



Quaker Action on Alcohol and Drugs

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## **RESPONSE TO THE DEPARTMENT OF CHILDREN, SCHOOLS AND FAMILIES CONSULTATION ON CHILDREN, YOUNG PEOPLE AND ALCOHOL**

Quaker Action on Alcohol and Drugs (QAAD) is a listed group of the Religious Society of Friends (Quakers). QAAD is an independent national charity that has a concern with the use and misuse of all drugs, legal, illegal and prescribed, and with gambling. QAAD offers prevention and information services for Quakers, including for young Quakers. We also contribute to public debates and consultations on matters relating to our concern and experience. Trustees give their time to QAAD freely, and bring voluntary and statutory experience from settings that include prevention, treatment, medical services and criminal justice. QAAD does not represent the Religious Society of Friends as a whole, but the views we express are grounded in our Quaker principles.

### **Consultation Question 1: Do you understand the five key points from the CMO Guidance?**

We understand and largely support the five key points.

We appreciate that the five points are not intended to be free-standing and will work as part of a campaign incorporating evidence and advice messages. Nevertheless, we think a little more information within the key points themselves might encourage their understanding and acceptance. It might help, for example, to anchor the first point in a simple statement that there is medical evidence of the vulnerability of children's developing bodies to alcohol, and that this is particularly the case for children below the age of 15.

We think the points would be best ordered 1, 3, 4, 2, and 5. Within point 2 we think 'always' may be a little too categorical. By this age it seems unrealistic for children always to be supervised, but they should have been given clear guidelines to help responsible decisions. The point in this unequivocal form also gives a lead role to the direct supervision of drinking, when the evidence seems to be that healthy modelling of behaviour and attitudes and generally clear boundaries are at least as significant, and often concomitant factors. We wonder also whether the practical difficulties of parents implementing the advice for supervision in all circumstances may prompt some scepticism about the general message. There is also the issue of children from families where there is alcohol misuse, who may drink within the home. A more nuanced form

of words, which places supervision of drinking itself within a context of positive parental example, might be more helpful.

We welcome the fact that in the advice messages, the role of parental attitudes and support is made clear and helpfully explicit.

We strongly welcome the emphasis on support and help in point five of the guidance, and hope that further consideration and resources will be given to enable its implementation.

**Consultation Question 2: Do you think the CMO Guidance gives you enough information to enable you to make informed decisions?**

The document does enable more informed decision-making on health, though we would like to see more detail about the evidence base, including more nuancing in the manner just described. In general there is a leaning towards a rather didactic style and an emphasis on the importance of control, which we would like to see balanced with a stress on the significance of nurturing in the development of resilience. A holistic approach also links with the issues involved in using a substance to mediate feelings about the self or others, which is so often involved in substance misuse. We welcome that this is mentioned to some degree in the advice but would like to see it developed further.

**Consultation Question 3: Are the evidence messages clear and effective?  
Question 4: Are these advice messages useful and do they make sense?  
Question 5: Are the practical messages effective enough to put into practice? Are they clear and workable?**

We think it would be helpful to give more information about the evidence-base, particularly in the advice to children and young people. We are aware of evidence that the use of statistical data in GP consultations about giving up smoking had positive outcomes. We would support the use of statistics, therefore, and of case studies, as well as the use of summarized research data.

As regards the advice to young people, there can be a tendency to look at a list of adverse consequences and conclude that there is no problem if health, looks and memory are not visibly affected, or impairments appear very short-term. We think it might be helpful to include more detail from the sections in the Systemic Review on neurocognitive risks and brain functioning (pp 19-22), which we believe would be of interest to young people. A checklist of risk behaviours and attitudes might also be helpful.

We agree with the question posed in the document about whether the messages and practical advice are appropriate for all young people. Messages such as 'Drinking too much makes you do things you later regret or that make you look stupid in front of your friends, like being sick' may not be effective for those who are in a peer culture of heavy drinking, and most at risk of harm. Similarly 'rehearsing high status reasons' for refusing drinks will not be realistic for many groups, and may not be the most empowering for other young people learning to exercise their right to personal choice.

In general we feel the practical advice messages for parents are useful, though we would like to see even more of a stress on the evidence about modelling. The significant minority of adults who exceed recommended guidelines will need to be convinced of the evidence about alcohol-related harm in children and young people. More detail and explicitness about the extent of the evidence base would be more persuasive.

Our sense is that the practical advice messages for young people are less likely to be effective than the evidence messages. This is partly because specific examples can be more readily discounted if they are not directly relevant, and sometimes because the language is not appropriate. An exception is the section on safety, particularly relating to sex and alcohol, which has some useful and usable specific advice.

**Question 6. Who should be communicating these messages to parents and young people?**

All of the conduits and methods mentioned in the document (particularly the NHS, PSHE in schools, local community and religious groups and national advertising) could be effective in different ways. Using publications, magazines, texting, and internet sites that young people actually use should also be explored.

We would like to see strong, coordinating leadership from the government, and for the education of young people about alcohol to be integrated with a stronger health policy towards adult drinking. We are aware that there have been recent moves to consider marketing and price, and believe that the latter needs to be tackled if alcohol misuse by children and young people is to be reduced.

As a body involved in some work with young people, our own approach would be to select material from the guidance for discussion and reflection.