Alcohol Use Among Young People within Greater Manchester: Current Behaviours, Attitudes, Risks & Moderators of Harm

Lucy Webb, Gemma Yarwood, Emma Davidson, Paul Gray, Harriet Bloomfield, Rob Ralphs

Substance Use and Associated Behaviours Research Group (SUAB). March 2025

NHS Greater Manchester

SUAB Substance Use and Associated Behaviours Research at Man Met

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Acknowledgements & Forward

Acknowledgements

Many thanks go to all the practitioners and managers of organisations across Greater Manchester who assisted in outreach to participants. Thanks especially to all the young people throughout Greater Manchester who agreed to take part and give us their valuable time to contribute to this study.

Forward

Nationally, rates of alcohol use among most groups of children and young people are falling. Access to alcohol for people under 18 has become more difficult; due in part perhaps by Challenge 25, stronger reinforcement of licencing and increased cost. However, some young people in England, including in Greater Manchester, are still drinking hazardously and harmfully, and evidence shows that early onset of drinking patterns, and pro-alcohol attitudes and beliefs is associated with problem alcohol use in later life.

This report aims to highlight key areas of concern and actionable interventions that can empower Greater Manchester to reduce use and risk of alcohol harm among young people in the boroughs of Greater Manchester.

Executive Summary

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This project

This research was funded by NHS Greater Manchester. The funders commissioned a mixed methods social research project with the objective of understanding the factors that impact on alcohol use among young people in Greater Manchester (GM).

The study deployed three data collection approaches to explore attitudes and behaviours of young people in Greater Manchester towards alcohol and other substances and explore the barriers and facilitators of positive behaviour change and access to treatment and support.

Method

The mixed methods approach consisted of a review of existing documentary evidence, focus group consultations with young people, and a large online survey of young people across the ten boroughs of Greater Manchester. The aims were to identify:

i. Trends in use relevant to GM

ii. what lies behind problem use

iii. what currently helps to reduce harm and provide effective treatment pathways

iv. what can be further developed to enhance what works

v. what is not working

vi. what could be done to reduce problem alcohol use.

The literature review and focus groups informed the survey questions.

There were 12 focus groups across seven Greater Manchester boroughs, meeting with a total of 55 young people representing a range of genders, age groups and ethnicities.

A total of 597 young people completed the survey, representing the ten GM boroughs. Age range was from 11-25 years of age, mean of 16.7, and two thirds under 18. 64.8% female. Of those surveyed, 67.7% had ever used alcohol, of those under 18, 56% had used alcohol.

Findings

Trends in use

Alcohol use has declined among young people nationally and in Greater Manchester, but there has been a rise in alcohol use among school-aged children, particularly among girls from affluent backgrounds. Downward trends are driven by young people's greater awareness of harms and greater risk aversion but there is continuing risk behaviour among some young people.

Alcohol use is declining among young people in GM except in Wigan which shows no decline in rates of use. In general, the decline in use is more pronounced among males than females. There is also a longer-term trend towards high AV% alcohol drinks.

National data on under-18s' hospital admissions show Wigan, Salford and Stockport to have rates higher than the English national average. However, local intelligence does not support this. There may be a coding error in recording alcohol-related admissions in the dataset.

Wigan has the highest rate of under-age drinkers in Greater Manchester at 56.7%, while Manchester has the lowest rate of under-age drinkers, at 43.2%.

In all boroughs, young drinkers are disproportionately likely to be of white ethnicity.

Exposure and access to alcohol

School aged children access alcohol mainly via their parents and within the family home.

Under 18 drinkers access alcohol from friends, family and 'corner shops' that are known to sell to under 18 customers.

Most young people in all boroughs thought that even if alcohol was more expensive, it would not reduce the rate of young people's drinking.

Young people in GM are protected from alcohol use onset and harmful drinking by religious affiliation and living in supportive families and communities.

Attitudes and behaviours towards alcohol

Attitudes to drinking correspond with cognitive dissonance for those who drink (more likely attributing positive factors to their drinking) while non-drinkers appear to attribute drinking to negative factors such as being led by friends, or to escape problems.

Factors associated with a positive attitude to alcohol are associated with family use and misuse. Factors associated with negative attitudes to alcohol are family cohesion with shared values.

Drinking alcohol and getting drunk have become more acceptable to current young people, in comparison to survey data from 2018. There has been a shift in alcohol preference from beers and lagers to spirits, for boys and girls. Spirits and pre-mixed drinks are the most popular with under 18 drinkers.

There is no clear difference between boroughs defining where under 18 drinkers consume alcohol. The majority stated they drink at home (62%) or in friends' homes (60%), 22% used alcohol in a park, and 23% stated they drink in a pub, bar or club.

Under 18 drinkers reported the most common source of alcohol was from family members (57.8%) and parents (54%), followed by older friends (34.5%) and home supplied (31.1%).

Other substances

There has been an increase in children and young adults using nicotine vapes. The increase is thought to be associated with accessibility, low price in relation to cigarettes, attractive sweet and fruit flavours and promotion that targets children and young people. Disposable single-use vapes have also been a major factor but sales were banned in June 2025. Young people are also showing a preference of high nicotine content.

Cannabis is the third most popular substance used by young people. The age group most likely to use cannabis vapes in Greater Manchester are16-18-year-olds. These young people reported they were 'easier to buy' than cannabis itself. There are more local concerns regarding cannabis use than alcohol among young people.

Understanding and knowledge of alcohol

Knowledge of alcohol harms was poor among young people surveyed and interviewed. Most gained their knowledge from school PHE or biology lessons. Some acknowledged the use of social media and influencers but largely appeared aware of the dangers of misinformation.

Young people believe they should be better informed about alcohol, and that school information was currently inadequate. Most young people preferred to hear about alcohol harms from someone with lived experience.

Support for alcohol use was thought of little relevance for young people. What was needed was more focus on the factors that provoke alcohol use such as lack of provision for social activities and better mental health services. However, school and college support and safeguarding services were considered very positively.

Overview of barriers and facilitators to reducing alcohol harm

Theme	Barriers	Facilitators
Positive behaviour change	Family and community approval and use of alcohol Easy access to alcohol in the home and neighbourhood Limited social outlets for under 18s in neighbourhoods Schools reluctant to use independent resources for education & support	Alternative activities to aid socialising in the neighbourhood Targeting family members and parents re alcohol harm reduction for young people Focus on health and wellbeing for lifestyle choices (and facilities to enact this)
Access to and delivery of services	Long waiting times for CAMHS Lack of health education and harm awareness at an early age	Schools offering support and referrals for further support and treatment Informal routes to support

Overview of contextual factors which influence barriers & facilitators

Theme	Contextual factors which influence barriers	Contextual factors which influence facilitators
Positive behaviour change	Affluence of parents (availability of alcohol in the home) Parental introduction of alcohol use to young people Ease of access to alcohol (home environment, corner shops, friends and family supply) Advertising of alcohol (normalisation of drinking)	Attitudes of parents and community: negative or positive expectancies of alcohol Knowledge of alcohol harms among family members and young people (school education of harms) Availability of education and support resources in GM from 3rd sector
Access to and delivery of services	Lack of support for mental health concerns and issues Waiting lists for CAMHS and difficulties with making referrals Stigma (not directly mentioned but a likely barrier). Includes LGBTQ stigma.	Knowledge of referral routes and contacts for schools and youth services

Recommendations; health promotion, harm reduction

Start Alcohol Education Early

- Introduce age-appropriate alcohol education as early as 6 years old, integrating it into broader health and well-being curriculum.
- Use engaging, interactive methods to build knowledge and resilience against peer and societal pressures.

Ensure Independence from the Drinks Industry

- Remove industry-affiliated organisations like Drinkaware from school-based alcohol education programmes to eliminate potential bias. Make more use of local expertise for school-based health promotion.
- Develop evidence-based, government or public health-led educational resources to ensure impartiality.

Address the Role of the Family Home

- Provide **parent-focused education and guidance on alcohol use**, emphasising their influence on young people's attitudes and behaviours.
- Encourage **responsible parental drinking habits** and communication strategies to reduce alcohol normalisation at home.

Reform Alcohol Labelling and Advertising Regulations

- Consider restrictions on alcohol content visibility (AV%) in ways that do not encourage misuse among young people.
- Strengthen regulations on **alcohol marketing and branding**, reducing exposure in media and online platforms accessible to young people.

Ensure Enforcement of Licensing Regulations

- Address issue of corner shops supplying alcohol intended for those under 18 years of age

Target Health Promotion Beyond Deprived Areas

- Recognise that **affluence, rather than deprivation**, can be an enabling factor for youth alcohol use.
- Expand harm reduction and prevention programmes to **all socioeconomic groups**, with tailored interventions for different family circumstances.

Main Report

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Part 1: Introduction & Method

1.1 Introduction

This project aimed to add to a comprehensive understanding of the factors that impact on youth alcohol use by examining young people's alcohol and other drugs knowledge and behaviour among young people in each borough of Greater Manchester. The research focused on two key objectives:

1) to explore the attitudes and behaviours of young people towards alcohol and other substances, and

2) to explore potential barriers and facilitators of positive behaviour change for young people who use alcohol and improve their access to treatment and support.

In doing so, we focused on six key questions:

1. What percentage (broken down into age categories) of young people in each of the ten Greater Manchester localities are using alcohol?
2. What are young people's views on/explanations for, experiences of /behaviours towards alcohol use in Greater Manchester?
3. How do young people understand the risks related to alcohol use?
4. What are the key factors at an individual, locality and Greater Manchester wide level which impact on alcohol use among young people in Greater Manchester?
5. What are the barriers and facilitators to positive behaviour change for young people who use alcohol in a harmful way?
6. What are the barriers and facilitators to access to alcohol treatment and support (including informal support) for young people who use alcohol in a harmful way?

Through these objectives, the overall aim is to contribute to in-depth insight to inform the development of the Greater Manchester Alcohol Harms Strategy. The report is guided by the need to reduce alcohol harms, improve health, reduce health inequalities and inequity in Greater Manchester for those populations most at risk of harmful alcohol use. The evidence aims to assist in the development of strategic initiatives and interventions across policy and practice and inform service delivery in supporting young people across Greater Manchester.

1.2 Method

For this investigation, we conducted a literature review and thematically analysed focus groups (Braun and Clarke, 2006) and used these early findings to structure an online survey of young people across all boroughs of Greater Manchester. Local intelligence was sought where review and survey findings were anomalous or underpowered. We incorporated a participatory element into the approach through consultation with a lived experience advisory panel of young people which we called LEAP.

Participatory Research (PR) is an umbrella term for a range of participatory approaches and practices tailored to specific research contexts, researchers, and participants (Nind, 2011). Youth Participatory Action Research (YPAR) aims to create research spaces *with* young people where they inhabit informed, active, agentive roles in issues and contexts affecting their lives (Ozer & Douglas, 2015).

The lived experience advisory panel (LEAP) was made up of a small group of young people (n=5) who joined the research team to represent the youth voice throughout the project. LEAP members used their knowledge, experience and insights as young people to shape the project throughout the key milestones of the project. Recruited through the research team's existing young people's GM networks, the LEAP engaged with the research team via a range of communication channels including email, telephone, and meetings. The LEAP members received support from the research team to participate in ways that worked for them as young people based upon their other commitments.

The main purpose of LEAP was to ensure that the project was relevant, useful, and applicable to young people's lives in GM.

Their contributions involved:

- Consulting on data collection tools including focus group and survey questions
- Reading through the results and sharing thoughts and views
- Discussing how the results may be used to benefit young people
- Contributing report ideas including the accessibility of language used across the project
- Exchanging ideas and providing different perspectives
- Anything else they felt was needed or missing from the project as it progressed.

The LEAP role offered

- Experience of working within a research team
- Opportunities to strengthen confidence and communication skills
- Development of analytical skills and debating differing views
- An experience to include on young people's CVs
- Opportunities to shine a light on how lived experience can be an asset to personal and professional development

While the benefits of participating come from the experience and learning, LEAP members were also given vouchers as a token of appreciation for their invaluable input.

Part 2: Review of Documentary Evidence

2.1 Literature review aim and parameters

The aim of this review was to identify trends of youth drinking in the boroughs of Greater Manchester, with national trends for comparison. We focused on associated factors related to young people's harmful drinking, or prevention of young people's harmful drinking, including beliefs, attitudes and behaviour of young people in relation to alcohol and other substances, and interventions, policies and practices that promote healthier behaviours around alcohol and other substances.

2.2 Data identification

A systematic search of peer reviewed literature was complemented by a hand and targeted digital search for grey literature, internal and external reports. The search focused on young people (11–25 years), alcohol and other substances (cannabis, vaping, commonly trending street drugs), and literature was included if relevant to national English, North-West regional or Greater Manchester local context. This could include international evidence that was transferable to a Greater Manchester context. Excluded were evidence relating to impacts of foetal alcohol syndrome, cognitive impacts or functioning, physical and psychosocial alcohol harms, or populations not relevant to a GM context. Further evidence was obtained from contacts within existing networks.

Literature was screened, appraised and reduced. Key themes were guided by the project aims and objectives of the project. Themes were:

- Trends in young people (YP) and alcohol use
- Attitudes, knowledge and understanding of YP and alcohol use
- Factors associated with YP alcohol use
- Local environment, advertising and outlet availability
- Other substances and YP
- Parenting and home environment
- Approaches to reducing use

2.3 Review findings

2.3.1 Trends in young people and alcohol use

The global, national and regional trends for alcohol use among young people have been reducing over the last 10 years (i.e., Charrier et al, 2024; Whittaker, et al, 2023; NHS Digital, 2020; Oldham et al, 2019; Ball et al, 2023; Corree et al, 2022; Public Health England, 2016), with some explanatory associations as social changes among young people and greater awareness of alcohol harms and affordability (Whittaker et al, 2023; Ball et al, 2023). In Greater Manchester, all boroughs show similar decline except Wigan (Dept of Health & Social Care, 2024). Notwithstanding general decline in use, there remains an association between deprivation and alcohol harms among whole populations (Bellis et al., 2016), and individual characteristics for young people such as ADHD and conduct disorders, parental supervision, and density of off-licences (Freisthler & Wernekinck, 2022). The Institute of Alcohol Studies reports that LGBTQ+ people are more at risk of hazardous drinking than the general population, especially females (IAS, 2021).

However, a national survey of school-aged children in 2022 (Hubert et al, 2023) indicates a rise in alcohol use since 2018, particularly for older girls from affluent backgrounds. While rates of harmful use appear to be declining, general use may be increasing among under 18 young people. Hubert et al's national survey finds rates for girls who have ever smoked are also rising since 2018 and more than boys. This survey also reported that vaping was approximately three times as prevalent as smoking, especially among 15-year-old girls from less affluent families.

Cannabis use is also reported to have declined since 2018 (Hubert et al, 2023) with an anomaly of some rise among girls overall, up to 2022. Girls from least affluent families were more likely to use cannabis than affluent peers, but for boys, this trend is reversed.

Overall health and wellbeing appear to be declining among young people, according to Hubert et al (2023), with a rise in health complaints including sleep problems particularly among teenage girls. This is relevant to alcohol use as evidence also suggests a link between sleep problems and alcohol use (as self-medication and/or as an associated factor (Hasler et al 2021).

2.3.2 National population data

The latest national statistics for England (NHS Digital, 2022) for young people and alcohol date from the survey of 2020-2021, which includes social disruption from Covid-19. The survey includes where young people (11–15 years) obtain alcohol, where they drink and with whom, and breaks down data by age group. The survey indicates that most pupils access alcohol via parents (75%) have taken it from home with permission (50%) or from friends (46%). Eight percent obtained alcohol from a shop or pub. The most likely source of alcohol for under 18 pupils in this survey is from other adults (parents and other relatives) ***[See Figure 2.3.2]***.

Those who bought alcohol sourced it from other people informally or from a retailer – more common for older pupils. However, 66% of those who were drinking stated they never bought alcohol themselves ***[See Figure 2.3.3]***.

Predictably, where under 18 people drink is mainly in their own home, but increasingly as they get older, in other social venues ***[See Figure 2.3.4]***.

Counter to correlations between deprivation and alcohol harms among the general population (OHID, 2024), likelihood of drinking alcohol was positively associated with family affluence; the more affluent the family, the more likely the young person to have had an alcoholic drink. However, there is unlikely to be an 'alcohol paradox' phenomenon moderating early onset and responsible drinking as early onset is globally associated with later alcohol dependence (Skylstad et al., 2022).

Figure 2.3.5 illustrates with whom under 18 drinkers tend to drink by age. In line with access and venue, the trend is with parents or relatives but increasingly with friends for older age groups.

National data suggest increasing socialisation for young people around alcohol from initiation within the home and by adult relatives, to peer use and external access and drinking. Further evidence indicates young people from families who drink are more likely to drink themselves, and nearly half of the cohort asked said their parents did not want them to drink alcohol. This runs counter to the evidence of where they drink and access to alcohol as it is clearly within the family household where their drinking starts.

In comparison with the 2018 survey, young people's attitudes to drinking alcohol have only changed slightly, with drinking and getting drunk both becoming more acceptable for the current cohort. The survey also found that 63% thought alcohol harms were only associated with heavy drinking.

Figure 2.3.2: where pupils obtained alcohol in the last 4 weeks: source: Smoking, Drinking and Drug Use among Young People in England, 2021 (NHS Digital, 2022).

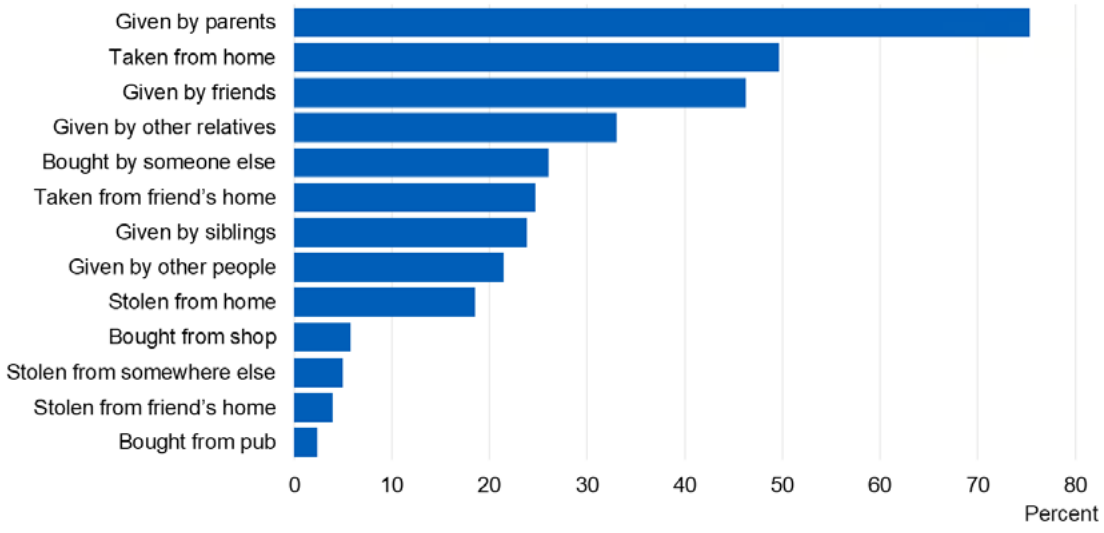


Figure 2.3.3: Where current under 18 drinkers obtain alcohol. Source: NHS Digital, 2022).

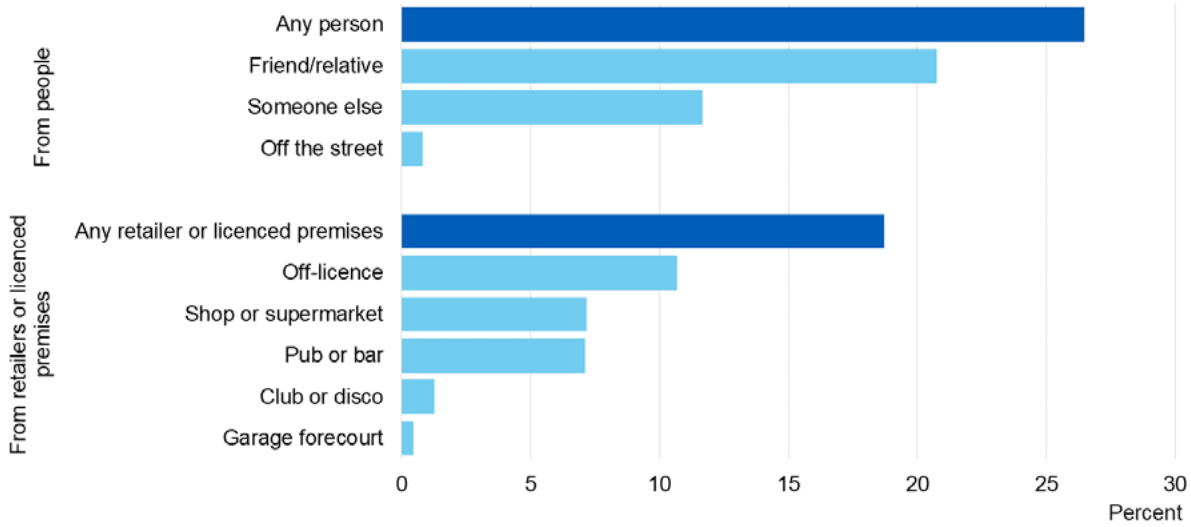


Figure 2.3.4: where current under 18 drinkers drink, by age. Source: NHS Digital (2022).

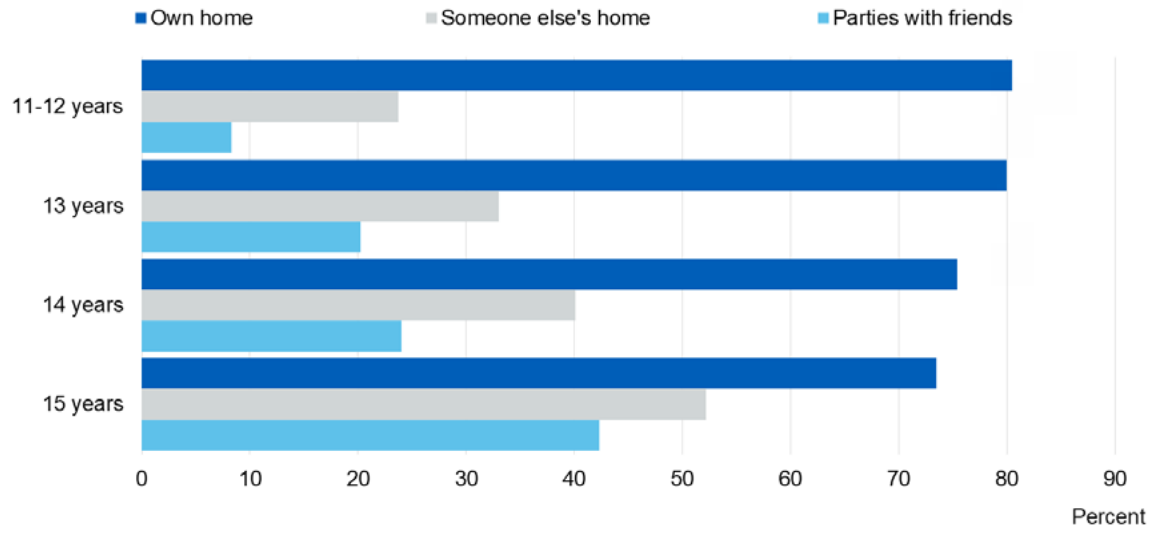
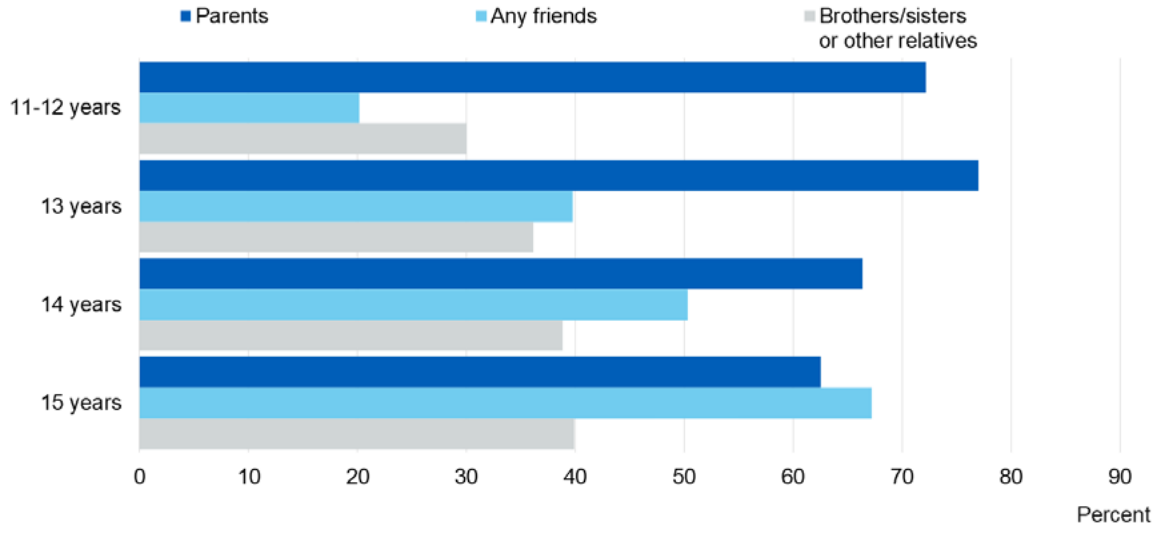


Figure 2.3.5: With whom under 18 drinkers drink with, by age. Source: NHS Digital (2022).



2.4 Type of alcohol drunk

Most drinks reported to the survey from 1990 is beer, lager or cider for both males and females. The data indicate a shift in choice, particularly for females, towards spirits and wine and a reduction of the percentage of those drinking beers (***Table 2.4***).

Table 2.4: comparison between 1990 and 2021 rates of drink choice by gender Source: NHS Digital, (2022)

	Boys 1990 - 2021	Girls 1990 - 2021
Beers	87% - 80%	60% - 54%
Spirits	45% - 58%	67% - 77%

2.4.1 Perceived reasons for drinking and sources of information

Most young people thought young people generally drank because it was cool, or due to peer pressure, to be more sociable and to feel good. When asked about their information about alcohol, most reported parents, teachers, or the internet and social media (***See Figure 2.4.1***). Older pupils increasingly relied more on external sources of information rather than family or teachers.

Pupils were more likely to have drunk alcohol, either in the last week or ever, if they had a higher family affluence score; 11% and 35% respectively for higher scoring pupils, compared with 6% and 25% for lower scoring pupils.

Figure 2.4.1: Sources of helpful information about alcohol and drinking. Source: NHS Digital (2022).

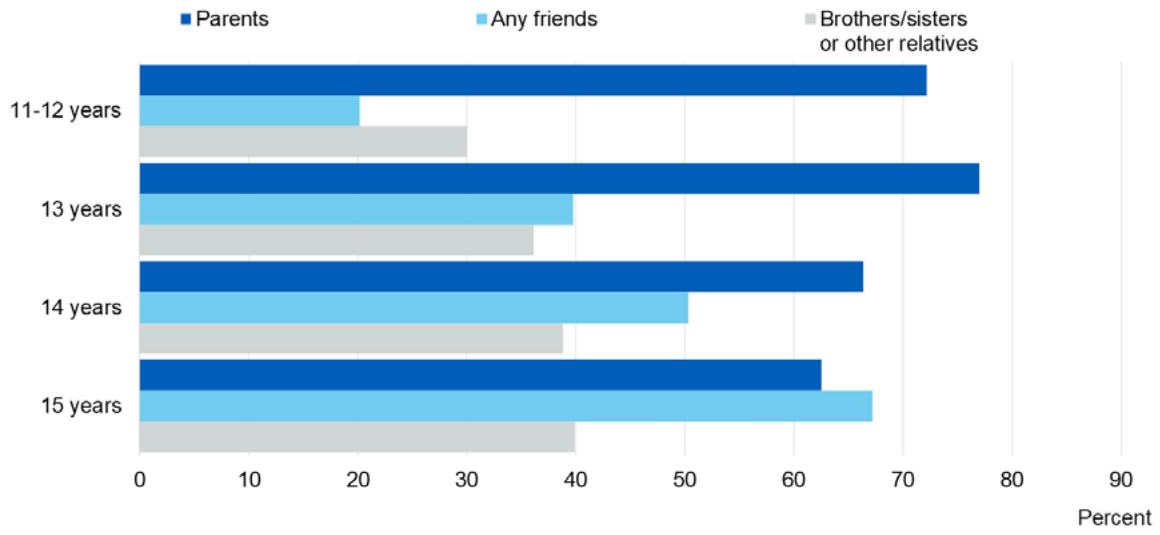


Figure 2.5.1: Admission episodes for alcohol specific conditions for under-18s from April 2023. comparisons between Greater Manchester boroughs and England and NW districts and unitary authorities. *Source: OHID (2025), based on NHS England and Office for National Statistics data*

Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Admission episodes for alcohol-specific conditions - Under 18s 2021/22 - 23/24

Crude rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	8,043	22.6	22.1	23.1
North West region (statistical)	–	1,213	25.6	24.2	27.1
St. Helens	–	67	60.5	46.9	76.9
Westmorland and Furness	–	54	46.1	34.6	60.1
Cumberland	–	69	44.7	34.8	56.6
Wirral	–	86	43.7	34.9	53.9
Blackpool	–	36	42.5	29.7	58.8
Lancaster	–	32	40.8	27.9	57.6
Fylde	–	15	36.1	20.2	59.5
Wyre	–	21	34.2	21.1	52.2
Cheshire East	–	77	32.1	25.3	40.1
Tameside	–	47	30.4	22.3	40.4
Warrington	–	37	28.3	19.9	39.0
Burnley	–	18	27.3	16.2	43.2
Liverpool	–	76	26.8	21.1	33.6
Halton	–	22	26.6	16.7	40.3
Wigan	–	54	26.0	19.5	33.9
Cheshire West and Chester	–	54	25.6	19.3	33.5
Stockport	–	48	25.3	18.6	33.5
Sefton	–	40	24.9	17.8	34.0
West Lancashire	–	16	24.3	13.9	39.4
Salford	–	42	23.3	16.8	31.5
Knowsley	–	24	23.1	14.8	34.4
Hyndburn	–	13	23.0	12.2	39.3
Rossendale	–	9	19.6	9.0	37.2
Rochdale	–	32	19.2	13.1	27.1
Blackburn with Darwen	–	23	19.1	12.1	28.7
Chorley	–	13	18.1	9.7	31.0
Bolton	–	39	17.9	12.7	24.5
Pendle	–	12	17.3	8.9	30.3
South Ribble	–	11	16.5	8.2	29.6
Manchester	–	54	14.0	10.5	18.3
Ribble Valley	–	5	13.9	4.5	32.5
Preston	–	14	13.8	7.6	23.2
Trafford	–	20	12.0	7.3	18.6
Oldham	–	20	10.7	6.5	16.5
Bury	–	13	9.9	5.3	16.9

2.5 Greater Manchester trends

Figure 2.5.1 above lists the admissions for alcohol specific conditions for under 18s in the North-West districts and unitary authorities, giving comparison between Greater Manchester boroughs, England and the NW region.

The latest evidence, released in February 2025, shows that Bury, Oldham, Trafford, Bolton and Rochdale have lower rates of alcohol-related hospital admissions for under 18s than nationally (22.6/100,000), and lower than the NW rate of 25.6/100,000. Tameside has the highest rates for GM at 30.4/100,000, followed by Wigan at 26.0/100,000, Stockport at 25.5/100,000, and Salford below the regional average at 23.3/100,000. These data are significantly different from the 2022-23 data, especially for Wigan which recorded the highest hospitalisation rate in GM. Local reports do not support particularly high rates for Wigan or Stockport, so we suspect anomalous recording due to coding errors. Also, these data are only for alcohol-related admissions and are not a gauge of under 18 drinking per se, and based on low numbers (i.e., only 13 admissions for Bury).

In a wider context, only 4.5% of young people in Greater Manchester aged between 16-27 are estimated to drink more than four times a week, compared to 44.1% of those aged 40-59 (GMCA/NHS Greater Manchester, 2023). However, 44% of those who typically drink 4+ drinks per day are under 35. These data suggest young people are more likely to binge drink but have alcohol free days in comparison to older adults who drink at lower-level rates but more frequently.

Despite the reduction in young people's alcohol use nationally, the 2023 young people's survey for GM Trends (GMCA/MMU, 2024) found an increase in the number of young people within Greater Manchester reporting alcohol use, from 55% in 2022 to 81% in 2023. Seven of the ten boroughs recorded significant increases; notably 57% of young people in Oldham reported an increase in use, 55% in Bury, while 50% in Trafford reported a decrease in alcohol use. This may be reflected in Trafford having only 18.2/100,000 alcohol-related hospital admissions, in comparison to the higher rates in Wigan, Stockport and Tameside for instance (Figure 2.5.1).

Table 2.5.1 shows the latest numbers of young people in treatment for alcohol problems in Greater Manchester, as published by the National Drug Treatment Monitoring System (NDTMS, 2025). The trend since 2014 is downward for all boroughs except Bolton, Oldham and Wigan. Comparison between under 18s and over 18s is a particular concern for many boroughs and there is evidence of a levelling out of the downward trend from 2014.

Table 2.5.1: Latest numbers of young people in treatment by borough and age group (source: National Drug Treatment Monitoring System, 2025).

	Male	Female	Male	Female
	Under 18 (2023-24)		18-29 (2022-23)	
Bolton	130	70	30	15
Bury	50	30	20	5
Manchester	105	65	80	55
Oldham	90	45	20	15
Rochdale	80	65	25	15
Salford	40	20	15	15
Stockport	45	40	25	20
Tameside	75	30	25	10
Trafford	45	20	10	10
Wigan	80	45	35	10

2.6 Attitudes, knowledge & understanding of YP & alcohol use

According to NHS Digital (2022), among school pupils (11-15) surveyed about alcohol, 23% thought it was acceptable to drink once a week, and nearly 10% thought it was acceptable to get drunk once a week. The acceptance of both drinking and getting drunk has increased since 2014. Acceptability increased with age among school pupils, with nearly 50% of 15-year-olds thought it acceptable to drink once a week, and 19% thought it acceptable to get drunk once a week. Two thirds of pupils believed alcohol was only harmful if you drank a lot, though did understand it increased risk of cancer. Older girls appeared a little more aware of alcohol harms, but not by a significant rate. A study in Australia suggested a hierarchy of harms from substances, with heroin and crystal meth (a particular issue in Australia) seen as most harmful, and alcohol, tobacco and cannabis as least harmful (Deans et al, 2021).

Attitudes towards alcohol use appear to be changing over time, and this is considered part of the explanation for reducing rates of use. Whittaker et al's survey (2023) suggests there are several attitude and belief factors: A reduced acceptability of risk; young people being more aware of health and social risks such as being drunk in public, drink driving; being less accepting of negative consequences such as hangovers and feeling ill, and girls being aware of risk of sexual violence. Also, the culture of drinking is changing among young people; where they socialise and how. Whittaker et al's survey explored drinking culture. Young people reported that accessing alcohol was harder with Challenge 25, parental guidance and the cost of alcohol. Interestingly, the young people questioned thought drugs were easier and cheaper to access and had less impact on their ability to function at school. Aspirations were also part of the overall explanation for reduced alcohol use for some who were focused on their futures and aware that they needed to study. However, when examined more closely, it was found more likely that this effect applies only to girls (Whittaker et al, 2023). These factors relating to future aspirations are interesting when considering that NHS Digital (2022) also reports that higher rates of drinking were occurring among the more affluent young people.

Mintel's survey of Gen Z in 2023 (Mintel et al, 2024) found that 36% of people 18-25 commonly visit bars and pubs to socialise, but going to restaurants, cafes and the cinema have increased in popularity. In comparison with other generations in the UK, 20-24-year-olds are half as likely to spend money on alcohol for the home than over 75s. The authors suggest a shift in priorities for Gen Z towards socialising without the need for alcohol.

Two thirds of 18-24-year-olds, in contrast to older populations, stated in the Mintel survey that they prefer to drink 'mindfully' and want to look after their mental health. Physical health is also an issue. Approximately 25% stated they choose low and non-alcoholic drinks, low calorie content, or drinks with other health benefits.

The association between young people's and parents' attitudes to alcohol (Tael-Öeren et al, 2018) leads to recommendations that alcohol use prevention strategies aimed at young people, should also target parents, as their attitude and beliefs shape those of young people from a young age (Moore et al, 2009).

There are several studies which test alcohol expectancies against a range of variables. These measure how much young people expect a positive or negative outcome from using alcohol, which in turn are related to attitudes about alcohol, health, and encultured beliefs. These are reported in the section on parenting and family environments.

2.7 Factors associated with young people & problem alcohol use

A key factor in likelihood of under 18 drinking reported by all major studies is age: The older the young person, the more likely they are to drink alcohol, binge drink, get drunk and generally be exposed to alcohol opportunities (i.e., socialising with friends away from home and having money).

Predictors of alcohol use among young people are also claimed to be peer influence, the amount of time they spend with friends in the evenings, their expectations of the effect (i.e., happy and fun or a health risk), family use, frequency of use and drunkenness, religion, perceived level of parental supervision and the young person's attitude towards drinking and getting drunk (Bremner et al, 2011). More recently, the influence of

advertising, availability and positive expectations of alcohol effects is reported as a factor (IAS, 2016).

Some studies identify that risks of binge drinking and under 18 drinking are higher for those from families with higher incomes (Holligan et al 2020) including in Greater Manchester (Elisaus et al 2015). This appears a little counterintuitive when alcohol problems are associated with areas of high deprivation, though may be explained if considering access factors; access to funds provides better access to alcohol, and availability within the family home also overcomes affordability barriers. The Greater Manchester study, while dated, also reflects other studies in that socialising with friends, low family opposition, conduct problems and perceived local crime all contribute to risk of alcohol use.

Factors considered to be associated with later and problematic alcohol use among young people are living in a high deprivation area, personality factors including extroversion and impulsivity (Tshorn et al 2024), and using tobacco and vaping (Hershberger et al 2020; Tshorn et al, 2024; Demir et al 2023). Solitary drinking and sleep problems are considered risk factors for later problem use (Hasler et al 2021; Skryznski & Creswell 2020). Much of this evidence is from the US or Europe so may not apply as strongly to UK or Greater Manchester populations which may have micro-cultural factors. Protective factors appear to be education and parental disapproval (Peeters et al 2021; Kuo et al 2021). Some studies have concluded that there are no links between self-medication or social media to use or problem use (Nagata et al 2023; Friechel et al 2023). The more representative studies in England indicate that personality and social issues are more likely to be factors associated with youth alcohol use and later problem use (McCardle et al 2022).

2.8 Local environment, advertising & outlet availability

More stringent alcohol controls, increased sense of responsibility and concern for health may be contributing to reduced use (Pennay et al 2023; Rolova et al 2021). Concern is growing around the use of Drinkaware and other drinks industry-sponsored education programmes used in schools, colleges and universities. Schalkwyck et al (2022) studied education material used in the UK and internationally, and discourses around alcohol tend to be normalising of alcohol use, minimising and distorting harms, and avoiding critique of marketing techniques. They argue that alcohol education material should be independent of industry and focused on empowering young people to make critical choices around alcohol. Independent organisations can also monitor and audit education materials against objective criteria. Education that includes critical awareness of the influence of marketing and advertising may be even more important as Texido-Campano et al (2022) surveyed nursing students (aged 20-35) and found they did not rate advertising as particularly influential in their drinking, demonstrating a lack of awareness of marketing.

2.9 Parenting & home environment

For Elisius et al (2018), family support was found to lower risk of binge drinking among adolescents in Greater Manchester. This is supported by evidence of family factors associated with adolescent and young people's drinking.

Psychosocial factors that include family background was explored by Sanchez et al (2023) from the ABCD study (a US longitudinal study of young people's behaviour and biology). Their findings were very similar to other studies in Europe regarding associations with environmental factors such as deprivation and higher expectancies of alcohol use, and family misuse of alcohol. Their study included a large range of factors but found family and school influences to be the strongest influencers of alcohol expectancies among early-aged adolescents. This is relevant to prevention as expectancies of alcohol being rewarding (positive) form in young people before use, and so potentially influence actual behaviour. Peer influence was more likely to shape their attitudes against alcohol, highlighting harms and negative effects from drinking. The strongest factor associated with negative alcohol expectancies is being in a close-knit family who share these expectancies, while higher positive expectations of alcohol and its effects were associated with family use and misuse. These findings are endorsed by Smit et al (2020) and Kuo et al (2021) whose studies found that exposure to parental alcohol use predicted positive alcohol expectations among adolescents. Interestingly, fathers' use effected boys but not girls in both studies. These findings prompt recommendations

for targeting parents to reduce risk of adolescent and under 18 alcohol use.

The same Dutch team had earlier reported that children as young as 4-8 years become aware of the family's normative attitudes and behaviour to alcohol (Voogt et al 2020).

Being allowed to drink at home with parental knowledge is negatively associated with later higher drinking frequency, higher quantity and the number of alcohol-related problems among US adolescents (Lipperman-Kreda et al., 2024).

The use of low and zero alcohol products is rising internationally and in the UK (Holmes et al., 2024). This appears to be particularly driven by young people (16-24 years) and people with vulnerabilities to alcohol (Perman-Howe et al, 2024). Concerns are expressed that parents may be providing children with zero alcohol products (Bartrum et al 2024) in that parents who do provide zero alcohol products are associated with greater permissiveness in their parenting and low understanding of the harms of alcohol. This is considered by some researchers to present an added risk factor and gateway for later adolescent harmful drinking (Booth et al 2025; Bartrum et al 2024). Implications for the rise in low and no-alcohol drinks may have positive impacts on public health, or, as argued by Holmes et al (2024) only relate to young people who are unlikely to drink heavily, increase the health equality gap if products are expensive and attractive to health-conscious individuals, and may be a gateway to later alcohol use due to the heavy promotion of low/zero products by the drinks industry.

2.10 Other substances & young people

Jackson et al (2024a) reported an increase in long term vaping among adults since 2013, particularly since 2021. While this is largely among adults with a history of cigarette smoking, there has also been an increase in young adults who have never smoked cigarettes. The rise since 2021, they report, is linked to the availability of disposable vapes. Jackson et al (2024b) also report an increase in preference for high nicotine content, especially in disposables, and particularly among those who have never smoked. As they report no difference between adults and young adults (16-24), this teams' work suggests that young vapers who have never smoked are selecting high nicotine disposables, supporting theories of disposable vapes as a gateway to nicotine addiction.

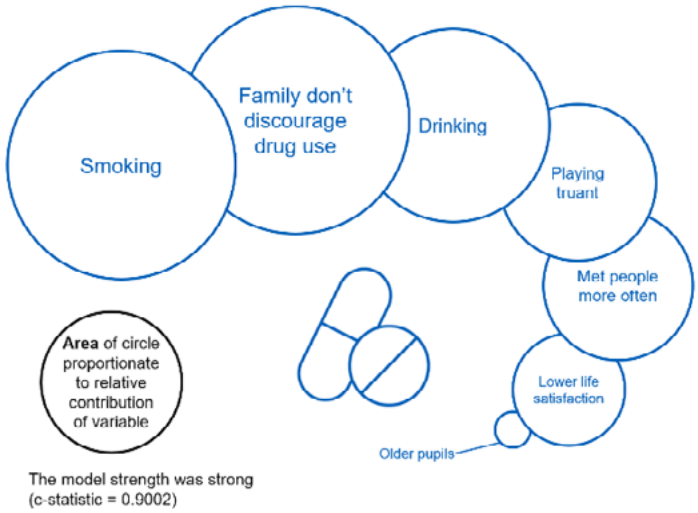
An ASH report of a youth survey (2023) identified a rise in the number of children who have tried vaping, though only a small percentage report using more than once a week (4.5%), mainly using disposables. Of those who do vape, most (62%) have never smoked, suggesting a potential replacement for cigarettes and supporting Jackson et al's suggestion that disposables create an easy introduction to vaping.

Further to evidence indicating a rise in use of vapes, Jackson et al (2025) shows use of disposables has declined among young people since January 2024, falling from 63.2% to 35.2%. However, as part of our validation process where survey evidence was underpowered for Tameside and Stockport, we sought local intelligence from substance use practitioners. Both sources stated that the main substance that caused concern for their referring agencies was cannabis, and their own data showed cannabis to be the main substance, with alcohol less relevant to young people. While this is a biased perspective (being from substance use services) both stated cannabis and vaping (and using THC vapes) appeared to be a gateway to further drug use. No services exist for YP with vaping problems (smoking cessation services being only for adults), and the ban on disposables will not affect frequent vape users as they source their vapes from a black market.

The most recent data on smoking, drinking and drug use among school pupils in England (NHS Digital, 2023) indicates a fall in rates of reported drug use from 2018 (from 24% to 18%). While likelihood of taking drugs increases with age, there is no significant gender difference in usage.

Of interest to this study are the factors most associated with likelihood of using drugs. The estimated odds ratios for having taken drugs indicates that regular smoking is the most significant factor (OR =13.11; $p<0.001$), recently drinking alcohol (OR= 6.0; $p<0.001$), not having a family which disapproves or discourages (OR= -0.7; $p<0.001$), playing truant (OR=2.35; $p<0.001$), low life satisfaction (OR=1.5; $p<0.001$) and meeting people outside of the family home regularly (OR=0.37; $p<0.001$). See ***Figure 2.10 below*** that illustrates the report findings.

Figure 2.10: Factors with significant association with drug use; individual variables. *Source: OHID 2024, based on NHS England and Office for National Statistics data*



2.10.1 Other drug use in Greater Manchester

From the GM Trends survey (GMCA/MMU, 2024), cannabis was the third most used substance in Greater Manchester by young people up to 25, after alcohol and vapes. Sixty-nine percent of young people reported using cannabis, though this survey may not be representative of a general youth population. Rates were at 85% for those in contact with services, who appeared, from professional stakeholder reports, to use regularly. Additionally, 48% of survey respondents claimed to have used cannabis vapes. The age group most likely to use cannabis vapes were 16–18-year-olds. Young people reported they were 'easier to buy' than cannabis itself.

The GMCA/NHS Greater Manchester report (2023) stated that almost half of under 18s who entered treatment for substance use in England cited cannabis as a significant substance of use, but only 23% for alcohol.

For other street drugs, the most harmful substances such as heroin are reported in GM Trends to be a concern more for older users. Younger people do not appear to be taking up opioids, however, there is an expressed concern for the uptake of crack cocaine as a 'replacement' for heroin for those entering the drug scene, an increase in the use of powdered cocaine across GM, especially by females, use of ketamine among some young people, and use of tramadol as a come-down from using stimulants (GMCA/MMU, 2024).

In comparison to alcohol problem use, there is reported in Greater Manchester a slight increase in the percentage of young people with alcohol problems entering treatment; from 23.9% in 2019/2020 to 28.6% in 2021/22 (GMCA/NHS Greater Manchester, 2023). This is against a backdrop of falling rates of alcohol use nationally.

A report to Greater Manchester's Mayor (Eclypse, n.d.) suggests that vaping is a growing concern in schools and among parents, but few resources are available for educating staff and parents.

2.11 Approaches to reducing use

An evidence review by Norman et al (2023) from Greater Manchester NIHR ARC, reviewed intervention evidence, including that relevant to young people. They reference the NICE Guidelines (2019) for interventions for alcohol in schools - from lectures to activities and inputs from health professionals - which supports multiple approaches. The NICE Guidelines also support targeted interventions for those under 15 at risk of alcohol use/misuse. Preventative interventions from a wider evidence base include family and parenting intervention programmes, behavioural interventions, and multi-component interventions such as education, parenting, behavioural monitoring (Norman et al 2023). However, evidence for multi-component interventions was mixed in their findings, and the best quality study did not find such approaches

any better than single focus interventions. A wider examination of evidence for family interventions for both young people and adults, however, was shown to be effective for adults but not adolescents. This evidence is contradictory and may reflect the limited quality and breadth of evidence for a young population rather than definitively supporting any specific intervention.

For reducing harmful drinking, Norman et al (2023) report significant long-term evidence in support of mentoring for adolescents. However, the evidence in their review is international which may not easily transfer to Western European culture of individualism (Botwright et al 2023).

Pre covid recommendations from Shabberer et al (2019) from a NEET study in Doncaster include early intervention and prevention as key interventions for this population group. They suggest that risky and harmful behaviours associated with alcohol use start early and that 13 years may be too late to commence health promotion/prevention work. They also suggest from their research that young people drinking as self-medication need to be identified early and given support; they argue that this group are currently being missed by professionals working with young people.

Considering potential self-medication, Stein et al's (2022) systematic review of targeting young people to reduce depressive symptoms found that psychosocial interventions targeting excessive alcohol use is effective in reducing depression in young people. These interventions such as motivational interviewing were more effective than psychoeducation overall. This may suggest that young people drinking for self-medication can benefit from targeted interventions for the primary psychosocial issue.

Cobiac et al (2009) previously indicated that the most cost-effective interventions for preventing future chronic disease from alcohol use are volumetric taxation (tax per unit of alcohol), advertising bans, licensing controls and brief intervention. Clearly the first three of these have the potential to reduce access and would apply to young people as well as adults.

Becker et al's (2022) comparison of factors related to effectiveness of brief intervention shows that, among young people with limited family communication and associating with 'deviant' peers, brief intervention may have a negative effect on their drinking and cannabis use. Family check-ups (a parent-focused brief intervention) on the other hand, was more effective with these groups.

Validation of the young people's experience was important in Deans et al's (2020) qualitative study of young people in Sydney, Australia. This would, they argue, strengthen the validity of education programmes delivered in schools and elsewhere. In other words, a non-judgmental approach to education reduces stigma and exclusion of those who may already be using or, importantly, have family members who use substances.

Trapero-Bertran et al. (2023) conducted an economic evaluation of interventions for people at risk of alcohol-related problems, including young people and adults. Their findings suggest that most interventions were more cost effective than no intervention. Brief interventions, motivational approaches, restriction of advertising, unit taxation, licensing regulations and mass media campaigns all showed more cost-effective results than either no intervention or random breath testing. They also examined interventions for those with dependency, again finding pharmacological, residential and psychosocial interventions all more cost effective than no intervention.

2.12 Summary of literature review

Drinking rates among young people nationally and internationally are declining, and this is currently being attributed particularly to changes in attitudes towards and expectancies of alcohol linked to the acceptability of being drunk, and greater awareness of risks to health. Additional factors are suggested to be price, changing socialising behaviour and accessibility of alcohol for young people. In each borough in Greater Manchester, this downward trend is also illustrated in proxy variables of harmful drinking (hospital admissions and presentation to A&E). In general, the decline in use is more pronounced among males than females. There is also a longer-term trend towards high percentage/volume alcohol drinks.

The literature specific to Greater Manchester does not present an explanation for Tameside and Stockport's hospital admission figures being above the national norm, nor for very low rates for boroughs such as Bury. There are suggestions that the alcohol paradox applies to children and young people as well as adults (high deprivation areas have a greater association between rates of use and harms compared with low deprivation areas). However, this does not explain why Tameside, Stockport or Salford, are different to other areas with high deprivation.

It is important to see young people's alcohol use in the context of GM's whole population rates. Young people under 35 are reported to drink less frequently than older adults, but have a greater number of drinks (GMCA/NHS Greater Manchester, 2023). Greater Manchester has a high number of university and college students who are likely to binge drink rather than drink consistently. Also, young people are on a trajectory of normalising alcohol behaviour from early teens to adulthood and gaining greater access to alcohol and increasingly able to use in less risky ways. What stands out from the literature however is that normalisation to alcohol can start at a very young age from the home environment, that parents and other family members may influence children in their expectancies of alcohol, model drinking behaviour and encourage use. Of the evidence of what works, a focus on the family appears to be the most recommended and effective (see Becker et al 2022 and Cobiac et al 2009) and health promotion/harm prevention may need to start at an early age in schools and include parents to be more influential in later alcohol choices.

Part 3: Focus Groups

3.1 Focus groups overview

We conducted 12 focus groups across seven Greater Manchester boroughs, meeting with a total of 55 young people representing a range of genders, age groups and ethnicities ***(see Tables 3.1 and 3.2)***.

Table 3.1: Focus groups by borough

Borough	No. of focus groups	No. of young people
Manchester	3	19
Oldham	1	6
Bury	3	8
Rochdale	1	2
Salford	2	10
Wigan	1	8
Stockport	1	2
Total	**12**	**55**

Table 3.2: Focus Group Participant Demographics*+

Category	Group	No. Of respondents	Percentage (%)
Gender	Male	19	35.8%
	Female	32	60.4%
	Trans	1	1.9%
	Non-binary	1	1.9%
Age	13-14 years	9	17.0%
	15-17 years	33	62.3%
	18-20 years	11	20.7%
Ethnicity	Asian	4	7.5%
	Black	11	20.7%
	Mixed ethnic group	2	3.8%
	White	36	68.0%
Identified religion	Christian (all denominations)	20	37.7%
	Muslim	7	13.2%
	No religion	26	49.1%
	Prefer not to say	1	1.9%
Disability	None or not disclosed	44	83.0%
	Identified disability*	9	17.0%
	* (most frequently recorded as mental health, ADHD, and autism).		

*2 further participants from Stockport; no demographics available.
+ A complete record of all requested demographic information is available

3.1.1 Alcohol use among participants

We heard from a similar number of young people who had experience of using alcohol as those who have never used it. From these two positions, participants broadly fell within distinct groups.

Young people reporting prior or current alcohol use:

- Regular alcohol use closely aligns with social interactions
- Use of alcohol is secondary to and less frequent than other drug use (often cannabis)
- History of problem alcohol use and now abstains
- Occasional use – proactively limits alcohol intake to avoid exacerbating existing health issues

Participants with no history of alcohol use:

- Practice a religion where alcohol is prohibited
- Have strong ties to a supportive community
- Significant adversity at home has led to alienation from peers and restricted access to social opportunities associated with alcohol (i.e., parties, gatherings with friends)
- Uses other drugs, but chooses to avoid alcohol

3..1.2 Young people who use alcohol

The use of alcohol is reported to be common among focus group participants and their peer group. The described patterns of use were reflective of binge drinking, mostly occurring among friendship circles and inside a friend's home. In warmer months, drinking occurs outside in local parks. There were no evident gender differences in the type or quantity of alcohol used among participants with alcohol experience.

Notably, spirits (vodka, whiskey, gin) were exclusively reported as participants' preferred choice. Young people frequently consume these spirits straight, without mixers, and knowledge of labelling requirements has led some to utilise the listed alcohol units as a guide towards choosing stronger, more potent alcohol, rather than as a tool for making healthier choices. Participants had used other types of alcohol (beer, wine), but this appeared to be in situations where they were without choice. It was suggested that some young people may drink high percentage alcohol to 'show off', but essentially, the age of the young person significantly affects the type of alcohol they use. Those who are much younger have more difficulty accessing alcohol, thus have limited options available to them. As explained by a 13-year-old female in Bury, "*you drink whatever you can get hold of*".

We heard mixed views on the ease at which alcohol can be obtained more generally. Some stated that cannabis has gained more social acceptance and is easier to buy than any alcoholic drink, while others can readily access alcohol at home, either by taking bottles belonging to older family members, or through parents who purchase alcohol on the young person's behalf. The most reported scenarios involved alcohol being provided by older friends and the young person buying alcohol themselves from a local shop. Except in Manchester, participants in all boroughs reported knowledge of a 'corner shop' which has both lax ID checking practices and a reputation for selling to under 18 customers. Across the boroughs, it was reported that some of these shops demand more money when there is suspicion that the customer is a minor.

Various other drugs (cannabis, MDMA, ketamine) are used by cliques of young people who attend parties and social gatherings, however, alcohol is the primary substance which unifies the whole group, with everyone attending with the intention of 'getting drunk'. Some use cannabis regularly throughout the week, whereas using alcohol is limited to weekends. In these instances, using cannabis is embedded into daily routines, whereas there remains a degree of excitement around the prospect of using alcohol: *"we're just waiting for Friday."* (Female, aged 16, Rochdale)

Young people offered varied reasons for their use of alcohol, but in epitomising the prevailing view, one 17-year-old male in Oldham asserted, "*I drink to get drunk*".

Many participants who do not use alcohol believed that alcohol use does not occur among younger teenagers (13-16 years), with drinking only starting when young people reach their late teens or early twenties. This belief was unrelated to their knowledge of legal age limits and suggests that some young people are not being exposed to their peers' use of alcohol.

3.1.3 Young people who have not used alcohol

This group of young people had relatively little exposure to alcohol, often because they lived in home environments where alcohol use is infrequent. As such, many of their views have been shaped by the portrayal of alcohol in the media (specifically tv/films) and their resulting perception is that there is a connection between an individual's use of alcohol and subsequently proceeding to *"make bad decisions."* (Female, aged 20, Manchester). However, young people noted that when represented in the media, alcohol use is disproportionately portrayed in a positive light; it was suggested that this may shape public understanding and hinder the identification of alcohol-related risks and harms.

> *"TV shouldn't show everyone having a good time in the pub, it should show people how powerless you can be to [alcohol] ... Some people can use it very well and never have an issue with it, but people should understand where it can lead to." (Male, aged 19, Stockport)*

Many believed that there is a culture of normalising drug and alcohol use in the UK and that this makes it easy and acceptable for people to turn to substances when seeking respite from adversities:

> *"Life is hard, and if you don't know how to cope, you will turn to something that fills you temporarily." (Female, aged 16, Manchester)*

> *"It's such a bad thing, but an easy thing to get addicted to or get pulled into because it's so normalised." (Female, aged 16, Wigan)*

Notably, young people whether they used alcohol or not all, identified the same reasons for alcohol use in young people but often listed these in different priority order. For example, those who do not use alcohol assumed alcohol use to be an individual's response to emotional pain followed by other potential reasons, such as drinking alcohol for fun or enjoyment. The participants with alcohol experience started by saying the main reason for alcohol use was for fun and enjoyment and then followed with other reasons such as emotional pain and anxiety.

Although no one could explain the general reduction in use by young people, some suggested that they are beginning to witness a cultural shift, with fewer young people wanting to drink alcohol than in previous years:

> *'I feel like alcohol and that kind of lifestyle has lost its appeal for quite a lot of teenagers, talking to people who are my friends and my age, they don't really want to go out on a Saturday night and get drunk' (female, aged 19, Manchester)*

> *"We don't drink because we've got better things to do, and we've seen what it can do to people." (Female, aged 15, Wigan)*

3.2 Young people's knowledge and awareness of harms

Older participants (those aged 16-20 years) identified a few alcohol-related harms, but it was apparent that precise and comprehensive knowledge had not reached the wider group with any consistency. Most had been taught health-related information during science lessons (harm to liver and foetus) and some recalled PSHE classes about alcohol but could only articulate their learning in one-word summaries, for example, 'dangerous' or 'addictive'.

> *"[School taught alcohol harms] a bit, but not in too much depth. We learned nothing about mental health [impacts], just physical. Although they didn't mention anything about the brain, just liver damage; it was pretty brief." (Male, aged 17, Stockport)*

Very few young people had knowledge of substance-related risks prior to their first time using, for instance, one had no awareness of the potential for negative consequences from alcohol, until she experienced severe vomiting after a session of heavy drinking. Some young people do go on to seek out relevant information before taking a drug for the first time, but this is after gaining experience in the use of other substances.

No participant recalled receiving information on drugs and alcohol in primary school, with one commenting that the topic was 'avoided'. This is concerning as many reported that the transitional period between primary and secondary school coincided with the onset of their alcohol use. The exception to what was otherwise a faltering

knowledge base came from young people who had witnessed an adult's problem alcohol use (usually a relative).

> *"My grandad just came out of rehab and he started drinking again. So, that's why I don't drink, cos I don't want what happened to him to happen to me." (Female, aged 14, Wigan)*

> *"I had a big insight from an early age in terms of the consequences." (Male, aged 19, Stockport)*

This group communicated fluently a range of physical, psychological, and social alcohol-related harms.

3.3 Seeking information

Not all participant knowledge on alcohol harms came from the school environment; a sizeable number reported proactively seeking information online. For instance, one male first became aware of alcohol after hearing from an imam while attending mosque that is it prohibited. His curiosity piqued, he sought to learn more and began his online search for information on both the chemical properties and effects of alcohol and understanding of its contextual use (and non-use). Similarly, another young person turned to the internet after "*realising that I'm so uneducated about it.*" (Male, aged 16, Rochdale)

Social media, namely TikTok and Instagram, has also been a source of information on risks and harms: one young person spoke of an influencer who had extensively used nicotine vapes, but after his lungs collapsed, he directed his content to inform his followers of vape-associated dangers. Young people with histories of mental health difficulties use Instagram to view posts about health and wellness; often these include stories relating to recovery from problem drug and alcohol use and contain perspectives not found in the school curriculum.

Some participants identified the potential risks of using social media for information on drug and alcohol use, noting that some influencers are sponsored by alcohol brands and others reference hangovers in posts that the young people believed contributed to the normalisation of a drinking culture. That said, for the participants who were not already using alcohol, this type of content acted as a further deterrent.

There was a collective consensus on the need for all young people to receive quality information from which they can make informed decisions on whether to use alcohol and assess risks of alcohol harms. Within focus groups there was a diverse range of individual knowledge and awareness pointing to the fact that there needs to be consistency in alcohol education and available accessible information to all young people in all boroughs. As one young male said:

> *"Everyone should be educated about it, cos if you're interested, then you need to know what's in it" ((male, aged 15, Salford)*

The views on whether social media should be used to disseminate this information were mixed, with most acknowledging that it can be used positively, but with some expressing reservations. For example, one young person recalled that she had learned that 'THC is healthier' but could not expand or provide further context. This, she said, highlighted the scope of social media to impart memorable, but partial or faulty information that can mislead its audience and create further risks.

3.4 Religion & access to information

One young person knew of adults in the Muslim community who drink alcohol to alleviate stress, despite their religion prohibiting its use. However, most Muslim participants feel protected from exposure to alcohol. They discussed the risk of being introduced through external sources (non-Muslim friends) and suggested that the provision of information should be improved to assist young Muslims who may struggle with curiosity. For instance, one young person believed that too much information may tempt some towards alcohol use, but everyone agreed that having no knowledge can lead to greater risk and harm.

3.5 Harm to self

Some participants had personally experienced vomiting after drinking, but few appeared to perceive this as an alcohol-related harm. Although not explicitly expressed, the given impression was that the risk of sickness was 'part and parcel' of using alcohol.

In Salford we heard reports of girls purposely restricting food prior to attending parties to increase the potency and accelerate the onset

of alcohol intoxication. In the same area, a 15-year-old male suggested that having alcohol awareness has not affected his decision-making or behaviours:

> *"You never think about the risks until the morning after." (Male, aged 15, Salford)*

Conversely, in considering whether alcohol causes more damage to those with younger bodies and brains, young people without alcohol experience pragmatically concluded that using alcohol is not worth the risk of physical harm:

> *"I've managed without [alcohol] all my life and I've been alright, so I may as well wait until I'm old enough." (Female, aged 14, Manchester)*

> *"Every single time I say no [to alcohol]; I'm more concerned about my brain, my mental state, because this is going to showy offy, but I'm incredibly intelligent and I really don't want to affect my chances of getting to university." (Male, aged 15, Wigan)*

3.6 Risk from others

Identified as causing most concern for participants were the risks posed by other intoxicated individuals and groups. It was noted by male participants that taking steps to moderate personal alcohol intake does not fully protect against violence and aggression by others who may be seeking to fight or engage in conflict. Female participants observed a parallel between increased intoxication in men and persistent unwanted and inappropriate sexual behaviour, with one young person commenting that being able to respond to men's behaviour is what drives her to limit her own alcohol intake when out with friends.

Box 1: An example of spiking in Greater Manchester

Spiking – A vignette | Oldham

At a party, one young person found that she suddenly felt tired, drowsy, and confused, and upon losing consciousness, she was subjected to rape by a young male. She recalls using alcohol and what she believed to be a nicotine vape, but subsequent toxicology screening showed the presence of THC, benzodiazepine, and cocaine. She had no immediate recollection of the assault.

Following the disclosure in Box 1, it transpired that each of the six participants had anecdotal knowledge of at least one member of their social circle having been directly affected by spiking. The issue arose sporadically during other focus groups.

The theme of risk from others was also present for the young people who do not use alcohol or attend alcohol-focused venues. For this group, walking around the city centre or travelling on public transport, particularly in the evening, was a cause of anxiety:

> *"You might not know you're gonna be safe, because you see people who are not in their senses doing stupid stuff, it makes you feel unsafe, as a kid especially." (Male, aged 15, Manchester)*

> *"If people drink, they might hurt other people." (Female, aged 14, Wigan)*

3.7 Key factors for alcohol use among young people in Greater Manchester

3.7.1 Socialising

When exploring this question, most participants initially reported that they use alcohol 'for fun', 'to have a good time', and 'to unwind at the end of the week'. For some who visited nightclubs, drinking alcohol was considered to help improve confidence and reduce concern over perceived judgement by others.

After further discussion, other themes consistently emerged:

3.7.2 Boredom

Young people frequently reported boredom and a lack of alternatives as drivers for alcohol use among their peers:

> *"There's nothing else for us to do." (Male, aged 14, Salford)*

> *"What else is there [to do]?" (Female, aged 16, Bury)*

One group highlighted that other than parks, young people have few places to gather and meet their friends, yet they notice that spaces accessed by adults (pubs and bars), often centre around

alcohol. It was suggested that these conflating messages explain why young people use alcohol in public parks; the only space available to them.

Similarly, it was thought that on many occasions, teenagers use alcohol *"just for the sake of it"* - and because they have not found other ways of socialising as they've grown older.

3.7.3 Mental health

No participant disclosed using alcohol when alone, however, while social events provide the context and environment for alcohol use, it was clear that some young people had additional motivations for using alcohol to excess. Commonly, this was to manage mental and emotional health difficulties, and to offer temporary respite from challenging life circumstances:

> *"It gets me away from it."*
> *(Male, aged 17, Oldham)*
>
> *"It helps me forget."*
> *(Male, aged 15, Salford)*
>
> *"It gives me more confidence."*
> *(Non-binary, aged 20, Manchester)*
>
> *"It fills my head and distracts me."*
> *(Female, aged 16, Bury)*
>
> *"It makes me feel like myself."*
> *(Male, aged 16, Rochdale)*
>
> *"To escape from whatever I'm feeling in the moment." (Male, aged 19, Stockport)*

One person spoke of feeling intense loneliness when using alcohol with friends, knowing that those around him were drinking to enjoy themselves, while he was drinking to forget.

3.7.4 Influence of friendship groups

Most young people with experience of alcohol use stated that they only drink in group situations. The reason primarily reported is the lack of alternative options for young people. However, the presence of a social group has also influenced decision-making, behaviour, and drinking patterns of many of the participants.

The nuanced variation in the influence of peers on a young person's alcohol use were described by three individuals in the following examples:

- **Going along with the crowd**: a young person used more alcohol than intended *"to keep up and save face."* (Male, aged 15, Salford)
- **Following others:** a young person feels ambivalent about using alcohol but says *"I drink because my friends do."* (Female, aged 16, Bury)
- **Peer pressure:** *"He was calling me a 'pussy' to make try something."* (Male, aged 16, Manchester) This young person felt conflicted by the hurtfulness of the name-calling and his desire to sustain the friendship.

While most discussions focused on negative influences, it was noted that trusted relationships also had the potential to affect positive behaviours and alcohol related decisions.

3.7.5 Influence of family

Parenting and how alcohol is discussed in the family home are believed to affect how young people manage future decisions and alcohol related behaviours. This was agreed by both participants with and without alcohol experience. When parents raise children to understand the risks and educate about responsible use of alcohol, they provide young people with the tools to make healthier choices. For instance, one participant said that her parents were 'relaxed' about alcohol and as such she *"did not feel mystified or tempted by drinking"*. (Female, aged 17, Bury)

> *"Having conversations at home gave me a big perspective and taught me to ask questions. It definitely did have a big impact in terms of transparency. [Drugs and alcohol] were never really a scary thing or stigmatised in terms of we're not going to speak about them. (Male, aged 19, Stockport)*

Conversely, if parents adopt an authoritative approach to alcohol, participants suggest that young people are inclined to rebel, and the absence of useful knowledge can result in irresponsible and harmful attitudes to alcohol use.

3.7.6 Proximity to familial problem substance use

When participants discussed having a family member with problem alcohol use or dependence, this was mostly reported as a deterrent shaping

their own decisions not to use alcohol. Seeing a family member harmed by alcohol often stopped them choosing to drink alcohol themselves. Their comprehensive knowledge of alcohol risks and harms and factors underpinning decisions to alter their own behaviours stemmed from three observations:

- The physical deterioration and serious health decline of a loved one (coma, liver failure, severe weight changes)
- Altered personalities and challenging behaviours (arguments, violence, neglect of self and others)
- Negative reactions by secondary parties or observers (mocking, humiliating, anger, disgust, rejection)

In addition to family members, one young person said that seeing a stranger sitting drinking daily in a public setting impacted his own thoughts and motivated him to avoid alcohol:

> *"[Seeing the effects] changed my views. Before I didn't think too much about [alcohol harms], but each day I saw a man sit and drink from morning to night, and then I realised: it's a rabbit hole..." (Male, aged 16, Manchester)*

There was, however, one outlier. A young male reported understanding that both parents used alcohol to cope with life stressors, and this, he said, 'inspired' him to begin using alcohol himself, hoping that it would similarly ease his own difficulties.

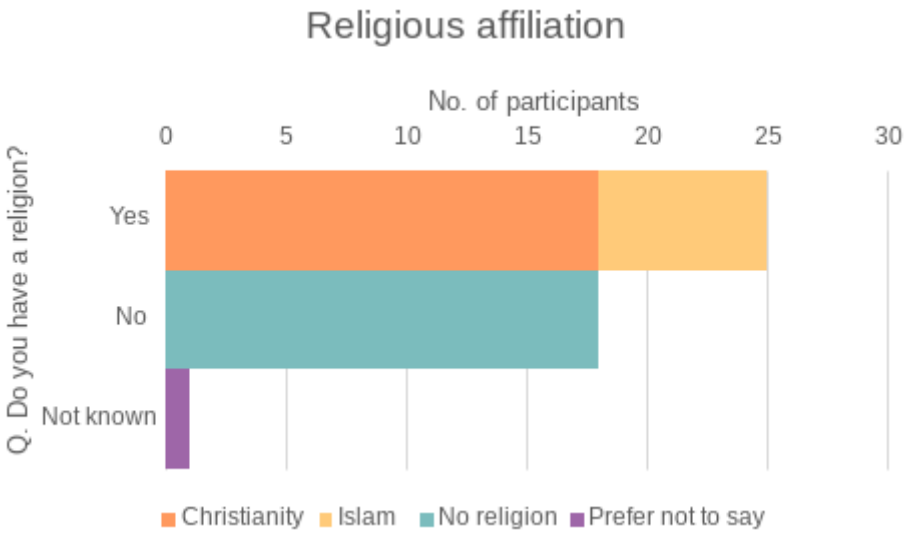
3.7.7 Religion, culture & the need for community

A sizeable number of participants practiced religion (Islam and Christianity), many of whom reported no experience of alcohol use in social settings. It was noted that acts of worship can involve the consumption of alcohol, and some distinguished between differing contexts and motivations:

> *'I drink alcohol during holy communion to be close to God; it's not to escape my problems' (female, aged 15, Manchester)*

Initially it appeared that having a faith was a factor protecting these young people from early alcohol use. Although some participants repeated that alcohol is prohibited in Islam, ultimately, both Christian and Muslim young people asserted that the doctrine of their respective religions had little influence on their non-participation in drug and alcohol use. Instead, they believed the culture in their home environments and involvement and connection to a wider community had a stronger impact on their decision making.

Figure 3.1: Religious affiliation amongst focus group participants



As shown above in Figure 3.1, young people participating in the focus groups self-assigned to particular religious affiliation. They went to discuss in focus groups how religious affiliation was viewed as a pathway into strong, meaningful, and positive relationships. These relationships protected against early alcohol use in young people.

The theme of connection and community was not limited to participants who ascribed to a religion. A few young people, some of whom now abstain from alcohol, discussed how drinking with friends was an established method for sustaining close relationships. They described how using alcohol together helped them to bond, talk intimately, and share with each other in ways that would have been impossible if the group were sober.

> *"Most of my friends can only emotionally open up when they're [under the influence]. I've had some of the best heart-to-hearts when I can't see straight." (Male, aged 19, Stockport)*

As a theme, young people's need for closer connections ran through all focus groups:

> *"It's not activity we need, but community." (Male, aged 15, Manchester)*

> *"We need connections... and to open up more." (Female, aged 16, Oldham)*

3.7.8 Legal status

Young people who use alcohol stated that the minimum legal drinking age has had no bearing on their decisions or actions. This contrasts with the perception of those who do not use alcohol, who believed that the age restriction *"makes kids want to drink"*. One group went further and insisted that young people *should* drink alcohol before coming of legal age to develop a tolerance and avoid future ridicule:

> *"If you're with all your mates and they've all [used alcohol] before... you're gonna look like a dick... You'll feel like you have to drink as much as them... and because you can't handle it, you'll look stupid." (Male, aged 15, Salford)*

3.8 What are the barriers and what helps positive behaviour change for young people who use alcohol in a harmful way?

3.8.1 Awareness & visibility of harm

When a negative drug experience is widely publicised, this can persuade many young people to consider changing their use of the same drug. However, despite evidence of alcohol-related harms having greater visibility and emerging more frequently, witnessing these are less likely to affect behaviour change in young people because of the prevalence of drinking among peer groups and the potential loss of friendships if alcohol use is ceased. However, when the individual experiencing the negative effects of alcohol is known to the young person, this can reportedly act as a deterrent against future harmful use. Some participants have made significant changes to their drinking behaviours since observing how friends have been impacted by alcohol harms.

Continuing the theme of visibility, another young person said that watching a recording of himself in an intoxicated state has left him wanting to avoid drinking in the future.

3.8.2 Advice & harm reduction

With limited information and advice received by participants, we asked them to suggest tips to be given to an imaginary young person who was considering using alcohol for the first time:

- Eat and line your stomach if you know you are going to be drinking
- Drink and use with a trusted person, they don't have to be sober, but it should be someone you feel safe with
- Don't drink too much, have someone with you, take it slow, but definitely do it

All groups across the boroughs agreed that schools must improve provisions of drug and alcohol information and support, ensuring that it is relevant, accurate, and accessible. When asked whether pupils would want to sit and hear from a visitor speaking on this topic, male students expressed doubt:

"Those who haven't used or drank before probably would, but those who already drink a lot, probably wouldn't listen." (Male, aged 16, Manchester)

3.8.3 Positive behaviour changes

Most groups struggled to identify ways young people could affect positive alcohol-related behaviour changes, either because they had not experienced harmful alcohol use, or because they lacked examples of positive behaviour change to draw inspiration from. Where participants contributed ideas, they stressed the need for young people to venture into the wider community to seek and discover new interests and hobbies. They believed that engaging in new activities would both alleviate boredom and assist in breaking unhelpful behaviour patterns.

"[Alternative opportunities ‹to escape'] can be viable anywhere: family, friends, health, your hobbies. Everyone's want to escape must be channelled into something positive; that's where we'll get the gratification" (Male, aged 19, Stockport)

One group suggested adding graphic imagery on the containers of shop-bought alcoholic drinks (as with tobacco products) to provide young people with a visual sense of the risks and harms. It was agreed that nobody reads the small, printed text on alcohol labelling.

3.9 How young people who use alcohol might be better supported

3.9.1 Support for Young People

Aside from the need to be provided with accurate and useful information on alcohol related matters, alcohol specific support was not an area most participants felt was required, with views tending to be ambiguous and uncommitted. Instead, they believed support should be tailored to meet the wider needs of young people, some of which may be contributing to harmful use of alcohol. For instance, there was a resounding agreement for the need for more and improved mental health support for young people.

Child and Adolescent Mental Health Services (CAMHS) was singled out and received much criticism:

"CAMHS are so slow... it's going at such a slow rate." (Male, aged 16, Manchester)

"It's just not there, there's such a long waiting list for everything." (Female, aged 15, Oldham)

"There's basically no support for young people." (Female, aged 16, Bury)

They also described how young people receive less mental health support as they grow older, and knowledge of the funding cuts impacting adult services is of great concern as it suggests that their experience of 'being abandoned and without support' will continue to endure into adulthood.

It was noted that for any alcohol support to be effective, it needs to coincide with specific support targeting underlying mental health challenges:

"Activities and groups are good, but they don't target the real problem, because the feelings will be there when they return home and are alone." (Female, aged 16, Manchester)

3.9.2 Schools & colleges

Participants felt that schools and colleges should be a place where young people feel able to seek support. They offered examples of existing provision, such as the availability of counselling teams and form tutors who proactively engage with pupils. In this instance, it was agreed that continuity was essential as it allows time for young people to establish a trusting relationship, thus increasing their ability to approach the tutor for support when needed.

Participants spoke highly of school safeguarding teams and comments about staff were resoundingly positive:

"I totally trust her". (Female, aged 16, Bury)

"They're top... you can go to them with anything." (Male, aged 15, Salford)

One young person described a system within her school that allowed pupils to submit anonymous requests for help or information. After sending details of the problem via an online form, staff present an assembly on the issue to all students. She believed this to be of benefit to all pupils, including those who may not feel able to ask for help. Another young male suggested that support is available, but a culture that encourages silences

and ridicules those seeking help can prevent young people from accessing or thoroughly engaging with the provisions:

> *"There's loads of stuff at my school, but the problem is we're not open [to talking about our feelings]." (Male, aged 16, Manchester)*

Young people residing in GM areas serviced by Early Break identified the organisation as a source of support, with some explaining that workers visit schools and speak with any young person who has been flagged as having a drug or alcohol related issue, either personally, or at home. One participant who has accessed this said that while engaging with the support has not helped him to change his drug and alcohol use, he does feel it useful to have someone to talk to.

Early Break staff noted that services are no longer commissioned to deliver sessions on substance use to all pupils; it is now the schools' responsibility to prioritise and deliver lessons on drugs and alcohol. In GM areas where Early Break is not commissioned to deliver community-based drug and alcohol support, focus group participants made no mention of local drug and alcohol services for young people nor referenced knowledge of pathways into substance use support via school referrals.

3.9.3 Community

There was agreement across all focus groups that activities need to be available and accessible for young people to participate in locally. In Bury, Oldham and Rochdale it was said that there was 'nothing' available, except for young people with niche interests, such as skateboarding. In Salford, there was a disparity between male and female perceptions of available leisure activities:

When asked by the interviewer, what is there in this area for young people to do?

> *Girls: "There's plenty to do... there's football and performing arts..." (Female, aged 13, Salford)*
>
> *Boys: "There's nothing to do.... [just] drugs." (Male, aged 15, Salford)*

The feedback from young people in Manchester was unique; here, the consensus was that the area has lots of activities suitable for young people, catering for a range of interests and personality types. However, as one participant highlighted, the availability of activities does not necessarily mean young people can access them:

> *"Teenagers want to go out and do things with their friends, but it's very expensive. Meals, sports, they're not accessible to everyone, and that's why people go to the park and get drunk." (Female, aged 17, Manchester)*

Another young person spoke of a local community centre in Longsight that provides a range of free and engaging activities to attract people of all ages. Welcoming 30-40 people each week, he says the centre helps to occupy his free time and connects him to his neighbours. He feels the opportunity to build new relationships has positively impacted his sense of belonging. One participant noted that activities that are both available and free of charge can still be inaccessible to some young people:

> *"Even where things exist, lots of young people have really low self-esteem, and things like [the Youth Council] require you to have confidence to come." (Male, aged 16, Manchester)*

3.9.4 The ideal service

Across all focus groups young people were asked to imagine what a "good service", for alcohol advice, information and support would look like. Here is a list to key features participants described to be most important:

- *Workers/professionals*: staff who are caring, empathic, respectful, trustworthy, approachable, have lived experience, and a sense of humour.
- *Support:* in-house sessions that are youth focused and service user led.
- *Diverse provisions:* option of groups and one-to-one support, sessions that focus on engagement with positive life choices (e.g. discovering interests) in addition to those that address personal difficulties.
- *Environment*: accessible location, non-clinical, welcoming, walls decorated with both health-related posters and service user artwork and designs, open at convenient times.

Box 2: An example of existing good practice in Greater Manchester

Participants from a service in Manchester described how young people inform staff which activity they want to pursue that day, rather than the service providing a weekly timetable of activities that dictate what sessions are available. This alternative way of delivering support was important for all participants who accessed this service. They explained that it empowers young people and readdresses the power imbalance between youth and adults, something that is of particular significance for them as young people with experience of the mental health system.

There was a general agreement across focus groups that there was a need for more youth focused amenities. Often the young people found it difficult to express what this might look like as they had no local examples to base their hopes and expectations on. The young people were open to thinking about the potentialities that youth focused amenities would have on their lives.

Part 4: Online Survey

4.1 Method

The literature review and the focus groups contributed to the design of the online survey (See Appendix 2). The survey was constructed to gain measurable data with some open text for explanatory context. It was distributed to schools, colleges, universities and organisations that work with young people across the ten boroughs of Greater Manchester. The aim was to gain data on current alcohol use, exposure and behavioural trends to identify common trends and differences between boroughs. The survey sought to explore further the issues arising from the focus groups and the literature review, for instance, why alcohol rates have not declined over time in Wigan, and how much parental use and attitudes and environment influence the beliefs and behaviours of young people.

4.2 Survey results

In total, 597 people were surveyed, representing the ten boroughs, ranging from 11-25 years of age, with a mean of 16.7, and two thirds (408/68%) under 18. Age distribution was normal (mean, median and mode 16-17). Gender distribution was 64.8% female, 32% male, and other (non-binary or trans) at 3%. Of those surveyed, 67.7 had ever used alcohol, of those under 18, 56% (229) had used alcohol. See Appendix 1,Table 4.2.1.

The majority of the cohort (57%) reported having no religion, 32% were Christian, 8.4% Muslim, 1.7% 'other'. Very small percentages (under 1%) were Hindu, Jewish, Sikh. Only 12.6% reported a disability, of which 3.5% had a form of bio-physical disability, and all others reported either mental health or learning disability (i.e. autism spectrum, ADHD). One hundred and nine (18.3%) reported having another language spoken in the home.

4.2.1 Attitudes to alcohol

We compared attitudes to and beliefs around alcohol, by age group and user status. There were only 12 non-drinkers in the over 18 group which makes comparison difficult for non-drinkers, but comparison between drinker groups and under 18 drinkers and non-drinkers indicates some trends in attitudes and beliefs that ally with national findings.

Between age groups among drinkers, attitudes, knowledge and reasons for drinking were largely similar, with of-age drinkers more likely to agree that using alcohol was for social reasons: to be social (94.9%), to connect with friends (76.6%) and for confidence (76.6%). All groups disagreed that alcohol was not harmful, but there were some disparities between under 18 non-drinkers and under 18 drinkers. Under 18 non-drinkers were less likely to agree it is normal for young people to drink (50.3% vs 83.4%), that there are positives to alcohol (37.2% vs 80.3%), and less likely to agree that young people drank to be social or get drunk (***see Table 4.2.1***). Non-drinkers attributed drinking to be associated with doing what their friends do (78%). Attitudes to drinking appear to correspond with cognitive dissonance for those who drink (more likely attributing positive factors to their drinking) while non-drinkers appear to attribute drinking to negative factors such as being led by friends, or to escape problems.

There were a few marked differences between boroughs on attitudes and beliefs regarding alcohol. In Trafford, 44% thought alcohol was not harmful, in comparison with a GM total of 16%. Oldham and Rochdale drinkers were less likely to view reasons for using alcohol to be social needs (to be social or because friends drink).

4.2.2 Knowledge of alcohol harms

Harms mentioned by both groups included mental health problems, addiction, liver disease, accidents in the home or in the car, abusive or aggressive behaviour, criminality and drink driving, and family, financial and career harms. No one mentioned harms to others directly, or harms to the foetus when pregnant until asked. When asked, 56% of under 18 drinkers were able to identify some harms to the baby, many accurately identifying foetal alcohol syndrome or some form of developmental problem. Ninety-one percent of non-drinking under 18s correctly identified some form of harm. Only 44% of of-age drinkers were able to identify an issue for the foetus. Very few non-drinkers over 18 answered this question.

Table 4.2.1: Attitudes to alcohol and reasons for drinking, age/status comparison

		<18 non-drinkers	<18 drinkers	18+ non-drinkers	18+ drinkers
Attitudes to alcohol	It's normal for YP in my area to be drinking	90 (50.3*)	191 (83.4)	9 (64.3)	155 (88.6)
	Alcohol is not harmful	9 (5.3)	39 (18.4)	0 (0.0)	19 (11.9)
	There are positives to using alcohol	61 (37.2)*	163 (80.3)	7 (58.3)	129 (81.6)
Reasons for drinking	To be social	70 (42.7)	143 (70.4)	9 (75.0)	150 (94.9)
	For fun	110 (67.1)	173 (85.2)	8 (66.7)	142.(89.9)
	Because friends do	128 (78.0)	145 (71.4)	9 (75.0)	129 (81.6)
	To cope with emotions	93 (56.7)	119 (58.6)	7 (58.3)	98 (62.0)
	To unwind	50 (30.5)	77 (37.9)	7 (58.3)	95 (60.1)
	To get drunk	63 (38.4)	140 (69.0)	5 (41.7)	130 (82.3)
	To escape from life problems	104 (63.4)	113 (55.7)	8 (66.7)	97 (61.4)
	To feel connected with friends	69 (42.1)	102 (50.2)	7 (58.3)	121 (76.6)
	Because there's nothing else to do	47 (28.7)	82 (40.4)	4 (33.3)	73 (46.2)
	To find out what drinking is like	86 (52.4)	118 (58.1)	6 (50.0)	94 (59.5)
	To feel confident	58 (35.4)	106 (52.2)	6 (50.0)	121 (76.6)

*blue highlights represent atypically low rate, yellow represent atypically high rate

65% of over 18 drinkers thought that young people would drink less if there was more to do in their area, however, only 46% of under 18 drinkers were likely to agree with this. There were no marked differences between boroughs on knowledge of harms. More than half agreed they knew where to go for information (57.8%), but Tameside and Oldham showed that more than three quarters agreed with this (84.6% & 79.4%). Most young people in all boroughs reported having someone to talk to if they were worried about their own alcohol use, but Stockport stands out as below the average at only around half being sure of this.

4.2.3 Effectiveness of public health education

Table 4.2.3 shows the whole cohort responses to questions on their knowledge sources on alcohol and views on access. Only a quarter agreed that young people are already taught everything they need to know (25.5%), with little variance within boroughs except for Bolton and Rochdale where less than a fifth agreed with this.

Opinions regarding health promotion from the survey somewhat differed from the focus groups in that 81% thought experts should come to schools to talk about alcohol, and 75% thought people with lived experience should come into schools. These ratings are not mutually exclusive, though around 10% did disagree that people with lived experience should come into schools (not shown). There was less certainty across all boroughs about young people accessing websites to gain information about alcohol (60.5%) with Rochdale standing out as the borough with least confidence in websites as an accessible source of information, but Trafford and Stockport with the highest confidence at 76.2% and 81.8% respectively.

Over three quarters (77.6%) agreed that information should include the positive side of alcohol use, and, interestingly, most young people in all boroughs thought that even if alcohol was more expensive, it would not reduce the rate of young people's drinking (higher cost would reduce intake = 38.9%; range 27.3% - 47.1%).

Table 4.2.3: Views on alcohol education and support (by borough)

	YP are taught everything they need to know about alcohol	I know where to go to get information about alcohol	I have someone to talk to if I were worried about my alcohol use	YP should be taught about alcohol by experts in school	Someone who has had alcohol problems should be invited to talk in schools	YP would use a website if they needed information about alcohol	YP could make safer choices about alcohol if they had a trusted person to talk about problems	YP should be told about the positives of drinking alcohol, as well as the risks and harms	YP would drink less alcohol if it was more expensive to buy
Bolton	17 (23.6*)	34 (47.2)	56 (77.8)	51 (70.8)	47 (65.3)	40 (55.6)	64 (88.9)	61 (84.7)	32 (44.4)
Bury	38 (33.3)	70 (61.4)	84 (73.7)	91 (79.8)	77 (67.5)	69 (60.5)	98 (86.0)	87 (76.3)	39 (34.2)
Manchester	28 (20.3)	77 (55.8)	109 (79.0)	116 (84.1)	106 (76.8)	92 (66.7)	126 (91.3)	108 (78.3)	64 (46.4)
Oldham	5 (14.7)*	27 (79.4)	28 (82.4)	31 (91.2)	29 (85.3)	21 (61.8)	27 (79.4)	26 (76.5)	16 (47.1)
Rochdale	3 (12.5)	15 (62.5)	24 (100.0)	18 (75.0)	17 (70.8)	11 (45.8)	21 (87.5)	20 (83.3)	9 (37.5)
Salford	19 (24.7)	41 (53.2)	59 (76.6)	60 (77.9)	56 (72.7)	43 (55.8)	65 (84.4)	57 (74.0)	26 (33.8)
Stockport	3 (27.3)	6 (54.5)	6 (54.5)	10 (90.9)	10 (90.9)	9 (81.8)	10 (90.9)	6 (54.5)	3 (27.3)
Tameside	5 (38.5)	11 (84.6)	9 (69.2)	12 (92.3)	11 (84.6)	5 (38.5)	11 (84.6)	8 (61.5)	5 (38.5)
Trafford	6 (28.6)	12 (57.1)	19 (90.5)	18 (85.7)	15 (71.4)	16 (76.2)	20 (95.2)	16 (76.2)	8 (38.1)
Wigan	28 (30.1)	52 (55.9)	72 (77.4)	78 (83.9)	79 (84.9)	55 (59.1)	75 (80.6)	74 (79.8)	30 (32.3)
All	152 (25.5)	345 (57.8)	466 (78.1)	485 (81.2)	447 (74.9)	361 (60.5)	517 (86.6)	463 (77.6)	232 (38.9)

*Green highlights represent atypically low rate, yellow represent atypically high rate

4.2.4 Users & patterns of use

Table 4.2.4 shows a breakdown of key demographics and family details of those who have ever drunk alcohol, by borough. These data indicate both variability between boroughs and the spread of the cohort taking part in the survey. Selecting only 'ever drunk alcohol' reduces the power of the analysis, however, where there are categories over 5, this is acceptable power for nominal data. Yellow highlighted cells indicate where rates are significantly above the norm for the whole of GM for the category. Green highlighted cells indicate significant rates below the norm for GM.

Females are over-represented in the '*ever drunk alcohol*' cohort. However, for the whole cohort, the male/female ratio is approximately 3/6, and gender differences within boroughs reflect this ratio approximately, except Wigan and Manchester, and, to some smaller degree, Salford. Manchester data suggest women and girls are disproportionately more likely to use alcohol than other areas of Greater Manchester; that in Salford and Wigan, males are disproportionately more likely to use alcohol than other areas of Greater Manchester.

Of those who drink and are under 18, the whole cohort norm is 63.3% (408). The breakdown by borough indicates that Wigan has the highest rate of under-age drinkers in Greater Manchester at 56.7%, while Manchester has the lowest rate of under-age drinkers, at 43.2%. The Manchester borough is potentially skewed by the university population within the survey cohort. The family backgrounds of drinkers, as suggested by '*adults drinking frequently*' and '*does it affect you*', shows a higher rate for drinkers than the cohort norm (11.7%), except for Bolton (8.9%) and Oldham (8.7%).

In all boroughs, young drinkers are disproportionately likely to be of white ethnicity. Extreme values for Stockport and Tameside may be a result of low numbers in cells.

Table 4.2.4: Demographics: ever drunk alcohol x borough. % within boroughs. (relevant whole cohort norms shown in parentheses)

	Under 18s [cohort norm = 63.0%]	Males x [cohort norm = 32.0%]	Females x [cohort norm = 64.8%]	White ethnicity [cohort norm = 74.7%]	Disability - yes [cohort norm = 12.6%]	Family adults drink most days - yes [cohort norm = 43.1%]	Does family drinking affect you - yes [cohort norm = 11.7%]
Bolton	37 63.8*)	19 (32.8)	37 (63.8)	53 (91.4)	4 (6.9)	31 (55.4)	5 (8.9)
Bury	40 (74.1)	12 (22.2)	37 (68.5)	48 (88.9)	17 (31.5)	31 (63.3)	8 (16.3)
Manchester	38 (34.2)+	22 (19.8)	87 (78.4)	78 (78.3)	15 (13.5)	46 (46.5)	17 (17.2)
Oldham	14 (60.9)	9 (39.1)	14 (60.9)	20 (87.0)	3 (13.0)	9 (39.1)	2 (8.7)
Rochdale	12 (52.2)	8 (34.8)	14 (60.9)	21 (91.3)	7 (30.4)	9 (40.9)	3 (13.6)
Salford	26 (63.4)	18 (43.9)	22 (53.7)	34 (82.9)	4 (9.8)	21 (56.8)	7 (18.9)
Stockport	2 (20.0)	2 (20.0)	7 (70.0)	10 (100.0)	3 (30.0)	3 (33.3)	2 (22.2)
Tameside	8 (61.5)	3 (23.1)	9 (69.2)	10 (76.9)	1 (7.7)	6 (50.0)	4 (33.3)
Trafford	10 (55.6)	6 (33.3)	11 (61.1)	15 (83.3)	2 (11.1)	7 (43.8)	3 (18.8)
Wigan	42 (79.2)	22 (41.5)	30 (56.6)	46 (86.8)	7 (13.2)	18 (37.5)	6 (12.5)
All	229 56.7)	121 (30.0)	268 (66.3)	335 (82.9)	63 (15.6)	181 48.8)	57 (15.4)

*excludes trans (male & female = 3) and non-binary (n=9).
+**Green** highlights represent atypically low rate, **yellow** represent atypically high rate

4.2.5 Type of drink

We asked young people what type of alcohol they drink if any. The breakdown by type of alcohol and borough is shown in Appendix 1, ***Tables 4.2.5*** (all ages who use alcohol) and ***4.2.6*** (under 18 youth who use alcohol).

Both Tables show that spirits are the most common type of alcohol reported among the whole drinking cohort across boroughs (62.3%) and for all under 18 drinkers (56.0%). Cocktails are the next popular for all (40.1%) but pre-mixed drinks are second most popular for under 18 drinkers (38.3%). Rates are similar between groups for beer, but wine is a stronger preference for all in comparison with under 18 drinkers (32.2% vs 17.2%). This may suggest different access and use patterns (by the glass for those of age or with meals). Under 18 drinkers were more likely to use low or zero alcohol than the whole cohort (25.8% vs 17.3%). This may also signify different patterns of access and use, with under 18 drinkers accessing low/zero alcohol at home with parents.

4.2.6 Rates of drinking

Comparison between under 18 and of-age drinkers by borough (***Table 4.2.6***) suggests skewed distribution of rates of drinking in both age groups and all boroughs towards low rates of drinking (not used in 12 months; less than once a month) among under 18 young people, and a more normal distribution of drinking rates among of-age young people. An exception may be Manchester of-age drinkers who are more likely to drink once a week (27.2% of-age/Manchester) or 2-3 times a week (29.7% of-age/Manchester) than drinkers in other boroughs. This may be an effect from university students or easier access to nightlife. Stockport and Tameside record high percentages for each category, but this may be an artefact of low numbers from those boroughs.

4.2.7 Where consumed

There was no clear difference between boroughs defining where under 18 drinkers consume alcohol. The majority stated they drink at home (62%) or in friends' homes (60%), 22% used alcohol in a park, and a surprising 23% stated they drink in a pub, bar or club. However, this may include those who have a drink supplied by parents in a restaurant or while abroad. It is not evidence that there is under 18 drinking in venues in Greater Manchester.

4.2.8 Access to alcohol by under 18 drinkers

Under 18 drinkers reported the most common source of alcohol was from family members (57.8%) and parents (54%), followed by older friends (34.5%) and home supplied (31.1%) (***Table 4.2.8***). Family members were a particularly high source for under 18 drinkers in Bolton, Bury and Wigan, and possibly Tameside (low numbers make this an unreliable statistic). Wigan shows a marked difference in family member supply and parental supply (62.2% vs 43.6%), in contrast to other boroughs. Oldham showed a markedly low percentage of parental and family member supply at 35.7%, in contrast to other boroughs. This may be due to a higher proportion of religiosity in the borough sample. Again, Stockport, Tameside and Trafford recorded inflated % due to low numbers.

Of those who answered 'other' to alcohol access sources, four under 18 drinkers indicated that stealing alcohol was the main access method, some only had alcohol from parents when on holiday (i.e., abroad when it is available to younger customers), and three mentioned they get someone else to buy it for them from a shop.

4.2.9 Other substances used

Only 373 individuals (62.5% of whole cohort) answered the question about other drugs, of these, only 64 (17%) reported any drug used (***Appendix 1, Table 13***). Additionally, it may be estimated that many of those who did not answer did not use other drugs and the numbers of non-users is underestimated. While the low numbers per borough make this evidence unreliable, they may give some insight into the commonality of certain substances. Of the 64 who reported using any other drug, 81.3% named cannabis while only 31.3% claimed to use vapes. Our local intelligence for Stockport and Tameside indicate that vaping, cannabis and ketamine are of more interest to young people than alcohol.

Table 4.2.8: 'Where do you get your alcohol from?' (by under 18 drinkers)

	Provided by older friends	Provided by family members	From supplies already in the home	Buy it your-self from a shop	Bought by parents, carers, guard	Buy it your-self in pub, bar, or club
Bolton	12 (33.3*+)	29 (69.4)	12 (33.3)	9 (25.0)	24 (66.7)	3 (8.3)
Bury	12 (35.3)	25 (73.5)	9 (26.5)	9 (26.5)	20 (57.1)	1 (2.9)
Manchester	8 (24.2)	19 (57.6)	9 (27.3)	9 (27.3)	20 (58.8)	1 (30.0)
Oldham	4 (28.6)	5 (35.7)	2 (14.3)	3 (21.4)	5 (35.7)	1 (7.1)
Rochdale	5 (41.7)	4 (33.3)	4 (33.3)	5 (41.7)	6 (50.0)	0 (0.0)
Salford	8 (38.1)	10 (47.6)	8 (38.1)	7 (33.3)	11 (50.0)	3 (14.3)
Stockport	0 (0.0)	0 (0.0)	1 (50.0)	0 (0.0)	0 (0.0)	0 (0.0)
Tameside	4 (57.1)	5 (71.4)	3 (42.9)	2 (28.6)	5 (71.5)	1 (14.3)
Trafford	6 (60.0)	3 (30.0)	3 (30.0)	2 (20.0)	6 (60.0)	0 (0.0)
Wigan	12 (32.4)	23 (62.2)	13 (35.1)	9 (24.3)	17 (43.6)	8 (21.6)
All	71 (34.5)	111 (57.8)	64 (31.1)	55 (26.7)	114 (54.0)	18 (8.7)

*Green highlights represent atypically low rate, yellow represent atypically high rate + = % within borough

Part 5: Summary of Overall Findings

5.1 Summary

Despite falling rates of young people's alcohol use, there remain groups in Greater Manchester who are using harmfully or at risk of using harmfully. While regional youth population statistics show decline in use, some boroughs of Greater Manchester show continuing use or slow decline against national rates. Comparison with national rates does not consider deprivation scores across GM generally, nor its urban, student and ethnic characteristics, but findings here suggest trends in use for some youth groups continues to cause concern.

Other findings from the literature, focus groups and survey all indicate that early use and under 18 use is initiated in the home, with parental and family consent. A key issue that could also be explored is ascertaining parental attitudes to under 18 and youth use of alcohol, how influenced by cultural norms, social media and advertising. Availability of alcohol is clearly easier for those over 18, however under 18 users do not appear to face many barriers to accessing alcohol; availability appears to be predominantly in the home for the youngest drinkers.

Attitudes to alcohol among young people differ between drinkers and non-drinkers. Non-drinkers generally view those who drink in negative terms (i.e., led astray by friends, self-medicating), while those who drink have a positive view of alcohol use (i.e., for socialising and fun). All age groups understood that alcohol could cause harms, though this was associated with 'misuse' such as addiction. Learning about alcohol in school was generally thought inadequate, and there were concerns that younger age groups could be misled by social media.

The evidence shows that youth alcohol use does not necessarily have the same causal links as adult use. Deprivation for example is not a direct link to youth drinking, but affluence is linked to early onset. This may be an effect of increased access to alcohol. Deprivation in Greater Manchester however is likely to be associated with parental and community use, which is likely to provide an indirect link to early exposure to positive expectancies and early onset of use.

A concern is the trend for young people to desire high AV% drinks and using the information on the product to gauge strength. Spirits and cocktails are preferred over beers and lagers; a trend that mirrors a national transition. This indicates that warning labels do not work for young people who appear to value the effect of alcohol and being drunk. Young people in Greater Manchester also appeared to lack awareness of wider harms from alcohol use such as economic and psychosocial impacts. Nor did they express understanding of foetal harms until prompted. It appears that many young people in GM learn about biological alcohol harms in school but associate these with dependent use overall.

Differences between boroughs suggest different cultural attitudes to alcohol in the home and community, as well as potentially the impact of lack of youth education, service outreach to youth populations, and youth services.

5.2 Discussion

Young people's use of alcohol across England and beyond has been declining at least since 2016. Explanations for this vary from increased awareness of harm to change in socialising behaviour. While this may be a national trend, in Greater Manchester, and the North-West in general, youth drinking has not declined at the same national rate, and there are variations between districts relating to people's attitudes and behaviour around alcohol.

The decline of youth drinking nationally is reflected generally in GM's youth population but the rate girls are drinking is not falling proportionately to boys'. High ABV% is being favoured by young people in order to get intoxicated quickly, and it appears that young people are less impacted by cost of alcohol than older drinkers.

Under 18 drinkers are clearly accessing alcohol through family, friends and small retail shops, or stealing it. Of-age young people are drinking in licenced premises, but increasingly in restaurants and other leisure venues. It is of concern that young people under 18 appear to be being socialised into alcohol use in the home, where

it may be normalised through family use, family provision and values. Some evidence suggests that children as young as six may develop positive expectations of alcohol through the home environment.

Greater Manchester boroughs show little difference in attitudes, use, knowledge and expectations regarding alcohol. Wigan has the highest rate of under 18 drinkers, and Manchester the highest proportion of female drinkers, but lowest proportion of under 18 drinkers. Manchester may present standout data due to its large student population. It was highlighted to our team that boroughs close to central Manchester may simply 'export' the alcohol behaviour due to easy transport access (i.e., Stockport is 9 minutes away from Manchester). While other boroughs such as Rochdale, Bury, Bolton, may keep their alcohol behaviour within the borough.

Regarding interventions and education, schools were well regarded by young people in the focus groups and in the survey as sources of information and support on the whole. Generally, teachers were a source of support, but the young people also stated that they would prefer to hear from people with experience of substance use who were not their teachers. It was shared by local intelligence from Eclypse and Mosaic that they both provide PHE training for staff and for young people, and have projects that support worried parents and families, however schools are reluctant to use their services due to potential stigma for their schools. While the resources are available in Greater Manchester, and schools appear to be the main avenue for health promotion for young people, there is a barrier to supporting independent education and support for young people and parents.

Part 6: Conclusion & Recommendations

6.1 Conclusion

Much of the evidence points to the issue of early onset and positive expectancies from alcohol in the home environment, particularly from parents. Parents may be introducing under 18 youths to alcohol, role modelling and normalising alcohol use, and may themselves be unaware of potential harms beyond those of dependency or liver disease.

It is clear therefore that harm reduction and health promotion should not only target young people themselves but also the parents and communities. These should include the harms of alcohol to young people (i.e., pancreatitis, early onset liver disease, acquired brain injury) and harm to others (i.e., foetal alcohol syndrome, drink driving, violence) and psychosocial harms (i.e., future employability, criminality, relationships, financial stability).

6.2 Recommendations

Start alcohol education early

- Introduce age-appropriate alcohol **education as early as 6 years old**, integrating it into broader health and well-being curriculum.
- Use engaging, interactive methods to build knowledge and resilience against peer and societal pressures.

Alcohol education is suggested to be started too late in many instances, as 13 years may be too late to commence health promotion/prevention work. Early education could start as early as 6 years.

Address the role of the family home

- Provide **parent-focused education and guidance on alcohol use**, emphasising their influence on young people's attitudes and behaviours.
- Encourage **responsible parental drinking habits** and communication strategies to reduce alcohol normalisation at home.

Health promotion and harm reduction strategies should target parents, family members and communities as well as young people. Information about wider alcohol harms, role modelling in the home and alcohol regulations should be provided to adults who are responsible for children. Advice regarding the normalisation of alcohol in the home and wider community should be provided to parents, family members and communities, including schools, colleges and other youth groups.

Further investigation should also explore parental and community attitudes to alcohol and young people. Wigan, Bolton, Bury, Salford and Manchester boroughs had the highest rates of parental and home access for under 18 drinkers. We could speculate that introduction to alcohol is considered by parents as education in responsible use, especially in less deprived communities, or that parental misuse is simply role modelling 'normal' adult behaviour. It is recommended that these areas of high home sourcing are targeted for parental and community education for harm reduction.

Ensure independence from the drinks industry

- Remove industry-affiliated organisations like Drinkaware from school-based alcohol education programs to eliminate potential bias.
- Develop or use existing evidence-based, government or public health-led educational resources to ensure impartiality.

Health education regarding alcohol may need to be fully independent of the drinks industry as concerns are raised about Drinkaware providing biased health education in education establishments. Resources appear available in Greater Manchester but are underused. Labelling appears to have little influence on young people and may simply assist in identification of stronger drinks.

Reform alcohol labelling and advertising regulations

- Consider restrictions on **alcohol content visibility (AV%)** in ways that do not encourage misuse among young people.
- Strengthen regulations on **alcohol marketing and branding**, reducing exposure in media and online platforms accessible to young people.

The nighttime economy, arguably, promotes positive expectancies from alcohol and may be inspirational to young people. Our survey showed that users and non-users had different beliefs about alcohol use, which suggests exposure to positive messages without counterbalancing family and community values may encourage alcohol use. This also could be further explored with families and communities; how and in what ways do families of non-drinkers support young people in avoiding alcohol use, what environmental assistance is there to counteract positive messages from advertising and role modelling, and is this driven by religious and cultural beliefs or other factors associated with families and communities?

Target health promotion beyond deprived areas

- Recognise that **affluence, rather than deprivation**, can be an enabling factor for youth alcohol use.
- Expand harm reduction and prevention programs to **all socioeconomic groups**, with tailored interventions for different family circumstances.

There is less evidence that deprivation is a direct influence on young people's decisions to use alcohol. Affluence does appear to be linked to use in some youth populations, possibly as an enabling factor. Again, this links to the family home circumstances, availability and positive expectations to alcohol in the home. Therefore, targeting health promotion and harm reduction for young people and alcohol may be more effective if aimed at, or at least inclusive of, less deprived areas in Greater Manchester.

Ensure responsible licensing and enforcement of age restrictions

- Strengthen and enforce local licensing monitoring and enforcement to prevent supply to those under 18 years of age.
- Promote regulations to parents and guardians to reduce easy access to alcohol in the home.

Access to alcohol for under 18 drinkers is a concern as our respondents did not consider this a problem and reported that largely it was accessible from home. Indeed, a national trend for the more affluent to be drinking may underline this link between home access and under 18 drinking. Young people are also accessing alcohol from small retailers and reported to us that some retailers were known to provide alcohol, at a premium, to under 18 customers. This indicates a need to strengthen licencing enforcement, particularly in the boroughs where under 18 drinking is more prevalent (Wigan, Bolton, Bury, Salford, Manchester).

6.3 Strengths & limitations

This research gained a good spread and representation of young people's views across boroughs and demographics, providing good reliability of findings. Exceptions to this were the low numbers in Stockport and Tameside. To compensate for this, we ensured Stockport at least was represented through a follow-up focus group to address missing evidence and sought local intelligence from practitioners in Stockport and Tameside to validate findings.

The triangulation of evidence sources also strengthens the reliability of findings. Following the results, we found that it would have been useful to gain views from parents and community representatives to gain further understanding of alcohol accessibility in the home and the early exposure and onset apparent among under 18 drinkers.

Part 7: References

ASH (2023). Use of e-cigarettes among young people in Great Britain. Retrieved from Action on Smoking and Health: https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain

Becker S., Marceau, K., Helseth, S., Hernandez, L & Spirito, A. (2022) Predictors and moderators of response to brief interventions among adolescents with risky alcohol and marijuana use. Substance Abuse, 43 (1) 83-91. https://doi.org/10.1080/08897077.2020.1742271

Bellis, M.A., Hughes, K., Nicholls, J. *et al.* (2016) The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals. *BMC Public Health* 16, 111. https://doi.org/10.1186/s12889-016-2766-x

Botwright S, Sutawong J, Kingkaew P, Anothaisintawee T, Dabak SV, Suwanpanich C, et al. (2023) Which interventions for alcohol use should be included in a universal healthcare benefit package? An umbrella review of targeted interventions to address harmful drinking and dependence. BMC Public Health. 23(1):382.

Braun, V. and Clarke, G. (2006) 'Using thematic analysis in psychology.' *Qualitative Research in Psychology,* 3 (2) pp.77-101.

Bremner, P., Burnett, J., Nunney, F., Ravat, M. & Mistral, W. (2011) Young people, alcohol and influences A study of young people and their relationship with alcohol. Joseph Rowntree Foundation. Available at: https://www.drugsandalcohol.ie/15327/1/JRF_young-people-alcohol-full.pdf.

Charrier L, van Dorsselaer S, Canale N, Baska T, Kilibarda B, Comoretto RI et al. (2024) A focus on adolescent substance use in Europe, central Asia and Canada. Health Behaviour in School-aged Children international report from the 2021/2022 survey. Volume 3. Copenhagen: WHO Regional Office for Europe. Licence: CC BY-NC-SA 3.0 IGO.

Cobiac, L., Vos, T., Doran C. & Wallace, A. (2009) Cost-effectiveness of interventions to prevent alcohol-related disease and injury in Australia. Addiction, *Addiction*, 104, 1646–1655, doi:10.1111/j.1360-0443.2009.02708.x

Deans, E., Ravulo, J., Blignault, I., and Conroy, E. (2021) understanding the needs of local youth to inform drug and alcohol prevention and harm reduction services: a qualitative study. Health Promotion Journal of Australia, 32, 416-424.

Demir AÇ, Dönmez YE, Kartalcı G, Bingöl ME, Temelli G, Özcan Ö. (2022) The relationship between smoking, alcohol, and substance abuse and psychiatric diseases among adolescents treated in a child and adolescent psychiatry inpatient unit. Turkish Journal of Pediatrics, 64(5):816-824. doi: 10.24953/turkjped.173. PMID: 36305431.

Department of Health & Social Care (2024) Alcohol Profiles. Fingertips/Public Health Profiles. Available at: Alcohol Profile - Data | Fingertips | Department of Health and Social Care

Elisaus P, Williams G, Bourke M, Clough G, Harrison A, Verma A. (2018) Factors associated with the prevalence of adolescent binge drinking in the urban areas of Greater Manchester. European Journal of Public Health. 1;28(1):49-54. doi: 10.1093/eurpub/ckv115. PMID: 26428481.

Freisthler, B., & Wernekinkck, U. (2022) Examining how the geographic availability of alcohol within residential neighborhoods, activity spaces, and destination nodes is related to alcohol use by parents of young children Drug and Alcohol Dependence 233, 109352. https://www.sciencedirect.com/science/article/abs/pii/S0376871622000898?via%3Dihub

GMCA/NHS Greater Manchester (2023) Alcohol Harms Phase 2 Report – Analysis of Hospital Spells, Synthetic Population and NDTMS Datasets. Internal Report.

GMCA/MMU (2024) GM Trends: 2023-2024 Monitoring Cycle. Full Report. Available at:https://gmtrends.mmu.ac.uk/

Holmes, J., Angus, C., Kersbergen, I., Pryce, R., Stevely, A. & Wilson, L. (2024) No-and low-alcohol drinks in Great Britain: Monitoring report. Sheffield: University of Sheffield. DOI: 10.15131/shef.data.24893526.

Hulbert, S., Eida, T., Ferris, E., Hrytsenko, V., Kendall, S. (2023) *HBSC England National Report: Findings from the 2001-2022 HBSC study for England.* University of Kent.

Jackson SE, Shahab L, Tattan-Birch H, Buss V, Brown J. Changes in vaping trends since the announcement of an impending ban on disposable vapes: A population study in Great Britain. Addiction. 2025.https://onlinelibrary.wiley.com/doi/10.1111/add.70057

Kuo, C., Huang, J_H., Wu, S-C, & Chen, W. (2021) Associations of parental and peer cross-substance use with 12–17-year-old adolescents' problematic alcohol use: A parent-child dyadic gender analysis. Drug & Alcohol Dependence, 222, 108611. https://www.sciencedirect.com/science/article/abs/pii/S037687162100106X?via%3Dihub

IAS (2016) Under 18 Drinking. Institute of Alcohol Studies Factsheet. Available at: https://www.ias.org.uk/uploads/pdf/Factsheets/FS%20under 18%20 drinking%20082016.pdf (last accessed 12.12.24).

IAS (2021) LGBTQ+ People and Alcohol. July 2021 | ww.ias.org.uk | @InstAlcStud

Jackson, S., Tattan-Birch, H., Shahab, L. & Brown, J. (2024a) Trends in long term vaping among adults in England, 2013-23: population based study *BMJ* 2024; 386:e079016

Jackson, S., Brown, J., Shahab, L., Arnott, D., Bauld, L. & Cox, S. (2024b) Nicotine strength of e-liquids used by adult vapers in Great Britain: A population survey 2016 to 2024. Addiction. 2024;1–15. DOI: 10.1111/add.16576

Lipperman-Kreda, S., Wharton, K., Chung, T., Sartor, C., Jackson, K. & Slade, T. (2024) Drinking firsts at home and with parental knowledge: Racial/ethnic differences in associations with later alcohol outcomes among under 18 youth. *Alcohol Clinical Exp Res.* 2024;00:1–13. DOI: 10.1111/acer.15471

Maheswaran, R., Green, M., Strong, M., Brindley, P., Angus, C. & Holmes, J. (2018) Alcohol outlet density and alcohol-related hospital admissions in England: a geographical analysis. Alcohol Research UK.

Melissa Oldham, John Holmes, Victoria Whitaker, Hannah Fairbrother & Penny Curtis (2019) Youth Drinking in Decline. University of Sheffield.

Mintel (March 2024) Gen Z: The sober curious generation. Available at: https://www.mintel.com/insights/food-and-drink/gen-z-sober-curious-generation/ (last accessed 8.12.24).

Moore, G., Rothwell, H, & Segrott, J. (2009) An exploratory study of the relationship between parental attitudes and behaviour and young people's consumption of alcohol. Cardiff Institute of Society, Health & Ethics. Available at: https://www.llyw.cymru/sites/default/files/statistics-and-research/2019-07/100311-relationship-between-parental-attitudes-behaviour-young-peoples-consumption-alcohol-en_0.pdf

NHS Digital (2020) Health Survey for England 2019: Children's Health.

NHS Digital (2022) Smoking, Drinking and Drug Use Among Young People, 2021 [data collection]. UK Data Service. SN: 9029, DOI: http://doi.org/10.5255/UKDA-SN-9029-1

Norman, G. (2023). Proposed Rapid Evidence Synthesis: Interventions for Alcohol-Related Harms. NIHR ARC Greater Manchester: University of Manchester.

OHID (2024). Local Alcohol Profiles for England - Alcohol and inequalities. Available at: Office for Health Improvement and Disparities: https://fingertips.phe.org.uk/profile/local-alcohol-profiles/supporting-information/alcohol_inequalities2

Pennay, A., Caluzzi, G., Livingston, M. & Maclean, S. (2023) Risk and restraint – the key to understanding the decreasing use of alcohol for young people in high income countries? Drug and Alcohol Review, 43, 654-663.

Public Health England (2016) Data intelligence summary: Alcohol consumption and harm among under 18 year olds. Public Health England. London.

RCPCH (2020) Alcohol and drug use in young people. Available at: https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/alcohol-drug-use-young-people/#page-section

Rolova, G., Gavurova, B. & Petruzelka, B. (2021) Health Literacy, Self-Perceived Health, and Substance Use Behavior among Young People with Alcohol and Substance Use Disorders. International Journal of Environmental Research & Public Health, 18, 4337. https:// doi.org/10.3390/ijerph18084337

Roscoe, S., Boyd, J., Buykx, P. *et al.* (2021) The impact of disinvestment on alcohol and drug treatment delivery and outcomes: a systematic review. *BMC Public Health* , **21**, 2140. https://doi.org/10.1186/s12889-021-12219-0

Sanchez, M., Gonzalez, M., Fernandez, A., Barton, A., Diaz, V. & Wang, W. (2023) Sociocultural Influences on Alcohol Expectancies in Early Adolescence: Findings from the ABCD Study. Health Psychology, 42, 12, 842–855.https://psycnet.apa.org/doiLanding?doi=10.1037%2Fhea0001290

Shi, C., Dumville, J., Long, H., Cullum, N. (2024) Rapid Evidence Synthesis: Implementing policies that restrict the use of outdoor spaces for advertising harmful commodities. NIHR ARC for Greater Manchester: University of Manchester.

Skrzynski CJ, Creswell KG. (2020) Associations between solitary drinking and increased alcohol consumption, alcohol problems, and drinking to cope motives in adolescents and young adults: a systematic review and meta-analysis. Addiction.;115(11):1989-2007. doi: 10.1111/add.15055. Epub 2020 Apr 27. PMID: 32196794; PMCID: PMC8053066.

Skylstad, V Babirye, JN., Kiguli, J., Solheim Skar, AM., Kühl, MK., Nalugya, JS., Engebretsen I. (2022) Are we overlooking alcohol use by younger children?: BMJ Paediatrics Open;6:e001242.

Smit, K., Voogt, C., Otten, R., Kleinjan, M. & Kuntsche, E. (2020) Alcohol expectancies change in early to middle adolescence as a function of the exposure to parental alcohol use. Drug and Alcohol Dependence, 211, 107938. https://doi.org/10.1016/j.drugalcdep.2020.107938

Stein, K.F., Allen, J.L., Robinson, R., Smith, C, Sawyer, K. & Taylor, G. (2022) Do interventions principally targetingexcessive alcohol use in young people improve depression symptoms?: a systematic review and meta-analysis. *BMC Psychiatry 22:417* https://doi.org/10.1186/s12888-022-04006-x

Stevely, AK, Vashishtha, R., Fairbrother, H., Fenton, L., Henney, M., Livingston, M. & Holmes, J. (2022) Are changes in attitudes towards school associated with declining youth drinking? A multi-level analysis of 37 countries, *European Journal of Public Health*, Volume 32, Issue 3, 354–59, https://doi.org/10.1093/eurpub/ckac029

Tael-Öeren M., Naughton, F. & Sutton, S. (2018) The relationship between parental attitudes and children's alcohol use: A systematic review and meta-analysis. Available at: https://ueaeprints.uea.ac.uk/id/eprint/71634/1/Accepted_Manuscript.pdf

Tabberer, S., Nelson, P. Hoyland-Powell, V. & Maddison, A. (2019) Still seldom heard and hard to reach. Still drinking? NEET young people and alcohol consumption in a Northern town. Alcohol Change UK/Sheffield Hallam University.

Trapero-Bertran, M., Gil- Doménech , D. & Vargas-Martínez M. (2023) Economic evaluations of interventions aimed at the prevention, treatment and/or rehabilitation of alcohol-related disorders: A systematic review. Addiciones, 35 (3), 325 – 348.

Vanherle, R., Geber, S., & Beullens, K. (2024) The Effects of Alcohol-Related Social Media Content on Adolescents' Momentary Perceived Norms, Attitudes, and Drinking Intentions, Health Communication, 39:11, 2225-2243, DOI: 10.1080/10410236.2023.2259696

Voogt, C., Smit, K., Kleinjan, M., Otten, R., Scheffers, T. & Kuntsche, E. (2020) From Age 4 to 8, Children Become IncreasinglyAware About Normative Situations for Adults to Consume Alcohol. *Alcohol and Alcoholism,* 2020, 55(1) 104–111 doi: 10.1093/alcalc/agz093

Whitaker .V., Curtis, P., Fairbrother, H., Oldham, M. & Holmes, J. (2023) Young people's explanations for the decline in youth drinking in England. *BMC Public Health 23:402.* https://doi.org/10.1186/s12889-022-14760-y

Part 8: Appendices

8.1 Appendix one: Tables

Table 4.2.1: **Cohort demographics X borough**

		Totals N (%)	BOLTON	BURY	MANCS	OLDHAM	ROCHDALE	SALFORD	STOCKPORT	TAMESIDE	TRAFFORD	WIGAN
Gender	male	191 (32.0)	24 (33.3)	30 (26.3)	35 (25.4)	12 (35.3)	8 (33.3)	34 (44.2)	2 (18.2)	3 (23.1)	7 (33.3)	36 (38.7)
	Female	387 (64.8)	46 (63.9)	77 (67.5)	100 (72.5)	22 (64.7)	15 (62.5)	42 (54.5)	8 (72.7)	9 (69.2)	13 (61.9)	55 (59.1)
	Other	18	2	7	3	0	1	1	1	1	1	1
Age	Under 18	408 (68.3)	47 (11.5)	99 (86.8)	63 (45.7)	21 (61.8)	13 (54.2)	62 (80.5)	2 (18.2)	8 (61.5)	13 (61.9)	80 (86.0)
Ethnic group	white	446 (74.7)	60 (83.3)	78 (68.4)	96 (69.6)	23 (67.6)	22 (91.7)	56 (72.7)	11 (100)	10 (76.9)	17 (81)	73 (78.5)
	Black	29 (4.9)	2 (2.8)	3 (2.6)	4 (2.9)	2 (5.9)	0	11 (14.3)	0	0	1 (4.8)	6 (6.5)
	Asian	60 (10.1)	5 (6.9)	24 (21.1)	14 (10.1)	9 (26.5)	1 (4.2)	1 (1.3)	0	2 (15.4)	0	4 (4.3)
	Mixed/ other	46 (7.7)	5 (6.9)	5 (4.4)	16 (11.6)	0	1 (4.2)	6 (7.8)	0	1 (7.7)	2 (9.5)	10 (10.8)
	White Irish	16 (2.7)	0	4 (3.5)	8 (5.8)	0	0	3 (3.9)	0	0	1 (4.8)	0
Ever used	% used alcohol	404 (67.7)	80.6%	47.4%	80.4	67.6	95.8	53.2	89.9	100	85.7	57.0
	% under 18	229 (56.1)	78.7	40.4	60.3	66.7	92.3	41.9	100	100	76.9	52.5

Table 4.2.5: **Type of alcohol used – of those who have ever used alcohol (N=230)**

		Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan	All boro
Type of alcohol	Spirits %	66.1	51.0	67.7	69.6	60.9	61.1	77.8	83.3	56.3	50.0	62.3
	Wine %	23.2	30.6	45.5	17.4	26.2	36.1	44.4	25.0	25.0	26.1	32.2
	Beer	33.9	30.6	44.4	21.7	26.1	44.4	22.2	41.7	31.3	32.6	35.8
	cocktails	53.6	40.8	45.4	34.8	17.4	33.3	22.2	33.3	12.5	45.7	40.1
	Pre-mix	48.2	46.9	26.3	30.4	26.1	33.3	22.2	33.3	18.8	34.8	34.1
	Low/0%	12.5	32.7	17.2	8.7	4.3	16.7	33.3	0	6.3	23.9	17.3

Table 4.2.6: **Type of alcohol used by those under 18 who use alcohol. % within boroughs**

	N = 209	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan	All boros
Type of alcohol	Spirits %	61.1	45.7	51.4	71.4	58.3	52.4	50.0	85.7	50.0	56.8	56.0
	Wine %	19.4	14.3	11.4	21.4	8.3	23.8	0	14.3	10.0	24.3	17.2
	Beer %	30.6	22.9	37.1	28.6	41.7	42.9	0	42.9	30.0	32.4	32.5
	cocktails	52.8	31.4	20.0	28.6	8.3	23.8	0	28.6	10.0	40.5	31.1
	Pre-mix	50.0	45.7	28.6	28.6	41.7	38.1	0	42.9	30.0	35.1	38.3
	Low/0%	13.9	34,3	42.9	14.3	8.3	28.6	50.0	0	10.0	29.7	25.8

8.2 Appendix 2: Online survey

GM Alcohol Survey

(First 6 questions are consent and participant information)

Q7 Understanding the factors that impact on the use of alcohol among young people in Greater Manchester

---

Q14 About you

Q16 What is your gender?

- ○ Female
- ○ Male
- ○ Trans female
- ○ Trans male
- ○ Non-binary
- ○ All other gender identities

Q15 How old are you (in years)?

_____

Q29 Which best describes your ethnic background?

- [ ] Asian, Asian British
- [ ] Black, Black British, Caribbean or African
- [ ] Mixed or Multiple ethnic groups
- [ ] White: English, Welsh, Scottish, Northern Irish or British
- [ ] White: Irish
- [ ] White: Gypsy or Irish Traveller, Roma or Other White
- [ ] Other ethnic group

Q16 Do you have a religion?

- ○ I don't have a religion
- ○ Buddhist
- ○ Christian (including Catholic and Protestant)
- ○ Hindu
- ○ Jewish
- ○ Muslim
- ○ Sikh
- ○ Other religion

Q20 Do you have a disability?

- ○ Yes
- ○ No

Display This Question:

If Q20 = Yes

Q32 If yes, what kind of disability?

- ☐ Mental health
- ☐ Other (please specify) _____
- ☐ Learning

Q12 Which languages are spoken in your home?

_____

Q17 Are you still in school?

- ○ Yes
- ○ No

Display This Question:

If Q17 = Yes

Q18 What school year are you in?

- ☐ Year 7
- ☐ Year 8
- ☐ Year 9
- ☐ Year 10
- ☐ Year 11
- ☐ Year 12
- ☐ Year 13

Display This Question:

If Q17 = No

Q19 Are you in? (please tick all that apply)

- [ ] Further education (e.g. college)
- [ ] Higher education (e.g. university)
- [ ] Training part-time
- [ ] Training full-time
- [ ] Employment part-time
- [ ] Employment full-time
- [ ] Unemployed
- [ ] Other (please specify)

_____

Q42 If you have any qualifications, what are the highest ones you have (e.g. NVQs, GCSEs, A-Levels, Diploma etc.)?

_____

Q20 Which area do you live in?

- ○ Bolton
- ○ Bury
- ○ Manchester
- ○ Oldham
- ○ Rochdale
- ○ Salford
- ○ Stockport
- ○ Tameside
- ○ Trafford
- ○ Wigan

Q21 What is the first half of your postcode? For example, if your postcode is SK7 5AT you would just put SK7, or if your postcode was M1 7DU you would just put M1.

_____

Q22 Your views on alcohol

Q24 How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither	Agree	Strongly agree
Young people are taught everything they need to know about alcohol	○	○	○	○	○
I know where I could go if I needed to find information about alcohol	○	○	○	○	○
I have someone I could talk to if I were worried about my own alcohol use	○	○	○	○	○
Young people should be taught about alcohol by teachers in school	○	○	○	○	○
Young people should be taught about alcohol by experts who visit them in schools	○	○	○	○	○
Someone who has had problems with alcohol should be invited into schools to share their experiences with young people	○	○	○	○	○

Young people would use social media if they needed to find information about alcohol (TikTok, Instagram, YouTube etc)	○	○	○	○	○
Young people would visit a website if they needed to find information about alcohol	○	○	○	○	○
Young people could make safer choices about alcohol if they had a trusted person to talk to about their problems	○	○	○	○	○
Young people should be told about the positives of drinking alcohol, as well as the risks and harms	○	○	○	○	○
It feels normal for young people in my area to be drinking alcohol and using vapes	○	○	○	○	○
Young people would drink less alcohol if it were more expensive to buy	○	○	○	○	○

Q25 Your alcohol use

Q23 Have you ever used alcohol?

- ○ Yes
- ○ No

Skip To: Q27 If Q23 = Yes

Skip To: Q36 If Q23 = No

Q27 At what age did you first start using alcohol (in years)?

_____

Q28 Roughly how many times have you used alcohol in the last 12 months?

- ○ Every day
- ○ 2 to 3 times a week
- ○ Once a week
- ○ Once a month
- ○ Less than once a month
- ○ I haven't used alcohol in the last 12 months

Q29 What type of alcohol do you usually drink? (please tick all that apply)

- [ ] Spirits
- [ ] Wine
- [ ] Beer
- [ ] Cocktails
- [ ] Pre-mixed drinks
- [ ] 0% or low alcohol

Q30 How much alcohol do you typically drink in one session? For example, how many glasses, pints, bottles, number of drinks etc.?

_____

Q26 Do you use drugs while drinking alcohol?

- ○ Yes
- ○ No

Display This Question:

If Q26 = Yes

Q33 Which ones? (please tick all that apply)

- ☐ cannabis/weed
- ☐ ketamine
- ☐ ecstasy/MDMA
- ☐ nitrous oxide/laughing gas/balloons
- ☐ THC vapes
- ☐ mushrooms
- ☐ cocaine
- ☐ other (please specify)

_____

Q34 Where do you get your alcohol from? (please tick all that apply)

- [ ] Provided by older friends
- [ ] Provided by family members
- [ ] From supplies already in the home
- [ ] Buy it yourself from a pub, bar, or club
- [ ] Buy it yourself from a shop
- [ ] Other (please specify) _____

Q35 Have your parents/carers/guardians ever bought you alcohol?

- ○ Yes
- ○ No

Q41 Have your parents/carers/guardians ever bought you 0% or low alcohol drinks?

- ○ Yes
- ○ No

Q37 Where do you usually drink alcohol? (please tick all that apply)

- ☐ At home
- ☐ Friends' houses
- ☐ In the park
- ☐ In pubs, bars, or clubs
- ☐ Other (please specify)

_____

Q36 How many of your friends use alcohol?

- ○ None of them
- ○ One of them
- ○ A few of them
- ○ Most of them
- ○ All of them

Display This Question:

If Q36 = One of them

Or Q36 = A few of them

Or Q36 = Most of them

Or Q36 = All of them

Q38 If you have friends who use alcohol, do they drink it when you're with them?

- Yes
- No

Q39 Do any adults in your life drink alcohol most days? (this could be a family member, a carer/guardian, or a friend of the family)

- Yes
- No

Q42 Does anyone in your family drink in a way that affects you?

- Yes
- No

Display This Question:

If Q42 = Yes

Q40 In what way/s does it affect you?

_____

Display This Question:

If Q42 = Yes

Q44 Has this changed your attitude to alcohol?

- ○ Yes
- ○ No

Display This Question:

If Q44 = Yes

Q45 In what ways?

_____

Q43 How harmful do you think alcohol is?

- ○ Very harmful
- ○ Quite harmful
- ○ Not harmful

Q47 What problems do you think can be caused by drinking alcohol? (this could be the risks that come from being drunk, or the effects it can have on a person's physical and mental health)

_____

Q46 What do you think could happen if alcohol is used during pregnancy?

_____

Q4 Learning about the effects of alcohol use

Q49 Where have you learned about the effects of alcohol? (please tick all that apply)

- ☐ Parents/carers/guardians
- ☐ School guidance teams
- ☐ Science classes
- ☐ PSHE classes
- ☐ Drug and alcohol services
- ☐ Knowing someone who has an addiction
- ☐ Online/social media
- ☐ Church/mosque
- ☐ By drinking alcohol myself
- ☐ From friends
- ☐ Other (please specify) _____
- ☐ I have never been taught about the effects of alcohol

Skip To: Q52 If Q49 = I have never been taught about the effects of alcohol

Q51 How old were you (in years) when you were first taught about the effects of alcohol?

_____

Q50 Do you think this was ...

- ○ Too young to learn about alcohol
- ○ The right time to learn about alcohol
- ○ Too late to learn about alcohol

Q54 General questions about alcohol

Q52 Have you ever felt scared of, or at risk from, someone else who has been drinking alcohol?

- ○ Yes
- ○ No

Q53 Do you know what spiking is?

- ○ Yes
- ○ No

Display This Question:

If Q53 = Yes

Q56 Do you know anyone who has been spiked?

- ○ Yes
- ○ No

Q55 Why do you think young people drink alcohol? (please tick all that apply)

- [ ] To be social
- [ ] For fun
- [ ] Because their friends do
- [ ] To cope with emotions
- [ ] To unwind
- [ ] To get drunk
- [ ] To escape from life problems
- [ ] To feel connected with their friends
- [ ] Because there is nothing else to do
- [ ] To find out what drinking alcohol is like
- [ ] To feel confident
- [ ] Other (please specify)

_____

Q62 Do you think there are any positives to using alcohol?

- ○ Yes
- ○ No

Display This Question:

If Q62 = Yes

Q57 What are the positives?

_____

Q58 How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither	Agree	Strongly agree
If there were more things for young people to do in the local area, they would spend less time drinking alcohol	○	○	○	○	○
Young people might drink less alcohol if it were easier for them to access mental health support	○	○	○	○	○

Q11 If you had a problem that you were struggling with, please tell us what kind of support would be most helpful

_____

Q60 Final questions

Q59 If you would like to be contacted again about the findings from the study, please add your email address or contact number

_____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Associated Behaviours
Research at Man Met
Manchester
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University