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Young People: Alcohol & Sexual Risk Taking

Summary of Literature Review

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1. Introduction

This document provides a summary of the key findings from the evidence based literature search on risky sexual behaviour and alcohol use/misuse. The main report is fully referenced.

The main report addressed:

- Prevalence and nature of problem
- Understanding risk and resilience
- Identified risk factors for sexually risky behaviours among young people
- Identified risk factors for alcohol misuse among young people
- Sexual risk taking and the role of alcohol
- High risk groups
- Identified protective factors and practice implications examples of effective practice
- A summary of key UK policies and policy initiatives designed to address the risk factors for alcohol and sexually risky behaviours and teenage pregnancy

2. Prevalence

The UK has the highest rate of teenage pregnancy in Western Europe as well as one of the highest levels of alcohol use among teenagers in Europe. Both cause concern because of the risks associated with them, including social exclusion in many different forms. Over the last ten years, data from the Office for National Statistics, the Health Protection Agency and NATSAL has revealed an increase in risky sexual behaviour in the UK. A 1996 survey for the Family Planning Association (FPA) ¹ found that:

- 37% of young people aged 18 to 30 years who had experience of sex and alcohol had intercourse with a new partner without a condom.
- Of this group, 40% said alcohol contributed either a 'great deal' or a 'fair amount' to what happened.
- One in eight (13%) of these said that on at least one occasion they or the person they had sex with became pregnant, while another 7% had contracted a sexually transmitted infection (STI). Of the 1,002 people surveyed, 38% also said they had had sex with someone and then regretted it later, with 70% of these saying alcohol played a part.

¹ FPA Survey(1996) Pediatrics Vol. 98 No. 1 July 1996

- More than a quarter (28%) of people surveyed had sex with someone they would not normally find attractive, with 73% of them blaming alcohol.
- The survey also found that almost one in 10 (9%) people had been unable to remember whether or not they had sex or exactly what type of sexual activity took place. Of these, 90% said alcohol was a factor.

A 2002 Alcohol Concern study (2002) on alcohol and teenage pregnancy² noted that three quarters of 16-20 year olds used contraception when sober compared to 59% when mildly intoxicated and 13% of those who are strongly intoxicated. In addition, of those 15-19 year olds who had had sex with someone they had known for less than one day, 61% of females and 48% of males gave alcohol or drugs as a reason.

Three recent on-line surveys have collected self-report data:

An online survey conducted by YouthNet³ reported that:

- 15% get drunk at least three times a week;
One in four (25%) admitted they would be more likely to have sex without a condom if they were drinking alcohol but over half (51%) rarely or never carried condoms on a night out
- One in four (25%) 16 and 17 year olds had been drinking alcohol the first time they had sex without a condom
- More than half (51%) had friends who had had sex without a condom because they were drunk (1).
- Over a third (34%) walked home alone at night in the dark when drunk(4);
- One third (32%) would be unlikely to have an STI test after having sex without a condom;
- One in 10 (10%) had sex when they were drunk and regretted it afterwards(4).

² Alcohol Concern (2002), *Alcohol and Teenage Pregnancy* London: Alcohol Concern

³ YouthNet (2009) *Sex Factor: Young people and sexual health*

The latest on-line survey into sex and drinking by young people under 24 years by the British Youth Council in 2009⁴ found that:

- 68% of respondents believed that the link between drinking alcohol / being drunk and having unprotected sex was strong or very strong
- 59% of respondents had had sexual intercourse, and of these 48% stated that they had later regretted it and half of these had been drinking beforehand.
- Nearly one in three said that the first time they had sex they had been drinking and of these 1 in 5 who responded would not have done it if they had been sober.
- Of those who were single and sexually active (14.2%) more were likely to carry a condom with them when they went out drinking. With 47% saying that they 'always do' and 20% saying they 'do sometimes' compared to 15% overall

3. Understanding risk and resilience

Risk factors are personal attributes or situational and/or environmental contexts that increase the likelihood of engaging in a behaviour (or the extent to which they engage in this behaviour) which adversely affects an individual. The literature is fairly unequivocal that many vulnerable young people involved in a risky behaviour such as substance use are often also involved in other risky behaviours.

Protective or resilience factors are personal attributes or situational and/or environmental contexts that buffer, reduce or inhibit the behaviour in question. It is now understood that protective factors do not have to be 'opposite' to particular risk factors to promote resilience. Indeed there is a shift from seeing prevention as needing to be focused on particular and/or independent problems to a recognition that improving protective factors per se is effective in reducing risk.

4. Definition of risky sexual behaviour

Risky sex includes sexual intercourse that is:

- without a condom
- without contraception
- with lots of different partners within a specified time-frame

⁴ British Youth Council (2009) Sex and Drinking – young people's experiences.

- with someone they have just met
- unintended
- early (under 16)

Risky sex can increase the likelihood of teenage pregnancy, as well as sexually transmitted infections including HIV and cause young people a range of adverse emotional, social and economic consequences. Risk factors relating to sexually risky behaviours are not necessarily the same risk factors as those for teenage pregnancy, but may overlap.

5. Identified risk factors for risky sexual behaviour

5.1. Environmental and family risk factors for risky sexual behaviour

- Social deprivation
- Community influences, norms and values
- Media messages and young people's identification with sexualised characters portrayed in the media.
- Peer group influences and shared social and cultural norms.
- Lone parent households
- Laissez faire or over-strict inflexible parenting styles
- Poor family 'connectedness'
- Lack of clear family values
- Sibling's sexual activity

5.2. Individual risk factors for young people's poor sexual health

- Low educational achievement and disengagement from school
- Low expectations
- Lack of opportunities
- Poor social and emotional skills
- Low self-esteem and confidence
- Poor mental health

5.3. Risk factors that affect sexual behaviours and put individuals at increased risk of infection or other poor outcomes such as unplanned pregnancy

- Low self-esteem and poor negotiation skills
- Lack of knowledge about the risks of different sexual behaviours;
- Attitudes (and prejudices that may affect attitudes) towards contraception and /or access to services
- Poor and ineffective sex education
- Age of on-set of sex
- Peer values and influence
- Multiple partners
- Lack of knowledge about full range of contraception options appropriate to lifestyle
- Knowledge and availability and access to resources, such as condoms or sexual health services

5.4. Identified risk factors for unplanned Teenage Pregnancy

- Social disadvantage
- Low educational attainment or no qualifications;
- Disengagement from school
- Poor mental health
- Conduct disorder
- Living in care
- Daughter of a teenage mother
- Daughter of a mother who has low educational aspirations for her
- Belonging to particular ethnic groups
- Early onset of sexual activity
- Low expectations of education or the job market
- Lack of accurate knowledge about contraception, STIs, what to expect in relationships and what it means to be a parent.
- Poor contraceptive use
- Mixed messages and about sex and sexual relationships portrayed in the media
- Sibling of teenage parent

6. **Definitions of risky drinking (Youth Alcohol Action Plan)**

Lower risk drinking

- Drinking at lower risk is drinking in a way that is unlikely to cause yourself or others significant risk of harm.

Drinking at increasing risk

- For those drinking above the limits for lower risk drinking but not regularly drinking at higher risk levels (see below), the risk of long-term health harms starts to increase progressively the more these limits are exceeded.
- Problems reported in some of those drinking at these levels include health problems such as lack of energy, low mood or anxiety/stress, insomnia, impotence, injuries and high blood pressure, but many more serious problems can occur if drinking continues at these levels over time.

Drinking at higher risk

- Drinking at higher risk is drinking at levels that give the highest risk of significant harm to physical and mental health and at levels that maybe causing substantial harm to others.

Binge drinking

- Binge drinking is essentially drinking too much alcohol over a short period of time, for example over the course of an evening - typically drinking to get drunk. It has immediate and short-term risks to the drinker and to those around them. People who become drunk are much more likely to be involved in an accident or assault, to be charged for a criminal offence, contract a sexually transmitted disease and, for women, to have an unplanned pregnancy.

7. **The most significant identified risk factors for young people's alcohol use/misuse**

- Social deprivation
- Age of first drinking
- Personality type: sensation-seeking or impulsive
- Cultural and peer norms

- Parental and familial effects of children's drinking
- Poor academic performance and disengagement from school
- Peer group influence
- More likely to be both perpetrators and victims of violence including sexual violence

8. Summary of key findings on sexual risk taking and the role of alcohol

- Young people are more likely to have risky sex when they are under the influence of alcohol
- Cultural and peer norms regarding alcohol consumption and teenage pregnancy are significant as a context for risky sexual behaviours
- Sexualized gender stereotypes and media portrayal of alcohol use and sexual activity amongst celebrities may influence young people's attitudes towards taking risks
- Alcohol consumption is associated with an increased likelihood of having sex at a younger age
- Alcohol consumption is associated with an increased likelihood of contracting sexually transmitted diseases
- Alcohol consumption is associated with an increased likelihood of teenage pregnancy
- Alcohol is the main reason given by many young people for having sex, especially early sex or sex with someone they had not known very long
- Alcohol is a main contributing factor to first sex using no contraception
- Some young people use alcohol and other drugs to overcome nervousness, embarrassment and vulnerability relating to sex and sexual activity
- Alcohol consumption can result in lowered inhibitions and poor judgements regarding sexual activity and risky sexual behaviours
- Social factors and peer influences play a role in young people's sexual risky behaviour
- Low self-esteem is associated with both risky sexual behaviour and alcohol use
- Poor mental health including depression has been linked to higher numbers of sexual partners and failure to use condoms

- Being drunk can provide a legitimate excuse for sexual behaviour that might otherwise seem unacceptable
- Parents are often unaware of the role that alcohol can play in young people's risky sexual behaviour
- Drinking alcohol and risky unprotected sex may also be linked to particular personality factors in young people (sensation seeking)
- Young people who drink are more likely to take other risks and engage in sexually risky behaviours
- Alcohol misuse is linked to a greater number of sexual partners
- Casual partners are less likely to use contraception than regular or new partners, but many regular partners only use contraception as a way of avoiding pregnancy
- Young men are less likely to perceive their behaviour as risky than young women
- Being drunk often leads to young people having sex that is regretted
- Some young people use alcohol for specific sexual purposes
- Alcohol increases the risk of sexual aggression, sexual violence and sexual victimisation of women

8.1. Young people who misuse alcohol and engage in risky behaviours are more likely to:

- Be in a lower socio-economic group and experience deprivation
- Live in areas where heavy drinking is a cultural norm
- Live in areas where teenage pregnancy rates are high
- Lack self-confidence
- Have low self esteem
- Have low self-image
- Have poor mental and emotional health
- Not attend school regularly and have low aspirations and expectations
- Have parents with low aspirations or expectations of themselves and their children
- Live in families where communication is poor and levels of family connectedness are low

9. High risk groups

Some of the groups of young people most vulnerable to both teenage pregnancy and alcohol misuse have been found to include:

- Young people from socially disadvantaged backgrounds
- Young women who binge drink
- Boys and young men who have disengaged from SRE
- Looked after children and young people and those leaving care
- Students
- Young people who have been sexually abused
- Young people who are excluded or have disengaged from school
- Young people who have been sexually abused
- Young people who have behavioural, mental health or social problems
- Young people who have been in contact with the criminal justice system
- Homeless young people
- Those involved in commercial sex work

10. Summary of protective factors

- Positive emotional wellbeing
- Positive attitude to health, including sexual health
- High self esteem, including positive body image
- Warm supportive relationships with parents and/or other trusted adults
- Access to confidential information, advice and support
- Engagement with education, training or work
- Engagement with leisure activities involving positive peer influences
- Social and emotional literacy and life skills
- Knowledge of sexual health and contraception, including access to appropriate services

11. Effective interventions and approaches

The following evaluated interventions and recommendations are based on identified protective factors:

11.1. Life skills-based educational approaches

Life skills-based approaches that focus on a number of topics including social health issues, communication and listening skills; negotiation and refusal skills; decision-making and problem-solving skills; and coping and self-management skills, such as increased self-esteem and the ability to manage feelings and stress. It may also include condom and contraceptive use, the ability to obtain condoms and other preventive measures from service providers, and the ability to negotiate their correct use with sexual partners.

11.2. School-based sex and relationships education

Comprehensive' programmes of SRE including factual information about contraception, sexual health services and sexuality, and where the programme is coordinated with young people friendly confidential advisory services, have been found to have a positive impact on young people's sexual behaviour. However, evaluated interventions had no or very little impact on biological outcomes such as reduced sexually transmitted infection or pregnancy rates. Programmes taught by youth organizations other than school might be more effective if they incorporate features such as directly tailored activities, small group sizes, voluntary participation, and may reach young people who have disengaged with school.

Programmes that incorporate social and emotional skills (SEAL) have also been found to be effective.

11.3. Joined up approaches to SRE and Alcohol Education

Young people do not think about alcohol, drugs or sex in a vacuum but relate them to other issues and concerns in their lives. It has also been found that when given opportunities to explore the links, young people are more likely to be prepared for situations and to deal with them effectively. It is therefore important that alcohol and sex education make these connections and are taught holistically.

11.4. Supporting parents in developing their awareness, knowledge and communication skills

Children and young people want their parents to be the first people who talk to them about sex and relationships.

Many parents need help and advice about how to tackle the issue of sex in an open and confident fashion. Managing risk taking behaviours and 'risk education' should not just be focused on children and young people; parents and carers also need to learn these skills in order to teach their own children.

11.5. Young people's engagement with positive leisure activities

Out-of-school activities were linked to a wide range of positive outcomes for young people, including improved attitudes to drug and alcohol use; increased knowledge and practice of safe sex; and increased skills for coping with peer pressure. There is also evidence of improved social and communication skills, self-confidence and self-esteem.

11.6. Volunteering within the community

It has been shown that volunteering in their community can raise young people's aspirations and the way they see themselves, increase confidence and lead to higher aspirations about future education and employment. This is particularly the case for those with few or no qualifications.

11.7. Effective support services for young people

Evidence shows that there are a number of key characteristics which promote the effectiveness of young people's sexual health support services. These include:

- Holistic approaches to risky behaviour and situations
- One-to-one holistic, tailored packages of help and support which respond to the needs of the individual when needed
- Targeted services for young people with multiple needs
- Experienced, well-trained, high-quality and committed staff (trusted individuals) are essential
- Services in venues where they feel comfortable and not stigmatised, with the support of appropriate trusted adults drawn from their communities.

11.8. Improved sexual health information

Public health messages and campaigns need to:

- Present sexual health messages targeted at young people in the context of their lifestyle, activities and behaviour to ensure targeting at the right time and in the right place
- Young people would like to see a national / local sexual health information service similar to the Government's 'Talk to Frank' drugs service

11.9. An active role for the Youth Service and Targeted Youth Support

The Youth Service can have a critical role in:

- Early identification of risky sexual behaviours
- Providing SRE and contraceptive/sexual health advice and support
- Providing outreach and in-service support to young people's sexual health services
- Targeted work with boys and young men

11.10. Improved availability of different kinds of contraception

There is a need to increase young people's awareness of their contraceptive options and the promotion of regular use of a method suitable to particular lifestyles. There is also a need to ensure that young people have access to emergency contraception through 24-hour pharmacy schemes, with GP out of hours services and weekend drop in centres, and increased availability of long acting contraceptives (LARCs)

11.11. Early identification of STIs and routine screening

The early detection of STIs is vital for both young men and women. New or casual sexual partners should be routinely tested at sexual health clinics or through the National Chlamydia Screening Programme.

12. Effective sexual health services for young people

The 2005 'You're Welcome Quality Criteria' sets out principles to help health services (including non-NHS provision) become young people friendly. The Guidance addressed the following key areas:

- Accessibility of services
- Publicity

- Confidentiality and Consent
- Staff training and skills
- Joined up work
- Monitoring, evaluation and the involvement of young people
- Holistic approach to health promotion
- Counselling and support
- Transition to adult services
- Specific criteria for sexual health services provided in specialist and GP settings

12.1. Young people's continued participation in informing sexual health and support services

Local Authorities should make use of a wide range of methods to increase young people's representation. The *Hear by Right* standards and *Act By Right* accredited workbook are being used to plan and support the involvement of young people in local service design and delivery. A successful pilot scheme in four New Deal for Communities areas has led to 20 areas appointing Young Advisors (including one in Middlesbrough) who work with decision makers on how to engage young people in service planning including 'youth proofing' policies and practices to ensure they take account of the aspirations and needs of young people, and to check that they are not excluded or put at risk by local decisions and budget allocations.

12.2. On site and outreach services

The Teenage Pregnancy Unit has recommended that contraceptive and sexual health services, which provide a range of contraceptive methods and advice on sexual health, be available to all young people through on site health services in school, further education colleges and community services.

12.3. One stop shops

A key recommendation in the National Sexual Health and HIV Strategy was the provision of more comprehensive and integrated sexual health services, including 'one stop shops' (sexual health services on a single site). 3 pilot programmes based on different models have been evaluated.

12.4. Summary of effective models of intervention

- Comprehensive holistic programmes of SRE that make links between SRE and Alcohol Education
- Supporting parents in developing their awareness, knowledge and communication skills
- Positive leisure activities
- Volunteering within the community
- Effective youth advice and support services for young people
- Access to appropriate on-line and other resources
- Social marketing campaigns and other initiatives to improve young people's knowledge of sexual health and different forms of contraception appropriate to their lifestyles
- An active role for Targeted Youth Support
- Routine screening programmes and early identification of STIs
- Effective and accessible sexual health services for young people
 - On site sexual health services in schools, youth services and further education colleges
 - Hub and spoke services which work closely with other services
 - One-stop shops

13. Teachable moments

Research and practice examples suggest that there may be particular teachable moments or opportune times for education and early intervention.

In relation to sex and relationships education, it is generally accepted that transition periods are critical, notably between primary and secondary and between secondary and college or work. Certainly many schools are now aware of the need to manage transitions in PSHE and SRE carefully and understand that entry into secondary school can be an opportune moment to address basic information about sexual health. Similarly Freshers week in colleges should always include a visit to student health services as a part of induction.

It should also be noted that leaving home or leaving care is often the first time that a young person has lived without adult supervision and consequently a risky time when experimentation with alcohol and sexual relationships may be likely to occur. Again, colleges could routinely provide information for students on safe sex, sensible drinking and local services within the Fresher's 'goody bags.' Leaving Care Teams helping young people to prepare for independence should certainly make sure that issues regarding safe sex and alcohol and drug use are included in independence programmes – with explicit links made between the two.

Young women presenting to pharmacies or GPs for Emergency Hormone Contraception, could be given information about alcohol and alcohol services or even receive Brief Alcohol Interventions. This has been piloted in Hampshire with some success (see full report).

Given the evidence about regretted first time sex, this may also be a teachable moment. However there is also evidence to suggest that the efficacy of advice, information or interventions depends on who is providing it and the context in which it is given.

Termination of an unwanted pregnancy has also been found to be another teachable moment, again dependant on who is delivering the support advice or information post-termination.

Overall there is much support from the research and through examples from the field that local youth workers who provide support in sexual health centres, on-site in schools, pupil referral units, youth centres; youth projects or colleges may be ideally placed to offer such interventions.

It may be profitable, therefore, to consider what kind of interventions may be appropriate following disclosures of first sexual activity. For instance, it is likely to be important for staff at sexual health drop in centres or confidential counseling services on site in schools, pupil referral units, youth services and colleges, to be able to respond immediately to young people following disclosure with a holistic package of

contraceptive and alcohol brief interventions. This clearly has training implications for staff.

Establishing referral pathways from GP surgeries to such sexual health services following terminations could also be very useful, both in terms of offering follow up support and also ensuring that young people have information about safer sex and delivering brief interventions regarding alcohol if needed.

Given the emphasis on parental awareness and involvement in risk management, it may also be useful for parents to be encouraged to brief themselves about effective contraception as their young people reach adolescence.

14. Training implications

The following training needs have been identified:

- Core knowledge of sexual health (i.e. HIV, contraception and GUM) amongst all those working in sexual health services.
- Training and support to enhance the competence and range of services provided within general practice, particularly around sexual history taking and risk assessment.
- ‘Skilling-up’ contraceptive services staff by attendance at Sexually Transmitted Infection Foundation (STIF) training in order for level one services to be provided.
- Multi-agency training on consent and confidentiality is essential for all staff working with young people
- Training on communication with young people for staff in adult services that are accessed by young people
- Children and young people’s workforce training on sex and relationships. This to include:
 - Information, advice and guidance training in accordance with Standards for Young People’s Information Advice and Guidance – a minimum requirement would be for all youth information, advice and counselling services, social workers, foster carers, to be able to give all young people local contraceptive advice and sexual health service information
 - FPA/NYA sexual health core competencies training programme for youth workers, youth support workers and targeted youth support lead professionals

15. Summary of broad strategic and practice development implications

National policy provides a central steer regarding the need to prioritise sexual health.

This will include:

- Senior local leadership from both LA and PCT
- Teenage pregnancy prevention, sexual health and substance misuse included in local Children and Young People's Plans
- Needs assessment to identify particular local high risk groups
- A tiered approach to the provision of sexual health services for young people
- Monitoring and identifying best practice in SRE (Healthy Schools Teams and Teenage Pregnancy working together)
- Multi-agency partnership work in the planning and delivery of sexual health services involving key partners in prevention, treatment and support, including young people's substance misuse services, general and targeted youth services, youth offending teams, Connexions, youth information and advice services; schools, further education, general practice
- Encouraging / facilitating a more integrated approach led by a sexual health lead
- Young people's continued participation in informing sexual health and support services (You're Welcome standards)
- Training and workforce development programmes to include as a minimum:
 - Sexual health awareness, information, advice and brief interventions for children and young people's practitioners, with priority given to youth workers and those working in young people's substance misuse services
 - Alcohol awareness, information, advice and brief interventions for sexual health practitioners