



Health Survey for England 2015

Children's drinking

Published 14th December 2016

This report examines the prevalence and frequency of alcohol consumption among children aged 8 to 15. Comparisons are made with findings from the 2014 survey of Smoking, Drinking and Drug Use among Young People. In addition, the chapter looks at the types of drinks and amount of alcohol consumed by those aged 13 to 15.

Key findings

- The proportion of children who reported ever having had a proper alcoholic drink increased with age, from 4% of boys aged 8 to 53% of boys aged 15, and from 2% of girls aged 8 to 54% of girls aged 15. Overall, 16% of boys and 15% of girls aged 8 to 15 reported having experience of drinking alcohol. This is the lowest level ever reported by the Health Survey for England.
- Regular drinking in this age group was rare. 1% of boys and 1% of girls aged 8 to 15 reported usually drinking once a week or more. The proportion who reported drinking at least once a week increased from fewer than 1% of both boys and girls aged 8 to 5% of boys and 4% of girls aged 15.
- 5% of both boys and girls aged 13 to 15 reported drinking alcohol in the last seven days. Boys were more likely than girls to have drunk beer, lager, cider or shandy (5% compared with 3%), whereas girls were more likely than boys to have drunk wine (2% compared with 1%).

Contents

Key findings	1
This is a National Statistics publication	3
Introduction	4
Contents	4
Background	4
Methods and definitions	5
Methods	5
Definitions	6
Prevalence of drinking alcohol among children aged 8 to 15	7
Prevalence of ever having drunk alcohol by age and sex	7
Trends in alcohol consumption	8
Prevalence of ever having drunk alcohol by region and household income	8
Frequency of drinking alcohol	9
Drinking in the last week	10
Amount drunk	10
Types of alcohol	10
Discussion	11
Comparison with the survey of Smoking, Drinking and Drug Use among Young People	11
Patterns of drinking among children	12
Notes and references	13

This is a National Statistics publication

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.



All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is NHS Digital's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Find out more about the Code of Practice for Official Statistics at www.statisticsauthority.gov.uk/assessment/code-of-practice

ISBN 978-1-78386-896-4

This report may be of interest to members of the public, policy officials, people working in public health and to commissioners of health and care services to see the prevalence of alcohol consumption among children in England.

Introduction

Contents

This report presents findings on the prevalence and frequency of alcohol consumption among children. Estimates are based on self-reported data from a representative sample of children aged 8 to 15 who participated in the Health Survey for England 2015. The prevalence of any alcohol consumption is analysed by age, region and income. Frequency of drinking, the types of alcohol and the amounts children have drunk are also discussed.

Detailed tables accompanying this report can be accessed via <http://digital.nhs.uk/pubs/hse2015>.

Background

In December 2009, the Chief Medical Officer (CMO) of England produced the first set of alcohol consumption guidelines for children and young people.¹ He outlined five key themes that formed the basis for the guidance on alcohol consumption:

- An alcohol-free childhood is the healthiest and best option. If children do drink alcohol, it should not be until at least the age of 15 years.
- If young people aged 15 to 17 consume alcohol, it should always be with the guidance of a parent or carer or in a supervised environment.
- Parents and young people should be aware that drinking can be hazardous to health. If 15 to 17 year olds do consume alcohol, they should do so infrequently and certainly on no more than one day a week.
- The importance of parental influences on children's alcohol use should be communicated to parents, carers and professionals.
- Support services must be available for children and young people who have alcohol-related problems and their parents.

The guidance emphasises that alcohol consumption during any stage of childhood can have a detrimental effect on development, and young people may have a certain vulnerability to the harmful effects of alcohol use than adults. Therefore the safest option for children and young people up to the age of 14 is to not drink at all. Young people also lack drinking experience and alcohol consumption can lead to risk-taking behaviour. For instance, the charity Alcohol Concern reported that almost one in ten boys and around one in eight girls aged 15 to 16 have unsafe sex after drinking alcohol.²

Among European countries, the United Kingdom has historically had a relatively high rate of drinking among young people, although there is evidence that this is changing.^{3,4,5} Even so, the 2013/14 Health Behaviours in School-aged Children survey (HBSC) found that 10% of girls and 9% of boys aged 15 in England reported first being drunk aged 13 or younger, 14th highest out of 41 countries.

The government has focused on drinking by children and young people in recent years. The CMO report recognised that parents, carers and professionals should be made aware of children's alcohol use and misuse, as their role can influence children's drinking behaviour. In 2012, the Department for Education published drug advice for schools⁶ (the term 'drugs' included alcohol and tobacco, as well as illegal drugs and volatile substances) to ensure that school staff were able to provide accurate information about alcohol use and to tackle problem behaviour within schools.

Also in 2012, the government published its alcohol strategy. One of the key outcomes identified was 'a sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed'.⁷ To achieve this, one proposal was to minimise the harmful effects of alcohol advertising by working with the Advertising Standards Authority (ASA) and preventing advertisers from targeting and appealing to young people. The charity Alcohol Concern has set up a Youth Advertising Alcohol Council (YAAC) in which young people from across the country review alcohol advertising to see whether it is targeting under-18s and if the rules have been breached.⁸

Although drinking by under 16s is still prevalent, there is evidence that this has been falling.⁹ The 2014 survey of Smoking, Drinking and Drug Use among Young People (SDD) found that the proportion of children aged 11 to 15 who had ever had an alcoholic drink was 38%, the lowest since the survey began.¹⁰

Health Survey for England findings on alcohol consumption among children were first reported in 1997 and most recently in 2008.¹¹ The prevalence of ever having drunk alcohol since 1999 is shown in the trend tables.¹² This chapter presents key findings, charts and tables on children's drinking in 2015.

Methods and definitions

Methods

Children were interviewed with their parents. Parents answered on behalf of children aged 12 years and under, and those aged 13 to 15 were interviewed directly. As children may be reluctant to reveal details about their drinking behaviour in the presence of their parents, questions about alcohol consumption were asked of children aged 8 to 15 as part of a self-completion questionnaire. Nevertheless, there is still a risk that children will under-report alcohol use in a home setting because they are worried that parents might see their answers. Comparisons with SDD¹⁰, discussed below, indicate that both smoking and alcohol use are under-reported in home-based interview surveys compared with surveys carried out in schools.

All children aged 8 and above were asked about alcohol consumption. Children aged 8 to 12 were asked whether they had ever had a proper alcoholic drink (a whole drink, not just a sip), how old they were when they first did so, their usual frequency of drinking, and when they last had an alcoholic drink. Children aged 13 to 15 were also asked about the types and quantities of alcoholic drinks they had consumed in the last seven days.

Questions have been asked about children's alcohol consumption since 1995. Changes to the questionnaire were introduced in 1998 and again in 1999. Prior to 1998, children were asked to tick one of three categories to indicate their experience of alcohol: (1) never tasted alcohol, (2) tasted alcohol once or twice but never had a whole drink, or (3) had a whole proper drink of alcohol. In 1998, children were simply

asked 'Have you ever had a proper alcoholic drink – a whole drink, not just a sip?' and asked to tick 'yes' or 'no'. This is the same question as that used on the SDD survey. From 1999 onwards, children who answered 'no' when asked to state whether they had ever had an alcoholic drink were asked a follow-up question about whether they had ever drunk alcopops. Children are regarded as having had experience of drinking alcohol if they answer yes to either question.

A question about when the child last had an alcoholic drink and some subtle changes to the question about usual frequency of drinking were also introduced in 1998¹³.

Definitions

A unit of alcohol is 10ml of pure alcohol, and is taken to be approximately the amount contained in half a pint of ordinary strength beer or lager, a single pub measure (50ml) of fortified wine such as sherry or port, or a single pub measure (25ml) of spirits. The method used by the HSE to convert drinks to units remained essentially unchanged from the 1990s until 2005. The assumptions were similar to those which have been used by other major surveys since they were introduced by the General Household Survey (GHS) in 1990¹⁴. Latterly it became clear that these assumptions were no longer valid. The average strengths of beers and wines had increased in the intervening years, and pubs, bars and restaurants now served drinks in a broader range of measures.¹⁵ From 2006, changes were made in the way HSE and other surveys estimated alcohol consumption for adults; equivalent changes were introduced for children from 2007.

Most of these changes affect the conversion to units rather than the questions asked of participants. The conversion from drinks to units for wine, small cans and bottles of beer and small cans and bottles of alcopops was revised for children in 2007, in line with revisions for adults introduced in 2006. Table A shows the original conversion factors used by the HSE for children until 2006, and the revised conversion factors used from 2007.

Table A: Conversion from drinks to units

Type of drink	Measure	Original equivalent units of alcohol	Revised equivalent units of alcohol
Beer, lager, cider or shandy	Pint	2 units	2 units
	Large can/bottle	2 units	2 units
	Small can/bottle	1 unit	1.5 units
Spirits or liqueurs	Glass	1 unit	1 unit
Fortified wine	Glass	1 unit	1 unit
Wine	Glass	1 unit	2 units
Alcopops	(unspecified)		
	Large can/bottle	2 units	2 units
	Small can/bottle	1 unit	1.5 units

Since 2007, adults have been asked about their wine consumption in terms of small (125ml), medium (175ml) and large (250ml) glasses, or bottles. These distinctions were considered inappropriate for children, whose drinking is most likely to be in informal situations, so they were asked simply about the number of glasses of wine

they had drunk. Similarly, adults but not children were asked to count double measures of spirits and fortified wine as two glasses.

Although the adjustment outlined above has helped to improve the accuracy of alcohol consumption data, it is still not feasible in a survey of this nature to collect information about the exact strength or volume measure of some drinks consumed. No distinction is made between beer and lager of different strengths, and children may not drink spirits or wine in standard measures. Consequently the total number of alcohol units is an estimate which involves some degree of approximation.

Prevalence of drinking alcohol among children aged 8 to 15

Prevalence of ever having drunk alcohol by age and sex

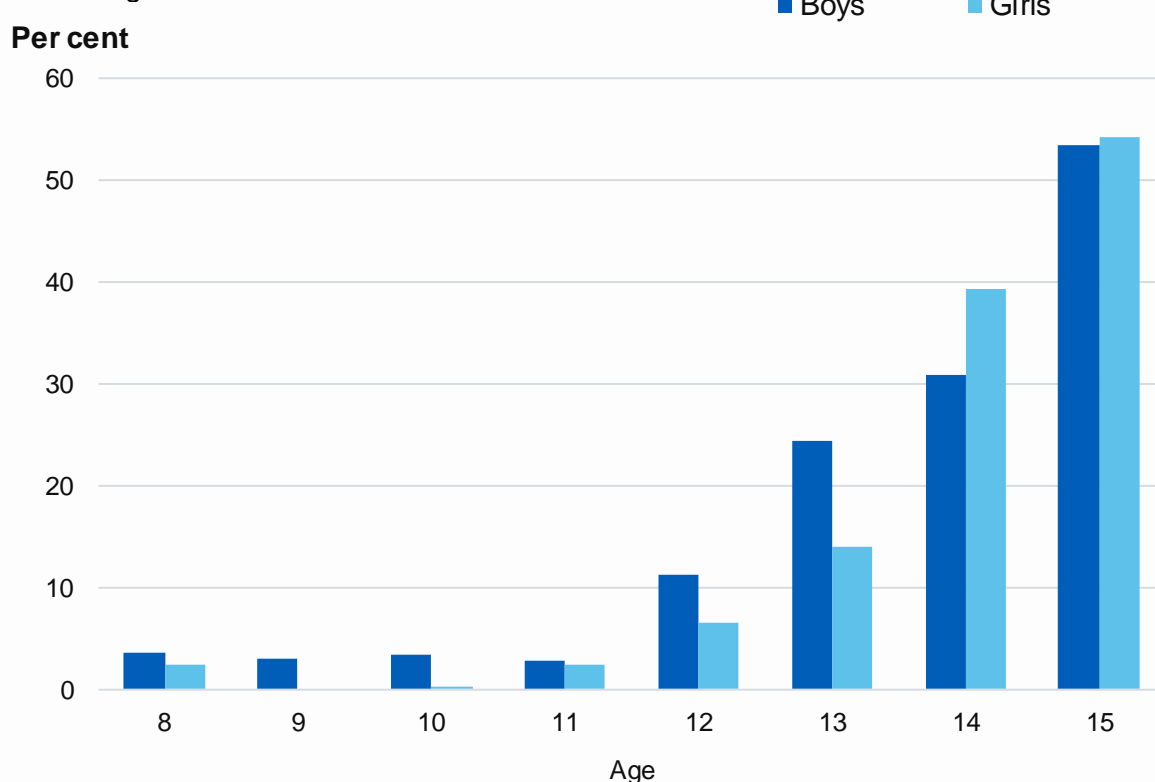
The results shown are those obtained by the 'double-question' method outlined in the section above, that is, children are regarded as having experience of drinking alcohol if they answered 'yes' either to the question about whether they have ever had a proper alcoholic drink or to the question about alcopops.

Overall, 16% of boys and 15% of girls aged 8 to 15 reported having ever drunk alcohol. The proportion who had drunk alcohol increased with age, from 4% of boys and 2% of girls aged 8 to 53% of boys and 54% of girls aged 15.

Figure 1, Table 1

Figure 1 Proportion of children who have had experience of drinking alcohol, by age and sex

Base: Aged 8 to 15



Source: NHS Digital

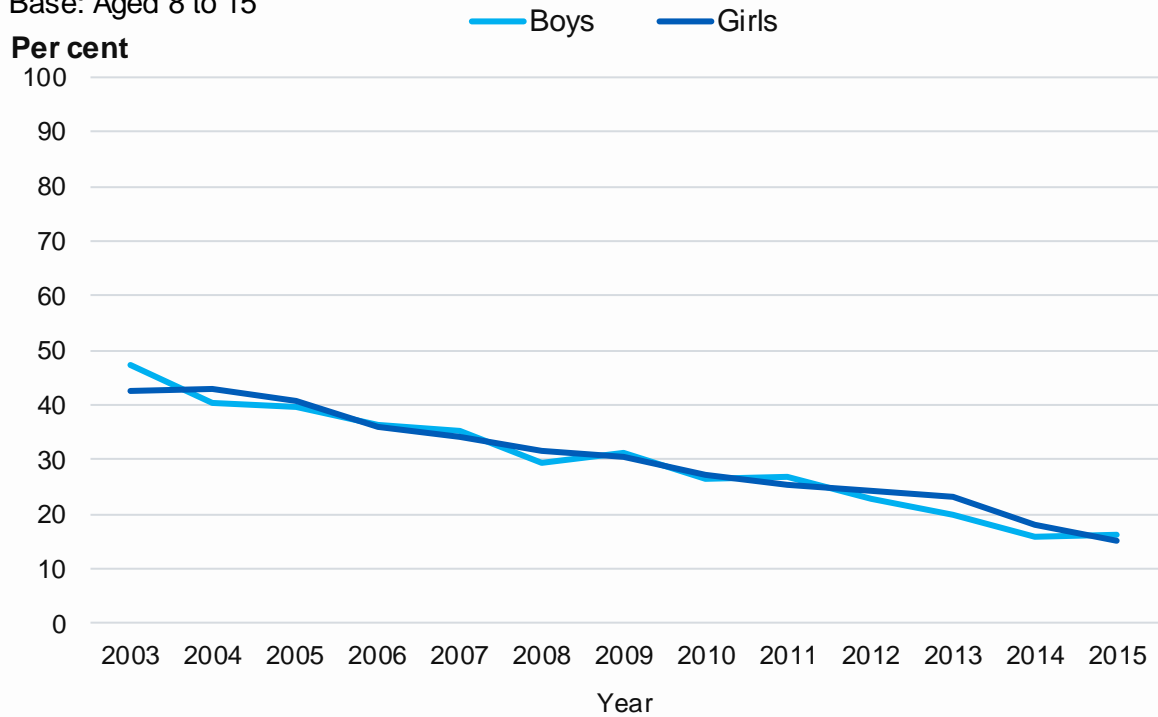
Trends in alcohol consumption

The proportion of children in 2015 aged 8 to 15 who had ever drunk alcohol, 16%, has declined steadily since 2003, when it was 45%.

Figure 2, Table 2

Figure 2 Trends in experience of drinking alcohol by children aged 8 to 15, by sex: 2003 to 2015

Base: Aged 8 to 15



Source: NHS Digital

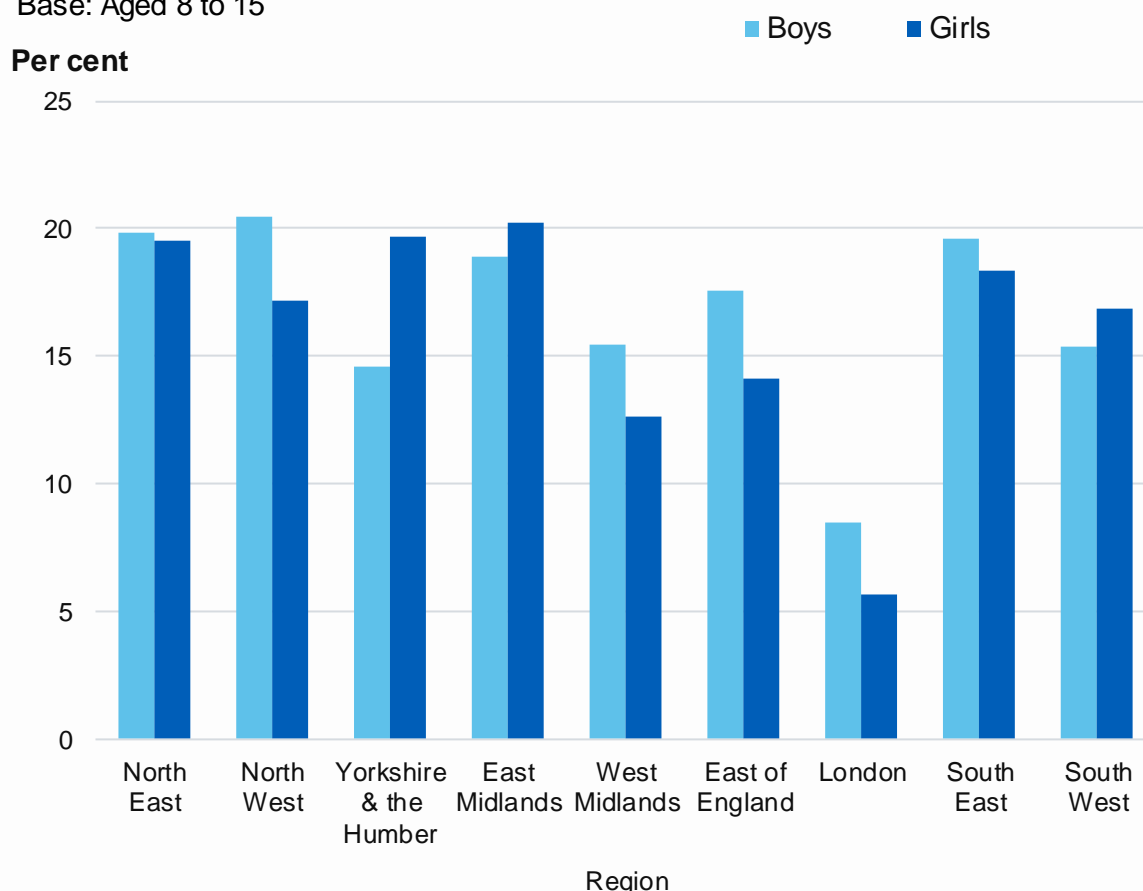
Prevalence of ever having drunk alcohol by region and household income

There was some regional variation in the prevalence of having drunk alcohol. This was largely accounted for by the very much lower proportion of children in London who have ever drunk alcohol (9% of boys and 6% of girls). Elsewhere the differences between regions were not statistically significant.

Figure 3, Table 3

Figure 3 Proportion of children who have ever drunk alcohol, by region and sex

Base: Aged 8 to 15



Source: NHS Digital

The prevalence of having drunk alcohol did not vary according to quintile of equivalised household income.

Table 4

Frequency of drinking alcohol

There was very little reporting of current alcohol consumption among children under the age of 12, with the vast majority saying they never drank or drank only a few times a year. As most children, particularly in the younger age groups, are unlikely to have developed regular patterns of drinking, they might have found the question on usual frequency difficult to answer.

Overall 1% of both boys and girls aged 8 to 15 reported drinking once a week or more. The proportion who reported drinking at least once a week increased from below 1% of both boys and girls aged 8 to 5% of boys and 4% of girls aged 15.

Table 5

Drinking in the last week

Amount drunk

Among the minority of children aged 13 to 15 who had drunk alcohol in the last seven days, there was considerable variation in the amount of alcohol they reported having drunk, ranging from under two units to 15 units or more. A very small proportion (under 1%) of all children aged 15 said they had drunk 15 or more units in the last seven days, which is more than the amount of alcohol now recommended for men and women (14 units a week).¹⁶

Table 6

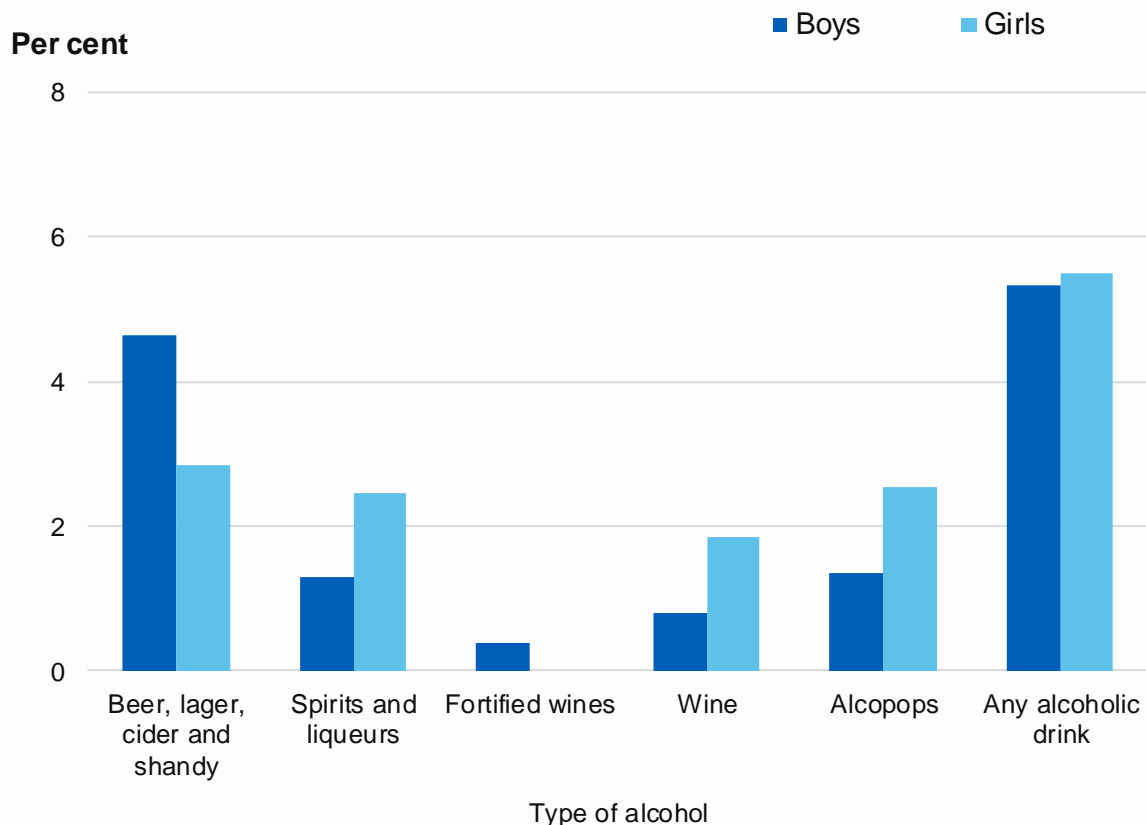
Types of alcohol

5% of both boys and girls aged 13 to 15 reported drinking alcohol in the last seven days, more than reported usually drinking at least weekly. These children were asked about the types of drinks and how much they had drunk. Boys were most likely to mention beer, lager, cider or shandy; boys were more likely than girls to have drunk these (5% and 3% respectively). Among girls similar proportions (2% to 3%) also mentioned alcopops, wine or spirits and liqueurs. Consumption of each type of alcoholic drink increased with age.

Figure 4, Table 7

Figure 4 Proportion who had drunk different types of alcoholic drink, by sex

Base: Aged 13 to 15



Source: NHS Digital

Discussion

Comparison with the survey of Smoking, Drinking and Drug Use among Young People

The survey of Smoking, Drinking and Drug Use among Young People in England (SDD) was most recently carried out in 2014.¹⁰ This survey is carried out among children aged 11 to 15 in secondary schools in England.¹⁷

Both SDD and HSE have seen downward trends in the prevalence of ever having drunk alcohol since 2003. In 2014, SDD reported that 38% of children aged 11 to 15 said they had ever had an alcoholic drink.¹⁰ The HSE 2015 results found that 24% of all children aged 11 to 15 said they had ever had an alcoholic drink.

Table B shows a comparison of the HSE 2015 estimates with those from the 2014 SDD survey. Results are presented in three separate columns for both boys and girls. The first column shows the proportion who had ever drunk alcohol as defined by the 'single' HSE question ('Have you ever had a proper alcoholic drink – a whole drink, not just a sip?'). This is the same question as that used in SDD. The second column shows the proportion who had drunk alcohol according to the 'double' HSE question (that is, including those who have had alcopops). The third column shows results from SDD.

Table B: Prevalence of drinking alcohol

	Boys			Girls		
	HSE single question	HSE double question	SDD 2014	HSE single question	HSE double question	SDD 2014
	%	%	%	%	%	%
11 years	2	3	10	2	2	6
12 years	8	11	17	3	7	17
13 years	24	24	26	10	14	30
14 years	24	31	46	25	39	53
15 Years	47	53	68	48	54	70
All 11 to 15 years	21	25	37	18	23	39

Source: NHS Digital

The single HSE question produced considerably lower estimates than the same question asked in SDD. This corroborates findings from previous HSE years and suggests that although questions about alcohol are asked as part of a self-completion questionnaire, children may still be concerned about parents seeing their answers. Although the double HSE question produced estimates that were closer to the results from SDD, the difference between surveys was more marked, particularly for older children.

Table C shows a comparison with the SDD survey of the proportions of children aged 11 to 15 who reported usually drinking once a week or more. As with overall prevalence, the proportion of children who reported drinking regularly in HSE is considerably lower than that in SDD, but follows the same pattern of increasing with age. As with HSE, in SDD this proportion is considerably lower than in 2003.

Table C: Prevalence of drinking once a week or more

	Boys		Girls	
	HSE 2015	SDD 2014	HSE 2015	SDD 2014
	%	%	%	%
11 years	0	-	0	0
12 years	1	1	0	1
13 years	0	2	0	1
14 years	0	5	1	7
15 Years	5	10	4	10
All 11 to 15 years	1	4	1	4

Source: NHS Digital

Patterns of drinking among children

When interpreting HSE data about children's drinking, it should be remembered that there is likely to be some under-reporting both of frequency of drinking and amount drunk. Comparisons with the SDD survey, discussed above, suggest that the data collection method influences responses among some children, and answering in the presence of parents sometimes inhibits honest reporting of drinking behaviour. Nevertheless, the HSE provides consistent trends over time.

Findings presented in this chapter suggest that age is strongly associated with children's alcohol consumption. The proportions of those ever having had an alcoholic drink increased with age, as did the frequency with which alcohol was consumed. As in previous HSE surveys, boys and girls had very similar patterns of alcohol consumption. Boys were more likely to drink beer, lager, cider or shandy; otherwise there were no statistically significant differences in the types of drinks consumed by boys and girls. Again, this is consistent with previous HSE findings.

The 2015 survey findings continue the trend of a steady decrease in the proportion of children aged 8 to 15 who are drinking alcohol. This may be for all sorts of reasons. The Institute of Alcohol Studies (IAS) reviewed the factors behind this trend and came up with seven prominent types of theory to explain this fall of underage drinking:¹⁸

- Better legal enforcement
- Rise of new technology
- Changing social norms
- Happier and more conscientious children
- Better parenting
- Demographic shifts
- Lower affordability and economic confidence.

The IAS suggest that of these theories, better parenting and declining affordability seem most likely to have substantially reduced underage drinking. However, more research is needed to test these theories and to understand how they fit together.

Notes and references

- ¹ Donaldson, L. *Guidance on the consumption of alcohol by children and young people*. Department of Health, London, 2009. <http://www.cph.org.uk/wp-content/uploads/2013/09/Guidance-on-the-consumption-of-alcohol-by-children-and-young-people.pdf>
- ² <http://www.alcoholconcern.org.uk/help-and-advice/statistics-on-alcohol/>
- ³ Inchley J et al. eds. *Health Behaviour in School-aged Children (HBSC) study: international report from the 2013/2014 survey*. Copenhagen, WHO Regional Office for Europe, 2016 (Health Policy for Children and Adolescents, No. 7). <http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/health-behaviour-in-school-aged-children-hbsc/growing-up-unequal-gender-and-socioeconomic-differences-in-young-peoples-health-and-well-being.-health-behaviour-in-school-aged-children-hbsc-study-international-report-from-the-20132014-survey>
- ⁴ Hibell B, Guttormsson U, Ahlstrom S et al. *Summary: Substance use among students in 36 European countries*. Portugal, 2011. http://www.emcdda.europa.eu/system/files/publications/927/TD3012613ENC_399947.PDF
- ⁵ Inchley J et al. eds. *Growing up unequal: gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: international report from the 2013/2014 survey*. Copenhagen, WHO Regional Office for Europe, 2016 (Health Policy for Children and Adolescents, No. 7). Chapter outlines.
- ⁶ HM Government. *DfE and ACPO drug advice for schools*. London, 2012. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf
- ⁷ HM Government. *The Government's alcohol strategy*. London, 2012. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf
- ⁸ <https://www.alcoholconcern.org.uk/what-we-do/campaigns/young-people/>
- ⁹ Institute of Alcohol Studies. *Underage drinking factsheet*. London. <http://www.ias.org.uk/uploads/pdf/Factsheets/FS%20underage%20drinking%20082016.pdf>
- ¹⁰ Fuller E (ed.). *Smoking, Drinking and Drug Use among Young People in England in 2014*. The Health and Social Care Information Centre, Leeds. 2014. <http://digital.nhs.uk/catalogue/PUB17879/smok-drin-drug-young-peop-eng-2014-rep.pdf>
- ¹¹ Craig R, Mindell J and Hirani V (eds). *Health Survey for England 2008: Physical activity and fitness*. (Volume 1) The NHS Information Centre, Leeds, 2009.
- ¹² Health Survey for England: Trend tables 2015, available at <http://digital.nhs.uk/hse2015trend>
- ¹³ Prior to 1998, the question read:
How often do you usually have an alcoholic drink?
Less than once a year
Once or twice a year
Once every couple of months
Once or twice a month
Once or twice a week
Three or four times a week
Five or six days a week
Almost every day
In 1998, the response categories were changed to:
Almost every day
About twice a week
About once a week
About once a fortnight
About once a month
Only a few times a year
I never drink alcohol now.
- ¹⁴ Smyth M, Browne F *General Household Survey 1990*. HMSO, 1992.

¹⁵ Goddard E Estimating alcohol consumption from survey data: improved method of converting volume to units. ONS, 2007.

¹⁶ HM Government. *UK Chief Medical Officers' low risk drinking guidelines*. London, 2016.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf

¹⁷ At the time of writing, the 2016 survey fieldwork is taking place. Findings from this survey will be published in mid-2017.

¹⁸ Institute of Alcohol Studies. *Youthful abandon: Why are young people drinking less?* London, 2016.
<http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp22072016.pdf>

Information and technology for better health and care

www.digital.nhs.uk

0300 303 5678

enquiries@nhsdigital.nhs.uk

 [@nhsdigital](https://twitter.com/nhsdigital)

ISBN 978-1-78386-896-4

This publication may be requested
in large print or other formats.

**Published by NHS Digital, part of the
Government Statistical Service**

NHS Digital is the trading name of the
Health and Social Care Information Centre.

Copyright © 2016

OGL

You may re-use this document/publication (not including logos)
free of charge in any format or medium, under the terms of the Open
Government Licence v3.0.

To view this licence visit

www.nationalarchives.gov.uk/doc/open-government-licence

or write to the Information Policy Team, The National Archives,
Kew, Richmond, Surrey, TW9 4DU;

or email: psi@nationalarchives.gsi.gov.uk