0 years lower for women in the most deprived areas compared with the least deprived areas. The area has the second highest number of young people in the country who have ever drunk alcohol or have drunk alcohol in the last week and has an equally high number of adults who used alcohol (NWPHO 2011).

Sample

Twenty three young people who were not in education, employment or training were interviewed. The young people were accessed through the local Connexions Centre in

the town centre. Young people not in education, employment or training were, at the time of the data collection, obliged to attend interviews at Connexions Centres in order to receive benefits and to look for jobs or employment. ('Connexions' was a UK governmental information, advice, guidance and support service for young people aged thirteen to nineteen or up to 25 for young people with learning difficulties and/or disabilities, created in 2000).

The researchers were based in the centre for a week during which time young people attending were asked if they would like to take part in a research interview. Young people were not selected according to their alcohol usage. To try to guard against under or over claiming in respect of alcohol use and the impact of peers on the data provided, individual interviews were held in a private room in the centre. Of those interviewed 8 were male and 15 female. The age breakdown was as follows:

Female – 1=14, 3=16, 7=17, 1=18, 2=19, 1=21

Male – 1=15, 2=16, 2=17, 1=18, 1= 19, 1=23

All were White British with the exception of one 17 year old African Caribbean male; a cultural mix which reflects the population of the town. Three of the young women were single parents. The majority had not been in work since leaving education with the exceptions of one male who had worked as a bricklayer, one who had worked in door to door sales and one male who had worked as a trainee chef. One female had dropped out of university, one had dropped out of college and two males had dropped out of the sixth form, but the majority had not been in further education.

Some of the interviewees were on their first visit to Connexions and some were regular attenders. For all but one of the interviewees alcohol was a significant part of their lives and they described themselves as regular drinkers.

The interviews

The semi structured interview looked at when and how they began drinking, how much they drank, how often they drank, where they were drinking, where they got the alcohol from, what they were doing whilst they are drinking and what they would like provided to stop or reduce their drinking.

A focal point of the interview was the use of a graph. This is a therapeutic tool used in substance misuse assessment and treatment which was adapted by the research team to offer insight into the drinking career of respondents. The interviewees were asked about when they had their first drink and how their drinking pattern had changed over time. This was plotted on a simple graph with age along one axis and circumstances, frequency and amount of use along the other; the points on the bottom axis being dictated by the interviewee. Plotting the drinking career on the graph provided a visual portrayal of the peaks and troughs of usage and allowed comparisons to be made between and within the cohort. In addition the process of completing the graph with the interviewee promoted a discussion of the amount drunk and the exploration of influences on major and minor changes. (See figure 1 and 2 for simplified examples)

Figure 1: 18 Year Old Boy

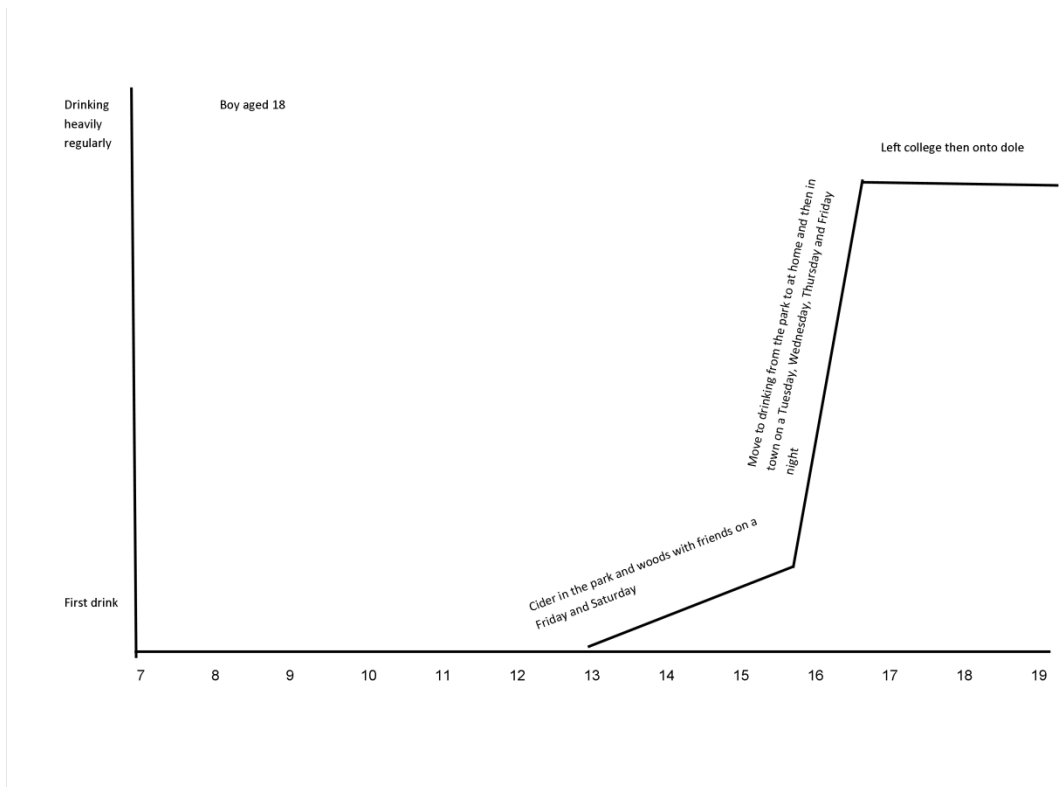
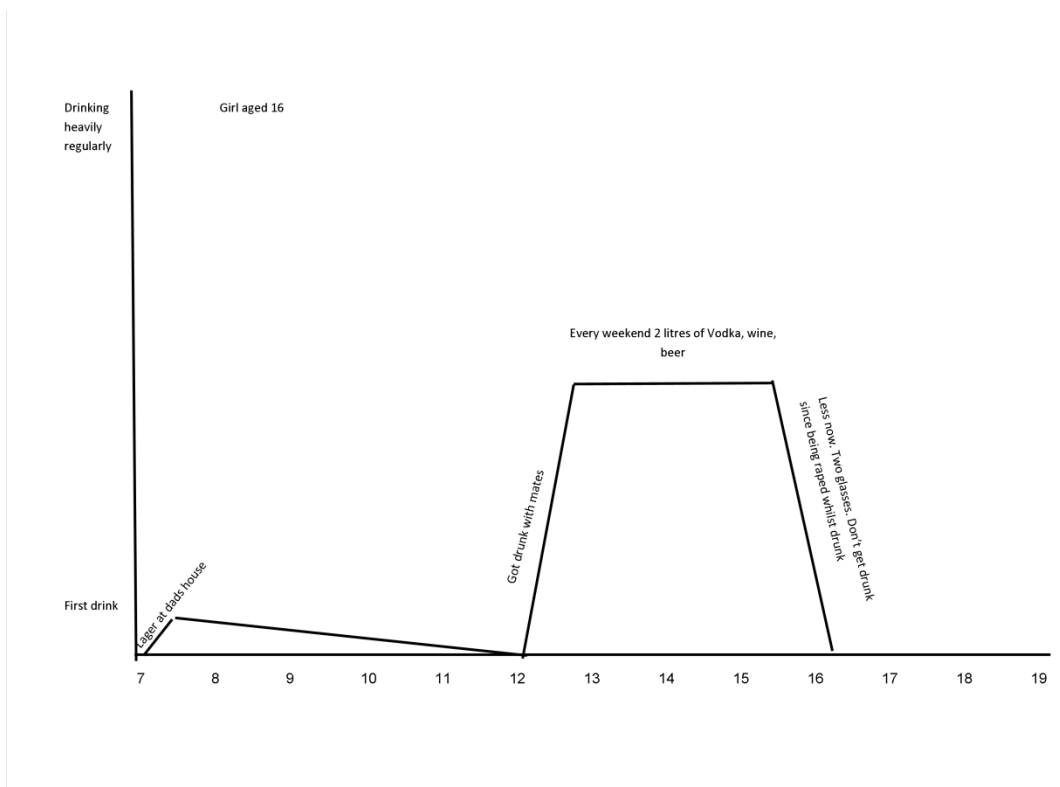


Figure 2: 16 Year Old Boy



Analysis

Framework Analysis methods (Ritchie and Spencer 1994) were used to generate themes and issues that capture the experiences, views and perceptions of the sample. Framework Analysis has emerged from policy research and is a pragmatic approach to qualitative data analysis. It involves a systematic process of sifting, charting and sorting the material into key issues and themes. It allows the integration of pre-existing themes into the emerging data analysis. The interviews were analysed using a thematic framework with the two researchers independently reading the interview texts to identify themes in individual interviews. The interviews were subsequently re-read with both similar and different themes emerging. Each individual researcher's themes were then compared and overarching themes and sub-themes developed. Themes and sub-themes were developed alongside the original interview data to ensure that they correlated. This process was repeated for each of the interviews. All the themes and subthemes from the individual interviews were then brought together. The interviews were then re-read in light of the themes to ensure that any themes that were identified in later interviews were picked up in those read earlier.

Ethics

Ethical consent processes for the work were followed and the full agreement of the statutory commissioning organisation, the organisation where the sampling and interviews were held, and the participants was received. Assurances of anonymity and information about the nature and purpose of the work was provided to participants.

Findings

Starting drinking

The thematic analysis identified three influences on young people starting to drink: their family, their friends and where they lived in terms of access to alcohol. Of these peers was identified as the major influence.

All but two of the male group described starting drinking in the woods or park around the ages of 12 or 13 with their friends. This usually involved drinking cider, a comparatively inexpensive drink in the UK but which can be high in alcoholic content. Two boys said they had first tasted alcohol with parents at home. The pattern of drinking then became one of regular drinking at weekends, during school and after school in the park and then at friends' houses. The amount drunk was difficult to measure as the interviewees were not sure. For example one 15 year old boy said that after beginning drinking aged 12 he now "*kept going until it was all gone*" and given the bottles were shared he didn't really know how much he drank.

Within the female group there was a wider variety of alcohol careers. Two of the interviewees reported having their first drink at 6 and 7 years of age with their parents. Typically however drinking began around 12 to 14 with their friends on the streets or in the park. One 19 year old described beginning drinking at 11 with her mother who "*had a drink problem*" - "*Letting me drink at home at 11 didn't help*" This progressed to drinking every day on the streets in her early teens then to people's houses and after 18 to drinking in pubs and at home. Interestingly she said her current

partner did not drink but that she drank with her partner's sister and mother, or on her own.

Six of the interviewees identified an older relative as an influence with parents, an uncle, or a sibling encouraging the interviewee to drink from an early age.

"My sister works in bars round town, she drags me round with her."

17 year old boy

Where people lived was also important in terms of their access to alcohol with alcohol obtained primarily from the local shop where ID was rarely asked for, unlike in supermarkets or pubs. Village shops in rural locations were seen as particularly easy places for young people under the legal age of 18 to obtain alcohol. Pubs and clubs in town were identified as very difficult to gain access to although a number were said to be easier for young women. *'If you put a bit of make up on and look older.'* The younger boys did not try.

Continuing and increasing the amount drunk

After starting drinking the greatest influence identified by the young people on the escalation and continuation of their drinking was friends and social groups who were seen as being a major influence in two ways: both as a group to belong to, and as a way to cope with the isolation of their situation. They drank to be accepted by the group, with regularised social drinking by the time they were 16. This was the same for male and female interviewees

“It’s a laugh getting drunk with them, nothing else to do at the weekend”. 14 year old girl.

“I want to be like them; everyone follows and wants to fit in with the crowd, you start to like it – people follow”. 16 year old boy.

“Friends, if you don’t drink they force you, drink or they will fall out with you”. 17 year old girl’.

“Drink to get into a group and be popular. I drank because I was getting bullied, it didn’t worry me then. I drank to be cool”. 17 year old girl.

‘They (friends) know how to make me upset enough to get drunk. Drink away life. Drink and see what happens’. 19 year old boy.

The difficulty of obtaining access to pubs and clubs for the younger members of the group, and the high price of alcohol in pubs compared to shops, could be responsible for the age range (from 15 to 24), of those socialising together in the park. A further factor is that young men who were old enough to access pubs were attracted to the younger women who were drinking in the park. Some interviewees commented that the behaviour of the group tended towards all behaving as if they were younger rather than the tendency to act older than they were which was the norm if they drank in clubs, thereby normalising drinking on the streets.

“Mostly one big mixed group, all chavs really, indie rockers, I drink with all of them...we all chip in and share drink, do stuff we shouldn’t.” 17 year old girl.

“We drink in the park or town if we can afford it, sounds a bit chavy but feels relaxed.” 17 year old boy

For the young people we talked to days could be long with no activities to go to. The daily routine varied depending on if, as in the case of the majority, they were living with their parents or extended family. They described themselves as *“sitting around at home”*, looking for jobs, or in the case of the males visiting friends’ houses to play computer games. The women talked of *“hanging around with friends”* doing housework, and baby sitting alongside looking for jobs. The single parents were taken up with childcare. For those in a relationship, that took up much of their time – *“I just spend time with my boyfriend”*. Despite not having jobs or being in college weekends were very much about socialising together and breaking the monotony of the week by going out either round town or to parties at friend’s houses:

“Weekends – go out get drunk go to parties.” 17 year old girl

“Get hammered Friday, Saturday and Sunday, when younger I’d go ice skating but there is nothing very interesting to do.” 17 year old boy

The scene was very much the street or the park and people’s houses. Drinking to get drunk was a key part of the weekend and *“messaging about”* for both boys and girls an activity in itself.

'An ideal weekend? – party, party, party.' 17 year old girl

'Piss up with my mates...in house first then to town in pubs, pull lasses...get in a fight over lasses with mates, next day hangover.' 19 year old boy

Within the female group the majority followed the pattern of regular weekend drinking but 5 interviewees reported a pattern of daily drinking. This pattern was sustained during school attendance mostly after school but sometimes during the day. One interviewee reported that her friend had been expelled for having vodka in her bag at school. Two of the girls, one a 19 year old single parent and one a 17 year old described drinking as a regular part of their daily routine, beginning around 12 noon and 3pm respectively and continuing until 10.30 at night.

"I drink to keep a smile on my face, start at 12 and go straight through – if I'm stressed or mad or emotional I start fighting." 19 year old girl

They described feeling isolated and drank primarily with members of their family or alone.

"I don't get on with my mates anymore – some days I feel like getting smashed but I need to think I have a baby. I can't keep doing what I was doing. Mum brings me Alco pops now and again." 17 year old single mother.

Another difference between how the females and males used alcohol was in response to life crises with the female group reporting examples of drinking to cope with adverse life experiences:

“I drank a full bottle of vodka after my brother died.” 16 year old girl

Drink was also described as a contributory factor to crises with the female interviewees describing significant life experiences as a result of alcohol, for themselves and close friends. A number of these related to unwanted sexual experiences:

“I got raped when drunk, I was paralytic, it’s in court now.” 16 year old girl.

“I had unprotected sex at 14, always regretted it.” 16 year old girl.

For the majority reflecting on experiences of themselves or friends made little difference to their own drinking behaviour – *“I just thought she was stupid”* was a typical response.

For the male group serious adverse impact on their own life was rare. The impact of alcohol tended to be getting into fights:

“Nothing serious, started a few fights, some drinks make me more feisty” 18 year old boy

Several of them had experience of someone they knew being taken to hospital through drink or fighting:

“Two lads were taken to hospital when we were 15. They fell over so we rang for an ambulance and then ran off when it came”.

Only one male interviewee reported major life experiences as a result of drinking, although this did not lead him to stop. This was the 23 year old who at 16 had *“lost a friend because of drinking”*. He described being drunk and being followed by a group of lads, walking across a train line and his friend being hit by a train. This event had led him to drink more and eventually resulted in prison sentence and an alcohol rehab programme. He described himself as now a *“special occasion”* drinker primarily through the influence of his girlfriend:

“She’s the best drug I’ve ever had, she stops me doing things”.

Decreasing and stopping drinking

Several of the interviewees talked of “drinking responsibly” and were keen to separate themselves from those who did not.

“I don’t drink with them that get out of their head – sometimes lasses get into a total state.” 16 year old boy.

“I drink responsibly; don’t like getting drunk and finding trouble.” 17 year old boy.

“We drink sensibly, we’re not idiots.” 16 year old boy.

Dinking sensibly was described as regular controlled drinking, often at weekends - a pattern that not only reflects the pattern of those in work, but also a community and social norm. None of the female group spoke of responsible drinking in the same way as the male group. Only one 19 year old girl said she had no bad life experiences as *“alcohol doesn’t bother me I know when to stop”*.

Some of the young people had reduced the amount drunk usually because something else had started to take up their time e.g., work or a boyfriend. A common pattern was of regular drinking reducing on leaving school perhaps because the routine and social group changed. This remained reduced until it was replaced in the older interviewees by pubs and clubs and more regular drinking in the week. In the 2 interviewees who had experienced regular work their alcohol use was reported to fall dramatically once they began work.

In terms of harm reduction the one consistent message from male and female interviewees was that they would listen to *“people who had been there”*. By this they referred to young people who had *“got into a mess with alcohol and changed their lives round”*.

“A young person who has been there and done it, not some old person who nags you.” 19 year old girl.

One suggested that such individuals could go into schools and talk to young people:

“I spoke to a smack head who had lived on the streets. I learned a lot. It is not about saying don’t do it but giving a choice – smack or your family and friends”. 18 year old boy

What was presented as a very clear message was that the interviewees would not listen to parents – “you want to do the opposite” - or other authority figures. The one possible exception mentioned by a small number is that they might listen to the police although this was specifically discounted by the majority.

The interviewees would also not listen to TV safety messages – *“they are a waste of time”*, not just because of the message but also because they watched little TV, preferring the computer or being out. They did however acknowledge that TV had an influence.

Discussion

NEET young people

The sample for interview was not chosen for their drinking behaviour but rather their NEET status, yet all but one of the interviewees were regular drinkers. Initial drinking occurs with parents or with other children in parks and can be the start of a drinking career that can go on until other factors such as getting a job or a partner change the opportunity for drinking. As such their introduction to drinking relates closely to the

findings of other research studies (Bremner et al 2011) but with the emphasis for the NEET group on friends rather than family. The most common age for starting drinking was between 12 to 14 years. Where the introduction was much earlier (6 and 7 years) and by parents who were described as having drink problems, this experience appeared to correlate with self-described problematic drinking behaviour later in the lives of the young people.

Drinking in parks seemingly allows these young people to have fun and to 'mess about' away from the control of adults, and alcohol is a part of this, allowing inhibitions to fall away. This engagement by the young people in wilful loss of control may be encouraged by their peers but may also be a formative moment in seeking autonomy and moving away from their family. This might particularly be the case for these young people who, through their circumstances are not engaged in education, have no job and no money. For some of the young people we talked to these instances of loss of control could lead to consequences such as criminal behaviour e.g. fighting. The consequences were reported as being worse for the young women, with unwanted sexual encounters being a primary concern.

Loveland - Cherry (2005) has noted the association between good grades and school attachment and less adolescent alcohol use. For the young people in this study, their life trajectory has led to them to be excluded from social situations such as work or school, but they can be included in those that evolve around drinking; here they may find a sense of belonging (Guise and Gill 2007). Not all young people who are NEET are equal and in this sample one student had dropped out of university and three from college and sixth form implying a higher level of educational attainment

for those individuals. The university drop out did not drink but this was reported as being linked to mental health problems and associated medication rather than a consequence of life choices and educational achievement with the data for the other individuals indicating no significant difference from the overall cohort.

Time

A further aspect of the lives of these young people which marks them out from the larger cohort is the amount of time that they have on their hands. This is especially demonstrated by the young women who pass their days drinking. For others the weekend remains a time for partying, suggesting that the routines of a working or school life are maintained even though it is not a requirement. This could be due a rationing of limited finances or recognition of what others in their social group will be doing, and what is the expected norm.

The media

The media was not regarded as very influential by these young people on their drinking. This counters previous research which identifies film and marketing as key influences (Collins et al 2007). The suggestion is that for these young people, outside of education, employment, and training, cultural norms and peers are much more influential. For example these young people reported that they watched little TV. With the increased influence of social media watching television in the traditional manner of their parents was less common than using the computer. In this context traditional media advertising accompanying TV programmes or films is less influential, whilst social media such as Facebook, Instagram, and Twitter may be achieving more influence. The implications of these changes for the NEET group may

be less marked with financial limitations on access to these technologies, alongside a lot of free time and familiar places in which to meet.

Place

The literature suggests that cultural norms as well as availability of alcohol can impact on young people's drinking (Velleman 2009). The young people we talked to were growing up in an area with a high number of at risk drinkers, where starting drinking young was seen as the norm, both within families and peer groups.

For some young people this early drinking can lead to a sustained involvement in drinking in the park as they get older, thereby extending their engagement in the sort of activities characterised by 'messaging about', time out from self-control (Griffin et al 2009).

The park itself is often the centre of this community of children, and in some cases young adults. There was some indication that behavioural norms drifted to that expected of the lower age range of behaviour unlike the behaviour expected of young people drinking in pubs and clubs who like to appear older in order to fit in. In the park fitting in can mean acting and behaving in a more unrestrained childish manner. Moving to park/street drinking removes the checks on behaviour and consumption provided by social norms of behaviour in pubs, the limits on being served alcohol if excessively drunk and the cost. Interestingly by making it more difficult for young people to drink in pubs and clubs the change in drinking behaviours may have removed traditional checks on the amount of consumption and behaviour and also made that behaviour more public.

It is also apparent that, with the exception of town pubs, alcohol is relatively easy to source from either local shops, or for the girls from clubs. Whilst ID schemes are in place these are easily circumvented, particularly for girls. This is less true for boys who made no effort to go to City Centre pubs as entry is too difficult. For these young people it seems that adults, either in families or those shopping locally are willing to provide or buy young people alcohol.

For others circumstances may change leading to isolation and drinking alone. The young women who drank alone consistently in our study were young parents who drank to help them cope with the isolation. There has been much literature on the isolation of young motherhood, (Angle, Meghan, et al. 2014) but little on the impact that this might have on alcohol use. The link between isolation and drinking may be particularly pertinent to this group of young people who have long days to fill, and might either seek to make this time go faster through drinking, or see occasions for drinking, especially the weekend, as particularly important in escaping the drudgery of everyday life.

Gender

What did seem apparent from this sample was that the reported alcohol use of the majority of the female interviewees included greater amount and frequency, of alcohol consumption than that of the male interviewees. Literature on the population more generally suggests that whilst men still drink more than women the amount women drink is increasing with heavy sessional drinking now slightly weighted towards girls (Health and Social Care Information Centre, 2013). This finding is

supported by research by the Joseph Rowntree Foundation which noted that the proportion of women who binge drink rose from 8% in 1998 to 15% in 2006, with men only increasing by 2% over the same period (Smith 2009).

Whilst there are few studies on young women's experience of alcohol, those that have looked suggest that drinking presents a 'time out from self-control' in a different way to that experienced by young men. The suggestion from young women's stories of drinking, is that drinking leads to events that are seen as amusing or extreme (Skeggs 2005) and linked to sexual risk taking, whereas for young men drinking was a deliberate practice to 'get absolutely annihilated' (Griffin et al 2009). For the young women we talked to, this sexual risk taking was very real, but not a deterrent in terms of binge drinking. Whilst popular cultural discourse has linked this to 'ladette culture' (Jackson and Tinkler 2007), it seems more likely that in the case of the young women we talked to more localised cultural norms were also a factor.

Limitations of the data

The study was centred on one market town in the north of England and data may be atypical compared to other sites. Purposive sampling was used to identify participants for the interpretative qualitative interviews and there are consequent inherent limitations on the ability to generalise from the findings. All but one of the interviewees was a regular drinker but it is not possible to generalise from the data that all NEET are regular drinkers. The data is based on self-reporting on the amount and pattern of alcohol use and there is the potential for interviewees to exaggerate or under represent the information provided. Individual interviews were undertaken in an

attempt to alleviate the potential for peer pressure to influence the data, as may be the case with focus groups, but the possibility of self-reporting exaggerating or minimising actual alcohol use remains.

Conclusion

The young people we talked to were drinking a lot of alcohol, most of them saw drinking as an important part of their social life and part of having fun. Drinking led to other activities from the risky but enjoyable ‘messaging about’, to being out of control, and more problematic behaviours including fighting, unprotected sex, and in some cases rape and death.

In terms of long term outcomes, for some of the young people a new boyfriend, a new job or a baby had resulted in a reduction in their drinking. For others, as they become older, or more isolated a new drinking pattern emerges that includes drinking every day, all day. One change here is the mixture of ages now drinking in parks with the suggestion that this leads to more immature and risky behaviour and a public presence. For most of these young people the prospect of a change to break them out of their behaviour was still real. Particularly for the young men the notion of responsible drinking and drinking at structured socially normal times occurred. For the young women notions of responsible drinking did not appear, with some instances, such as the young mothers, of where drinking all day every day had become the norm and the location was private.

The implications for social work intervention would normally focus on the potential safeguarding concerns the drinking behaviour of these young mothers raise in respect of their children. Yet the wider risks to the health and wellbeing of the young people as individuals already socially excluded by their economic position are clear and manifest. A consideration of their drinking career identifies key points where early interventions may limit the potential for risky or excessive drinking and reinforces the findings from broader research studies both in terms of transitional studies and those that indicate stability over time, (Bremner et al 2011, Pape and Hammer 1996). For example work with parents on providing information on the safe introduction of alcohol and the impact of their own drinking behaviour on their children prior to the children beginning to drink. Drinking with friends in unsupervised settings began around 12 years and by 16 had become regularised drinking. Consequently direct work with young people at that early stage and supportive parental supervision of social activity could prove beneficial. Young people who are NEET have much unsupervised time and a positive life experience is required to break the connection between inactivity and alcohol. Interventions which promote the development of social skills to ease the transition into the adult roles of employment or a relationship with a partner could prove beneficial to young people who may have been marginalised from mainstream opportunities for skill development. For these young people a social worker engaging with them regarding their drinking behaviour alone would appear to have little effect. They were clear that they would not listen to people in authority. However targeted interventions at specific times in a drinking career, which consider the whole continuum of education, employment, social life, and daily routine allied to drinking behaviour, might enable the potential of the roles and capabilities set out in the Gavani report (2015) to be fulfilled.

References

Anderson, P., De Bruijn, A., Angus, K., Gordon, R., & Hastings, G. (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol and alcoholism*, 44(3), 229-243.

Angley, Meghan, et al. (2014): Social Support, Family Functioning and Parenting Competence in Adolescent Parents. *Maternal and child health journal* 1-7.

Bremner, P, Burnett, Nunney, F, Ravat, M, & Mistral, W. (2011). Young people, alcohol and influences: a study of young people and their relationship with alcohol. *York: Joseph Rowntree Foundation.*

Collins, R. L., Ellickson, P. L., McCaffrey, D., & Hambarsoomians, K. (2007). Early adolescent exposure to alcohol advertising and its relationship to underage drinking. *Journal of adolescent health*, 40(6), 527-534.

Cooper, M.L. (1992) Alcohol and increased behavioural risk for AIDS. *Alcohol, Health & Research World*. 16 (1), 64-72.

Department for Children, Schools and Families ((2008) *Youth Alcohol Action Plan*.

London: Department for Children, Schools and Families.

Donovan, J. E. (2004). Adolescent alcohol initiation: A review of psychosocial risk factors. *Journal of Adolescent Health, 35*(6), 529-e7.

Flory, K., Lynam, D. Milch, R. (2005) Early adolescent through young adult alcohol and marijuana use trajectories: Early predictors, young adult outcomes, and predictive utility. *Development and Psychopathology, 16* 193-213.

Fuller, E. (ed.) (2009) *Smoking, drinking and drug use among young people in England in 2008*. London: NHS Information Centre.

Fuller, E. and Sanchez, M. (eds.) (2010) *Smoking, drinking and drug use among young people in England in 2009*. London: NHS Information Centre.

Gavani, S (2015) *Alcohol and other Drug Use: the Roles and Capabilities of Social Workers*. Manchester: Manchester Metropolitan University

Gov.uk (2012) <https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2012-snapshot-as-at-31-august-2012>

Griffin, C., A. Bengry-Howell, C.Hackley W. Mistral and Szmigin, I. 'Every Time I Do it I Absolutely Annihilated myself': Loss of (Self-) Consciousness and Loss of Memory in Young People's Drinking Narratives, *Sociology 43*(3): 457-476.

Guise, J.M.F., and Gill, J.S. (2007) 'Binge drinking? It's good, it's harmless fun: a discourse analysis of accounts of female undergraduate drinking in Scotland. *Health Education Research*, 22 895-906.

Hammer, T. (1992). Unemployment and use of drug and alcohol among young people: a longitudinal study in the general population. *British journal of addiction*, 87(11), 1571-1581.

Harnett, R., Thom, B., Herring, R., & Kelly, M. (2000). Alcohol in transition: towards a model of young men's drinking styles. *Journal of youth studies*, 3(1), 61-77.

Health and Social Care Information Centre (2011) Health Survey for England - 2010
www.hscic.gov.uk

Health and Social Care Information Centre (2010) Smoking Drinking and Drug use amongst young people in England www.hscic.gov.uk

Health and Social Care Information Centre (2013) Statistics on Alcohol, England 2013 www.hscic.gov.uk

Herring,R., Baylet,M. and Hurcombe. R. (2012) *A positive choice: young people who drink little or no alcohol*. York: Joseph Rowntree Foundation.

Jackson, C. and P. Tinkler (2007) "'Ladettes' and 'modern girls': 'Troublesome' Young Femininities', *The Sociological Review* 55 (2): 251-72.

Johnson, P. (2013). 'You think you're a rebel on a big bottle': teenage drinking, peers and performance authenticity. *Journal of Youth Studies*, 16(6), 747-758.

Labouvie, E. (1996). Maturing out of substance use: Selection and self-correction. *Journal of Drug Issues* 26 92):457-476

Leech, J. (2008) '*Under the influence?*' *Exploring the links between alcohol use and offending in young people*. Dartington: Research in Practice.

Loveland-Cherry, C. J. (2005). Alcohol, children, and adolescents. *Annual review of nursing research*, 23(1), 135-177.

Maggs, J. L., & Schulenberg, J. E. (2004). Trajectories of alcohol use during the transition to adulthood. *Alcohol research and health*, 28(4), 195.

Newbury-Birch, D. (2009). Impact of alcohol consumption on young people: a systematic review of published reviews.

Newburn, T. and Shiner, M. (2001) *Teenage Kicks? Young People and Alcohol: A Review of the Literature*. York: Joseph Rowntree Foundation.

Pape, H., & Hammer, T. (1996). How does young people's alcohol consumption change during the transition to early adulthood? A longitudinal study of changes at aggregate and individual level. *Addiction*, *91*(9), 1345-1358.

Parliamentary Office of Science and Technology (2005) *Postnote: Binge-drinking and Public Health: Number 22*

http://www.parliament.uk/parliamentary_offices/post/pubs2005.cfn.

Ritchie, J. & Spencer, L. 1994. Qualitative data analysis for applied policy research" by Jane Ritchie and Liz Spencer in A. Bryman and R. G. Burgess [eds.] "*Analysing qualitative data*", 1994, pp.173- 194.

Seaman, P., & Ikegwuonu, T. (2011). 'I don't think old people should go to clubs': how universal is the alcohol transition amongst young adults in the United Kingdom?. *Journal of Youth Studies*, *14*(7), 745-759.

Seaman, P., & Ikegwuonu, T. (2010). Young people and alcohol: influences on how they drink. *Joseph Rowntree Foundation, York*.

Skeggs, B. (2005) 'The re-branding of Class: Propertising Culture, in F. Devine, M. Savage, J. Scoot, and R. Compton (eds.) *Rethinking class: Culture, Identities and Lifestyle*, pp. 46-48. London: Palgrave Macmillan.

Smith, L. (2009) *Alcohol in Britain: trends show young men are binge drinking less, but women are binge drinking more*. York: Joseph Rowntree Foundation.

Smith, Gregory T., and Mark S. Goldman (1994): 'Alcohol expectancy theory and the identification of high-risk adolescents.' *Journal of Research on Adolescence* 4.2 229-247.

Stoolmiller, M. Wills, A. T., McClure, A.C., Tanski, E.T., Worth, K.A., Gerrard, M., and Sargent, J.D. (2012) *Comparing media and family predictors of alcohol use: a cohort study of US adolescents* *BMJ Open* 2012;2:e000543 doi:10.1136/bmjopen-2011-000543

Szmigin, I., C. Griffin, A. Bengry-Howell, L. Weale, W. Mistral and C.Hackley (2008) 'Re-framing "Binge drinking" as Calculated Hedonism: The View from the UK', *International Journal of Drug Policy* 19 (5): 359-66.

Van Wersch, A. and Walker, W. (2012) Binge drinking in Britain as a Social and Cultural Phenomenon: The Development of a Grounded Theoretical Model. *Journal of Health Psychology* 14: 125-134.

Velleman, R. (2009) *Influences on how children and young people learn about and behave towards alcohol*. York: Joseph Rowntree Foundation.

Velleman, R. (2009) *Children, young people and alcohol: how they learn and how to prevent excessive use*. York: Joseph Rowntree Foundation.