

character and moderation
encouraging the next
generation of responsible
drinkers

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July 2015

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INTRODUCTION

Summary

In 2012, the Coalition Government announced their Alcohol Strategy to tackle alcohol misuse and binge drinking across the UK. While there are many serious outstanding challenges related to problematic drinking in the UK, over the last decade there have emerged a number of positive trends showing a decline in problematic alcohol consumption, particularly among young Britons. According to figures from the Office of National Statistics released in February this year, the proportion of young adults (those aged 16-24) who reported binge drinking fell from 29% to 18% - a decrease of more than a third.¹ Moreover, the proportion of young people who report being teetotal increased by 40% from 2005-2013. Similar declines can be seen among school pupils. According to HSCIC, in 2003 61% of school pupils reported drinking alcohol at least once in their lives², but in 2013 this figure had fallen to 39 per cent.³ This trend isn't unique to Britain, and is being seen in other countries like Australia and the US as well. Moreover, as we argue below, this trend cannot be put down to increasing immigration from communities who do not drink.

The positive trends in the official statistics are mirrored by an original Demos survey recently conducted by YouGov. The nationally representative survey found that the majority of young people aged 16-24 in the UK do not consider alcohol to be important to their social lives (66%); and many of those who do drink believe that alcohol is more important to their parents' social lives than to their own (41%). The survey found that:

- Almost one in five (19%) 16-24 year olds say that they do not drink at all
- Two-thirds (66%) said alcohol was either not very important or not at all important to their social life
- Only 3% of those who do drink said that alcohol was an essential part of socialising for them
- Four in ten (41%) of those who do drink thought that alcohol was less important to their social life than to their parents', a bigger proportion than the three in ten (30%) who thought it more important.

An increased awareness in the health consequences of drinking was cited most commonly as a reason for the decline in young people drinking: two-thirds (66%) of young people surveyed thought this had contributed either a great deal or a fair amount to the decline.⁴

This report is about how we can build on these positive trends by ensuring that programmes that develop character and life skills are promoted and supported by

the recently elected government. In recent years all major parties have increased their policy focus on character and social and emotional skills, as research increasingly shows that these attributes are vital to future success. The Department for Education Character Unit, and the Step Up To Serve #iwill campaign are both trying to develop these skills in young people. Research suggests that these types of programmes, and the character skills they help to develop, can also lead to healthier behaviours with respect to alcohol consumption.

It is for this reason that Demos recently held two roundtables on the subject of ‘Character and Moderation: tackling alcohol misuse’ – one with Labour Parliamentarians and councillors, the other with Conservative Parliamentarians and councillors. This document presents a summary of these two roundtables, as well as the latest research and policy initiatives on these issues.

Based on these discussions and this research, we offer the following ten recommendations for the next government to incorporate into their alcohol strategy, and for the APPG on Alcohol Misuse to consider for their future work:

1. The next Government should provide a comprehensive early intervention strategy as part of its strategy to tackle alcohol misuse.
2. The government should continue to target resources at the home environment and support for parents, particularly those in vulnerable situations, through increased investment in Family Nurse Partnerships.
3. The size of public health budgets that local authorities receive from national government should be linked to alcohol harm profiles.
4. There should be better joined up working between government departments with current responsibility for alcohol (Home Office, Department for Health, Public Health England), the Department for Education and the Cabinet Office.
5. Public Health England needs to work with local authorities and the Department for Education to ensure that ‘life skills’ programmes in schools are considered an important component of public health strategies at a local level.
6. Public Health England should invest in research to understand what is causing the sustained decline in youth drinking.

7. The Department for Education should ensure that teacher training colleges are teaching best practice pedagogical approaches to ensure that teachers adopt teaching strategies that evidence shows are more likely to build character in their pupils.
8. Personal, Social and Health Education (PSHE) should be part of the national curriculum and schools need to be incentivised to adopt a ‘whole school’ approach to character development.
9. Local alcohol partnerships should be strengthened to curb underage drinking – working with schools and public health workers – and should continue to promote diversionary activities and innovations such as non-drinking pubs for young people.
10. The alcohol industry should look at ways to engage positively with national campaigns aimed at building character skills and healthy lifestyle choices amongst young people.

Background

As figures cited above show, young people nowadays appear to be drinking less than their counterparts were ten years ago, both in terms of volume and frequency. Our recent survey shows that a significant proportion think alcohol is less important to their social lives than it is to their parents’.

Recent Demos research has begun to look at potential explanations for the decline in young people drinking. The YouGov commissioned poll (cited above) asked young people aged 16-24 in the UK to identify factors that may have contributed to the declines seen in the official statistics. The most frequently cited reasons for this were:

- Awareness in the health consequences of drinking (66%)
- Young people being less able to afford alcohol compared to 10 years ago (55%)
- Compared to 10 years ago, alcohol being harder to get hold of for under 18s nowadays (47%)
- Negative media portrayals of anti-social behaviour linked to drinking (46%)

This short report looks at how we can build on these positive trends, particularly through the lens of ‘character’ – how developing certain capabilities in young people can lead to even greater prevalence of moderate and responsible drinking behaviour.

On 26th February and 4th March, Demos held roundtables on the subject of [‘Character and Moderation: tackling alcohol misuse’](#). The first roundtable was hosted by Lord Brooke of Alverthorpe and sought to engage Labour Parliamentarians and councillors. The second roundtable was hosted by Fiona Bruce MP and sought to engage Conservative Parliamentarians and councillors.

The aim of these roundtables was to explore the relationship between ‘character skills’ and a reduced likelihood of drinking problematically; to explore what helps to build or develop ‘character skills’, with a specific focus on parenting, early years support and programmes for adolescents; and to consider the relationship between the increased focus on ‘character’ from the Department for Education, the Cabinet Office and the Government’s Alcohol Strategy.

An examination of character and social and emotional skills on the one hand, and tackling alcohol misuse on the other, brings together two key strands of Demos’ research from the past five years. A summary of the key reports, including hyperlinks to the Demos website where they can be downloaded, is included in the Appendix to this report.

This short paper provides a brief summary of the research presented at those roundtables and the discussions that followed. This paper also presents, based on these discussions and Demos research, a series of recommendations for the next Government to incorporate these insights into their alcohol strategy, and for the APPG on Alcohol Misuse to consider for their future work.

SUMMARY OF RESEARCH AND DISCUSSIONS

At each of our Character and Moderation roundtables, we hosted three speakers who presented research findings and their work in this field. The speakers included:

- Dr. Leslie Gutman, a Research Director at the Institute of Education, and a lead author on the report ‘Non-cognitive skills: evidence and intervention’
- Helena Conibear, Chief Executive of the Alcohol Education Trust
- Rosanna O’Connor and Jez Stannard, Senior Programme Managers from Public Health England

We briefly summarise here some of the key findings from their presentations in order to answer the following questions, which provide context for our policy recommendations to follow.

- What do we mean by ‘character’?
- What evidence is there about the relationship between ‘character’ and ‘moderation’?
- What types of programmes help to develop character?

What do we mean by ‘character’?

There are currently a range of different terms being used to describe the sorts of skills and attributes that we are referring to as ‘character’, including ‘social and emotional skills’, ‘skills for life and work’ and ‘non-cognitive skills’.

Dr. Gutman’s research uses the term ‘non-cognitive skills’, and she outlined eight skills that were the focus of her research:

- **Self-perceptions of ability:** beliefs in one’s own ability to accomplish a task or goal;
- **Motivation:** underlying beliefs about why to accomplish a goal;
- **Perseverance:** grit and steadfastness in putting forth the necessary behaviour to accomplish a goal;
- **Self-control:** resisting short-term impulses in order to prioritise a higher pursuit;
- **Meta-cognitive strategies:** knowledge about and control over one’s own cognitive system;
- **Social competencies:** leadership and socio-emotional skills which reflect positive skills that allow one to get along with others;
- **Resilience:** ability to succeed despite significant challenge, including problem-solving and optimistic thinking used to manage stressful situations; and
- **Creativity:** the creation of original and novel ideas.

This is not an exhaustive list and indeed other organisations argue for the importance of other attributes encompassed in the term ‘character’. For example, the Jubilee Centre for Character and Virtue at the University of Birmingham prefers the term virtues, rather than skills, and emphasises the importance of moral virtues such as integrity, honesty and empathy.

Earlier this year, the Early Intervention Foundation, the Cabinet Office and the Social Mobility and Child Poverty Commission launched a comprehensive three strand review looking at the relationship between ‘social and emotional skills’ and

positive life outcomes (strand 1), the quality of evidence that existed around what types of programmes were effective at building these skills (strand 2), as well as a qualitative ‘deep dive’ into how these skills were developed and delivered in various contexts (strand 3). These reports can be accessed on the Early Intervention Foundation website [here](#).

What evidence is there about the relationship between character and moderation?

Regarding alcohol use, Dr. Gutman summarised the experimental evidence as follows:

- Greater childhood self-control is associated with less substance dependence (i.e., alcohol, tobacco use, and other drug use) in adulthood (e.g., Moffitt et al., 2011).
- Self-control improvement programs are an effective intervention for improving self-control and reducing delinquency and problem behaviours up to age 10 (Piquero, Jennings, & Farrington, 2010).
- There is evidence that participation in early developmental prevention programs (Manning et al., 2009) predicts lower social deviance (i.e., drug and alcohol use, delinquent activities, gang involvement) in adolescence.

Further research into the relationship between ‘character’ and ‘moderation’ can be seen in the Early Intervention and Cabinet Office reports cited above. The UCL Institute of Education review, ‘Social and emotional skills in childhood and their long-term effects on adult life’, produced for Strand 1 of the aforementioned Early Intervention Foundation review, presented further evidence on the relationship between character and moderation. New analysis of data from the 1970 British Cohort Study presented in that report reinforced the conclusions of the literature review. The analysis suggested that low self-esteem, poor conduct (self-control and self-regulation), poor conscientiousness, and low cognitive skills all predicted higher levels of alcohol consumption.⁵

While not a direct exploration of the relationship between character and moderate alcohol consumption, the findings of two Demos reports suggest a link between character and moderation. In [Building Character](#) we found that ‘tough love parenting’ was more likely to lead to ‘character’ attributes among children. Similarly, in [Under the Influence](#), we found that ‘tough love parenting’ was more likely to lead to moderate consumption of alcohol as a teenager and later in life.

As we argue below, further research is needed to explore the relationship between ‘character’ and moderate alcohol consumption.

What types of programmes help to develop character and life skills?

Firstly, as Demos research has highlighted, parenting style (including levels of emotional affection and discipline) can have a strong impact on the development of character skills among children. In particular, there appears to be a link between high levels of emotional warmth in the first five years of a child’s life and a consistent enforcement of discipline during adolescence, and the development both of desirable character traits and reduced chance of problematic drinking.

These findings led Demos to recommend information awareness campaigns conveying this information to parents, and to recommend targeted in-depth support – through programmes like Family Nurse Partnerships – for single parents and parents in areas with high levels of problematic alcohol consumption.

As well as family-based schemes, there are a number of programmes delivered in schools and outside of schools that could potentially help to develop character and mitigate the risks of problematic drinking.

Dr. Gutman’s research examined the evidence of impact of four types of preventative intervention programmes on these skills, including: mentoring, outdoor adventure programs, service learning (national/community service), and social and emotional learning (SEL). Dr. Gutman’s research found that:

- In the schools, effective teaching, the school environment, and social and emotional learning programmes (SEL) can play an important role in developing key non-cognitive skills.
- Outside of school, evidence from intervention studies suggests that programmes such as ‘service learning’ and outdoor challenging activities have low to medium effects on a variety of cognitive and non-cognitive outcomes.

However, as Dr. Gutman points out, most of this evidence comes from the US. Strand 2 of the recent review of Social and Emotional Learning, conducted by the National University of Ireland Galway evaluated the quality of evidence of impact of a number of programmes in the UK designed to combat problem drinking and substance abuse. They identified:

- Five substance misuse prevention interventions that had strong levels of evidence for reducing substance abuse.⁶ These interventions – *LifeSkills Training*, *Keepin’ It Real*, *All Stars and Project Star* and *SHAHRP* – were found to have an established and ‘well evidenced’ international evidence base (four evaluations in the US and one in Australia) indicating their positive impact on the development of skills and strategies to resist risk-taking behaviour and reduce alcohol, cigarette and drug use.⁷
- Two secondary school interventions with a ‘whole school’ approach, *Lions Quest* and *Positive Action*, reported improved attitudes to and knowledge of alcohol and other drugs. *Lions Quest* also reported reduced alcohol and tobacco use and substance misuse.⁸
- The *Good Behaviour Game*, currently under evaluation in the UK, has demonstrated significant lasting effects in the US, including reduced alcohol misuse at a 14 year follow up. The game works by dividing a class of students into two teams and rewarding the team with the best behaviour performance.
- There is extensive US evidence of the effectiveness of out-of-school interventions. A major review of community programmes designed to promote youth development, carried out by the National Research Council and Institute of Medicine in 2002, found that youth participation in programmes facilitate a wide range of positive outcomes including reduced alcohol and tobacco use. Similarly, 24 of 25 programmes evaluated by Catalano et al in 2004 showed a range of positive outcomes including reduced smoking and drug and tobacco use.⁹
- One US Mentoring Intervention, *Big Brothers Big Sisters*, was found to have resulted in a significantly reduced initial alcohol and drug use rate, maintained at an 18 months follow up, in a ‘well evidenced’ evaluation that included randomised control trials.¹⁰ Another, *Friends of the Children*, also showed a decrease in early initiation of tobacco, alcohol and substance use.¹¹

Overall, the review concluded that universal substance misuse prevention interventions, which seek to improve understanding of social influences and develop life skills, report a significant positive impact on young people’s personal skills, self regulation, and use of resistance strategies in relation to risk taking

behaviour. These interventions were also shown to significantly reduce young people's use of alcohol, tobacco and cannabis.¹²

At the Demos roundtables, Helena Conibear from the Alcohol Education Trust (www.alcoholeducationtrust.org) also highlighted a number of key principles of effective programmes aimed at encouraging healthy behaviours towards alcohol delivered in schools. The Alcohol Education Trust (AET) provides evidence-based alcohol education to pupils aged 11-18, their parents and lesson plans for teachers. Their Talk About Alcohol programme has been evaluated based on 4000 pupils in 30 schools across England over two years. That evaluation showed that pupils who took part in the programme were significantly less likely to take up drinking compared against a control group.¹³ The programme and its evaluation received recognition from the Centre for Analysis of Youth Transitions¹⁴ and the Early Intervention Foundation.¹⁵

Ms. Conibear argued that, contrary to what might be assumed, the following types of programmes were **not** successful at building character or encouraging positive behaviour change in relation to problematic alcohol consumption:

- Drop down days and one off visits
- Information programmes that do not involve pupil participation and engagement
- Scare tactics designed to fear or shock (sometimes involving ex-addicts)
- Peer to peer programmes

Instead, Ms. Conibear highlighted the more effective principles and approaches aimed to build 'life skills' or 'character.'

- **Assess knowledge at the start of an intervention and correct norms around the prevalence of drinking**

“Most children, teachers and parents overestimate the number of teenagers who are smoking, drinking, getting drunk and engaging in risky behaviours.” Research from behaviour change experts suggests that highlighting the actual figures can help to bolster resistance from peer pressure by showing that those who resist are part of the majority, not the minority.

As Ms. Conibear noted, “changing how questions are asked, for example focusing on why most teenagers choose not to drink, can help to introduce accurate social norms and encourage pupils to articulate why you would delay drinking until you are older or indeed choose not to drink at all”.

Because of this, programmes should allow pupils to express their knowledge, perceptions and views before information is delivered so that common false beliefs can be challenged.

- **Take a ‘bottom up’ and skills-focused approach**

“Pupils will develop perception and reasoning skills, and rehearsal strategies can help to build resilience and self-esteem through working in groups, and role-play”.

- **Early intervention first, and a harm minimisation approach with older age groups**

Delaying the age at which young people drink alcohol requires intervening before unsupervised drinking begins. The end of Year 8 and moving into Year 9 is identified as an important time to deliver programmes that discuss alcohol explicitly, whilst programmes delivered prior to this time should focus on developing life skills without direct reference to alcohol.

“As pupils move into social situations where alcohol may be available, the focus should shift to building strategies around staying safe, looking after themselves and their friends, accepting personal responsibility and facilitating informed decision making”.

- **Take an engaging approach to Personal, Social and Health Education (PSHE)**

Ms. Conibear argued that “PSHE is one of the few lessons where pupils can voice and share different opinions, develop interpersonal skills, work in informal groups, move around the classroom and interact in a controlled but informal way and have their strategies listened to and respected. These character and ‘soft’ skills are important in building confidence, self-esteem, empathy and are valuable throughout work and life.”

- **Involvement of parents**

Echoing Demos research, Ms. Conibear argued that “children are particularly vulnerable around the areas of self-control and delaying gratification character traits between the ages of 11-14. The success of a general approach to alcohol education therefore had to have as its third pillar the engagement of parents via the school community”.

“As the key suppliers of alcohol to those under 18, in being good role models, setting boundaries and sticking to them and knowing where their children are and who they are with, parents are fundamental to whether, at what age and how much young people drink alcohol”.

“A ‘tough love’ approach which involves warmth and support but clearly establishes boundaries, with consequences for breaking them, rewarding good choices, parents feeling confident in saying no at times, but offering alternative diversions and talking about alcohol before unsupervised consumption begins, is a key element to achieving success around behaviour change. Children can also be important influencers on their parents’ behaviour and could help instil character traits, which encourage moderation in the home”.

Character and policymaking

Finally, the roundtable participants heard from representatives of Public Health England who highlighted many of the key efforts to curb problematic drinking undertaken as part of the 2012 Alcohol Strategy. However, there was acknowledgement amongst attendees that while there are measures in the 2012 Alcohol Strategy around supporting parents and young people to adopt healthy attitudes to drinking, the thrust of the strategy focuses on treating the symptoms of problematic drinking – looking at the price and availability of alcohol – rather than on early intervention and prevention.

This has the potential to change in future alcohol strategies. There appears to be increasing interest in developing character skills and early intervention in many areas of policy including health and education. In the intervening weeks, Public Health England hosted a workshop on resilience (the findings of which will be published in an upcoming report), as well as publishing a new report, [*Promoting children and young people’s emotional health and wellbeing: a whole school and college approach*](#).

There was also discussion about the various activities undertaken through the Cabinet Office and the Department for Education. The Cabinet Office has been supporting the Step Up To Serve #iwill campaign, which aims to get 50 per cent of young people taking part in high quality social action activities. While most of the research into the impact of social action on character / skills for life and work is qualitative in nature, the Behavioural Insights Team has conducted randomised control trials of social action programmes. As argued in their recent report, they found that ‘those who participated in the programmes display significant improvements to their skills for work and life compared to their counterparts, as measured by reliable and validated questions’.¹⁶

Moreover, a recent study of *National Citizen Service*, which used quasi-experimental design and some standard measures despite only providing limited evidence, showed reduced levels of substance misuse, including alcohol use.¹⁷

The Department for Education is increasing its focus on ‘character’ and social and emotional skills. Nicky Morgan MP, the Secretary of State for Education, has made character one of her policy priorities, establishing a Character Education unit within the Department for Education (DfE). ‘Character’ is also likely to feature highly as a priority in a future Labour government. Tristram Hunt MP, shadow Education Secretary, has highlighted character education since he took up the post, [saying at the recent Demos and Jubilee Centre conference](#):

Resilience, curiosity, discipline, self-control and grit: whether at school, home or work, the evidence seems to suggest that possessing these skills in abundance is a crucial determinant of life-long success. Even more so, in fact, than pure academic attainment.

Summary of discussions

Following presentations from the speakers, the discussions focused on the following key points:

- The majority of evidence into the positive impact of interventions on character and life skills is from the US, and more needs to be done to explore impact in the UK context.
- More research needs to be done to understand recent trends into the decline of reported drinking levels among school pupils and young adults.
- The Department of Education under the Coalition Government has previously been less focused on social and emotional skills, but recent changes around character education are reversing this trend and open up possible collaboration between the Department for Education and Public Health England.
- Changes in the implementation of alcohol strategies under public health (through greater devolution) places increased importance on coordination between public health teams and those responsible for commissioning programmes in schools and that target parents at the local level.
- However, changes in the education system (for example, the decreased role for local authorities with increases in academies and free schools) complicate our

understanding of the delivery of social and emotional skills across the school system.

- The coordination between those responsible for public health with campaigns such as Step Up To Serve's #iwill campaign appears to be growing, but more needs to be done to raise its profile in these sectors.

The above does not provide a comprehensive summary of the discussions, but rather highlights some of the key points Demos researchers felt were important for the APPG on Alcohol Misuse and the next government to consider when devising their alcohol strategy.

Based on these discussions, and Demos' previous and on-going research into character, social action and alcohol, we make the following recommendations to embed strategies to build character into future efforts to ensure that the next generation develops a responsible relationship towards alcohol.

KEY RECOMMENDATIONS

Below we offer ten recommendations for the next government and policy-makers to consider. Our recommendations are not meant to be final or comprehensive, but rather aim to provoke further discussion and debate.

1. **The next Government should provide a comprehensive early intervention strategy as part of its strategy to tackle alcohol misuse**

The need for early intervention is now accepted across government. Graham Allen's [Early Intervention: Next Steps](#) and the [Smart Investment, Massive Savings](#) reports argue that early intervention can reduce the societal cost associated with a range of negative outcomes that are caused by restricted social and emotional development. Unhealthy drinking habits and an over-dependence on alcohol are one of many issues that Allen identifies as preventable or ameliorable through early intervention. Based on programmes used in America, Allen's reports suggests that a 'Life Skills Training' programme, of 30 lessons aimed at preventing the initiation of tobacco, alcohol and drugs, would generate £25,000 in savings for every £1 invested in the scheme.

The Coalition Government has taken up the importance of early intervention through a number of their policies. The introduction of the Pupil Premium in 2010 involves a £2.5 billion fund to support disadvantaged pupils' education, and the Comprehensive Spending Review in the same year recommended several key policies: community-based budgets (to enable local areas to pool their resources to better support families with multiple problems); an Early Intervention Grant to boost the community-based budgets; and the Fairness premium (a £7.2 billion grant to provide all disadvantaged 2 year olds with 15 hours a week of free education), amongst others.

However, as Allen argues, public expenditure has “not been spent strategically, has not developed a core of successful Early Intervention policy and, above all, has not arrested the decline in the social and emotional development of UK children during recent decades”.

To date, alcohol policy has seen a primary focus on treating the problem rather than looking at early intervention. The [2012 Alcohol Strategy](#) focused on the availability and price of alcohol, including proposals to limit the density of shops selling alcohol in local areas, and introducing a Minimum Unit Price (MUP) for alcohol, which was later dropped.

While tackling anti-social behaviour related to alcohol and other harms as they occur is obviously pressing for policy-makers, more emphasis needs to be placed on building the correct capabilities in parents and young children to develop resilience and healthy attitudes towards drinking.

The [2012 Alcohol Strategy](#) makes reference to education and prevention programmes to tackle underage drinking, but it fails to outline a clear strategy aimed at parents and young children. Similarly, the [2015 Manifesto from the APPG on Alcohol Misuse](#) fails to cover in any detail aspects of early intervention work.

- 2. The government should continue to target resources at the home environment and support for parents, particularly those in vulnerable situations, through increased investment in Family Nurse Partnerships**
Early intervention must start in the home – helping with parenting style, home learning and education, and supporting healthy relationships and living. Many families experiencing problems with alcohol suffer from multiple hardships, and therefore supporting vulnerable parents to overcome these, in a joined-up way, would help to alleviate future problems experienced by their children.

As such there should be redoubled focus and investment in successful parenting programmes. This includes the Family Nurse Partnership programme, which supports new mothers aged 19 or under. Evidence from three randomised control trials suggests the FNP programme can improve the health and wellbeing of both mother and child, including reducing the mother's likelihood of using harmful substances (in particular smoking). The current government has committed to increasing the number of Family Nurse Partnership places available in England at any one time to 16,000 by 2015. Moreover, the FNP website claims that local authorities will be able to commission Family Nurse Partnerships starting in April 2015. These are welcome developments, but there may be a role for Public Health England to encourage local authorities with high levels of alcohol-related harm to ensure that they commission Family Nurse Partnership programmes. Moreover, there may be a role for Public Health England to analyse whether there is sufficient investment and coverage of Family Nurse Partnerships in areas with high levels of alcohol related harm. At present, there appears to be no information in the public domain that highlights the spread of Family Nurse Partnerships across the country.

Other successful programmes include: Addaction's *Breaking the Cycle* programme, which works to support parents and families. Action on Addiction runs *M-PACT (Moving Parents and Children Together)*, an eight-week structured intervention to help children and families suffering the consequences of substance misuse.¹⁸ The Young Person's Drug and Alcohol Service for Bury, Rochdale and East Lancashire, *Early Break*, is a longer five-month programme designed to help children and parents with problems linked to parental substance misuse (and has been used as an example of good practice by the National Treatment Agency for Substance Abuse).¹⁹ Moreover, five family-based social and emotional skills interventions were identified in the National University of Ireland Galway review. One, *FAST*, showed reduced alcohol and tobacco use in 'well evidenced' evaluation in the US.²⁰

The next Government should also ensure that these programmes are focused in areas with high levels of alcohol-related harm. In cases where problems are already bedded-in with families, it may be that lessons from some of the successes of the Troubled Families programme should be adopted more widely, though it should be stressed that on-going support as part of this programme is crucial.

Underlying early intervention is the need for strong evaluative processes so that local commissioners are convinced of the value for money of investing further in parenting support and the home environment. Monitoring the effect of such programmes on alcohol use, among other things, will help in this regard and help to tailor interventions according to the specific problems being faced by families.

3. The size of public health budgets that local authorities receive from national government should be linked to alcohol harm profiles

Local authorities receive a ring-fenced public health grant to carry out their public health responsibilities. The Department of Health has set out some key functions that must be delivered to this end, but otherwise local authorities have discretion over how they spend the money to achieve better public health outcomes. This follows an earlier move to separate out public health and other health funding formerly received by Primary Care Trusts (PCTs).

Giving discretion over spending to individual local authorities has the potential to deliver more tailored and impactful services; but it comes with risks, including ensuring that the amount of money coming from the centre adequately reflects local needs. At the moment, public health grant allocations are decided largely on the basis of historic spending levels by PCTs.

As part of refining this system, there should be a move to link public health budgets more closely with alcohol harm profiles. Data from the National Audit Office²¹ shows that local authorities where alcohol misuse worsened the most between 2010-11 and 2012-13 were spending significantly less on alcohol services in 2013-14. This should be an impetus for PHE to provide information on the impact of spending decisions, and, where appropriate, additional funding to those local authorities in need.

Allocating funding in this way happens in other areas of government policy. For example, money allocated to local authorities for Prevent programmes – intended to tackle extremism – is proportional based on the risk profile determined by police and security services.

4. There should be better joined up working between government departments with current responsibility for alcohol (Home Office, Department for Health, Public Health England), and the Department for Education and Cabinet Office

It is sensible for policy-makers from different government departments to work more closely in designing an early intervention strategy to tackle alcohol-related harms. Those concerned with alcohol consumption from a health or crime perspective have much to gain from promoting the work of colleagues concerned with the provision of programmes that can help to build character and life skills, and promoting diversionary activities, and vice versa.

Alongside investment in family support programmes, therefore, a joint strategy should include promoting investment in life skills programmes among young people, and initiatives such as the Step Up to Serve campaign, which aims to get half of young people taking part in meaningful social action by 2020. Those in charge of administering the Department for Education's new Character Fund (worth £3.5 million) should ensure that a number of the programmes it supports are delivered in areas with high levels of alcohol-related harm.

5. Public Health England needs to work with local authorities and the Department for Education to ensure that 'life skills' programmes in schools are considered an important component of public health strategies at a local level

Attendees at Demos' roundtables expressed concerns that the link between Public Health England and the Department for Education is not as strong as it ought to be. In particular, the uncertainty of the DfE's involvement in future drugs strategies (which includes alcohol for young people) was highlighted as a concern, and potentially a missed opportunity for the two bodies to work closely together.

PHE is the expert national public health agency, tasked with protecting and improving the public's health, through its own actions and also by supporting government, local authorities, and the NHS. PHE is encouraged by central government to take a 'life course' approach to health interventions, promoting resilience in children and young people. As part of its wide remit, PHE should see 'life skills' and other effective behaviour change programmes – like AET's Talk About Alcohol programme – in schools as an important tool for public health, with a potentially powerful impact on reducing risky (and costly) behaviours amongst young people. As such, PHE should encourage local authorities with their new public health functions, and other relevant bodies, to promote life skills and other character-building programmes in local schools; and work with the DfE to ensure that schools are properly incentivised to be open to these programmes.

Investing in life skills programmes in schools may mean local authorities contributing part of the funding from their public health grant to ensure that these sorts of life skills programmes are commissioned and delivered in schools. Since gaining significant public health responsibilities (following the 2012 Health and Social Care Act), the Director of Public Health in each local authority is expected to foster relationships with partners who can help to improve local public health – and therefore they need to be clear on the benefits of forming those relationships

with schools specifically. This could be particularly important in those areas with high levels of alcohol related harm and high levels of youth drinking.

However, it's worth noting that developments in the education sector may complicate these potentially useful partnerships at a local level. For example, the increasing spread of academies and free schools means that local authorities are likely to be less involved in programmes that are being delivered in schools. Instead, academies and free schools have greater levels of autonomy and report directly to the Department for Education. This suggests that there may be a need for a stronger role for Public Health England to coordinate both with the Department for Education and local authorities on relevant programmes that may be being delivered in academies and free schools, particularly in areas with high levels of alcohol-related harm.

6. Public Health England should invest in research to understand what is causing the sustained decline in youth drinking

Alcohol consumption amongst school pupils (those aged 11-15) has been steadily in decline for the past decade. According to HSCIC, in 2003 61% of school pupils reported drinking alcohol at least once in their lives²², but in 2013 this figure had fallen to 39%²³.

Binge drinking amongst adults has also decreased, driven largely by decreases among young adults. According to figures from the Office of National Statistics released in February this year, the proportion of adults who had binged at least once in the week preceding their ONS interview had fallen from 18% to 15% between 2005 and 2013. However, young adults (those aged 16-24) saw the most notable change: the proportion of binge drinkers fell from 29% to 18% - a decrease of more than a third²⁴.

Accompanying the fall in habitual or excessive drinking is a rise in teetotalism amongst adolescents and young adults. 21% of all adults stated in the ONS survey that they did not drink alcohol at all (a marginal increase from the 2005 figure of 19%). But, among 16-24 year olds, 19% claimed to be teetotal in 2005 compared to 27% who claim to be so in 2013.

Some have suggested that these declines are due to the increase in non-drinking migrant populations, but other evidence suggests that this cannot account for the change. The ONS report does not break down drinking habits by religion, an oversight criticised by both Lord Brooke (chair of the APPG on Alcohol Harm) and Diane Abbott (shadow Public Health Minister). Both suggest that a high-

proportion of people who do not drink for religious reasons could be behind the change in drinking habits amongst young people. Lord Brooke points to the fact that London has the highest rate of teetotalism in the country, and also the highest British Muslim population (12.4%, compared to the national average of 4.4%)²⁵.

However, Demos analysis of changes in these populations occurring between the 2001 Census and 2011 Census suggests that the growth of religious groups is likely to have had only a very minor impact on the decrease of alcohol consumption amongst young adults. Even if it is assumed that all of the followers of the UK's three most prominent religions traditionally recommending abstinence (Hindus, Sikhs and Muslims) do not drink, the proportion of teetotalers is hardly affected.

For example, analysis of the 2001 Census and the 2011 Census shows that the number of British Muslims between the ages of 16 and 24 years old in England and Wales increased by 133,000. If you consider those from Hindu or Sikh backgrounds, the number rises to 159,000. Yet, during this same period, ONS data suggests that the number of 16-24 year olds reporting that they are teetotal rose by approximately 509,000 – which means that – if we assume that all of these young people do not drink, which is highly unlikely – then the growth in these ethnic groups can only account for around 31% of this growing teetotal trend.

Finally, as noted in a recent editorial in ASPAD's *Drug and Alcohol Review*, the same declines have been observed in other countries, including Australia, the US, and the Nordic countries – all of which have very different ethnic and religious profiles to the UK. Indeed a 2015 study looking at the declines in drinking among 15-16 year olds in Sweden found no significant association between non-drinking and country of origin.²⁶

Arguing that further research is needed, the ASPAD article postulates three possible causes of these declines, including: a shift in parental attitudes and modelling (which is often identified as a high risk factor); investments in better prevention and health programmes in schools and communities; and substantial changes in youth leisure patterns and behaviours driven by the rise of social media, the internet and new technologies.

Demos researchers conducting analysis on what might be causing these trends have also argued that these declines may be due to the rise of social media and new technologies providing diversionary activities. Other possible contributing factors could be the tightening up of ID schemes in both the on and off-license trade (young people sourcing alcohol from off-licenses fell from 27% in 1996 to 15% in

2008, and retailers failing their test purchases have declined from 45% in 2007 to 24% in 2010), or the rise of alcohol awareness campaigns (for example, Drinkaware labels emerged in 2003 and 2004). Economic considerations – including the rise in tuition fees and the 2008 recession – could also be driving factors more recently, as the data suggests particular declines in drinking between 2009 and 2010 – but this still does not explain the fact that these declines began in the early 2000s.

Indeed, as noted above, we asked young people themselves what they thought the main causes were through a YouGov poll of 16-24 year olds in the UK. They thought:

- An increase in awareness of the health consequences of drinking (66%)
- Young people being less able to afford alcohol compared to 10 years ago (55%)
- Compared to 10 years ago, alcohol being harder to get hold of for under 18s nowadays (47%)
- Negative media portrayals of anti-social behaviour linked to drinking (46%)

Of course, whether these are actually the driving factors needs more investigation. We therefore recommend that PHE should be looking further into the drivers of changing drinking habits, with a view to promoting activities that would see a greater reduction, including in and out of the classroom. This is particularly needed to ensure that MPs and others do not ascribe these declines to immigration, which is potentially divisive and not borne out by the data.

7. The Department for Education should ensure that teacher training colleges are teaching best practice pedagogical approaches to ensure that teachers adopt teaching strategies that evidence shows are more likely to build character in their pupils

The strand 2 EIF report by the National University of Ireland Galway on social and emotional skills development concluded that there were a number of shared characteristics of effective school-based interventions. Importantly, these included a clear focus on developing the right teaching skills, including the use of interactive teaching methods (for example, games and group work to teach relevant skills), and approaches that empower students, among others.²⁷ Generally, teachers' skills and motivation were found to be critical factors in the quality of programme implementation, as were the provision of explicit implementation guidelines and proper teacher training.²⁸

The review also found that international evidence supports ‘the implementation of a whole school approach to promoting the social and emotional wellbeing of young people.’ The review recommends the development of a curriculum that integrates the development of social and emotional skills within all subject areas, delivered by trained teachers.²⁹ The review concludes: “Teachers are core agents of change, however, they need to have the confidence and skills to deliver effective social and emotional skills programmes. Professional development structures and capacity development for teachers at both pre-service and in-service training is required to support effective implementation. This includes developing the competencies and skills required for effective delivery of social and emotional skills development strategies and the use of teaching methodologies that engage young people in experiential and activity-based learning.”³⁰

The Education Endowment Foundation should look at how to capture some of the longer-term outcomes of the pilots it commissions, including the likelihood of problem drinking and other risky behaviours. While the EEF is having increasing impact on how schools operate, including spending the Pupil Premium, much more needs to be done to encourage schools to act on its findings. The EEF has an active role to play in reaching out to schools and school leaders so that best practice can be adopted in a reliable way as soon as possible.

8. Personal, Social and Health Education (PSHE) should be part of the national curriculum and a schools need to be incentivised to adopt a ‘whole school’ approach to character development

Schools clearly have a role to play in providing information and advice on alcohol consumption and other risky behaviours, and in helping to build character / social and emotional skills. However, the place of this as part of the curriculum, and the question of who is to deliver this type of education, is at present unclear. Evidence presented above suggests that simple ‘box-ticking’ on the subject of drinking alcohol and other risky behaviours is unlikely to achieve the desired ends of reducing harmful drinking.

While PSHE is seen by many as a natural place for teaching ‘character’ virtues and skills, it is currently not a statutory part of the national curriculum, meaning that teaching standards and requirements of learning may be less clear than other subjects. Research has shown that delivery of PSHE, and alcohol and drug education in particular, is patchy, due to lack of curriculum time, lack of financial capacity in schools, and non-specialist teaching.³¹ Indeed, in 2013 Ofsted found that PSHE required improvement or was inadequate in four in ten schools. This has led the Education Select Committee to recommend in 2015 that the DfE

develop a workplan for PSHE to be introduced as a statutory subject in both primary and secondary schools. Placing PSHE on a firm statutory footing would boost the quality of provision, and move the question on from whether and when to provide it, to how best to have a genuine impact on behaviour through its provision.

This is, again, complicated by reforms to the school system. The introduction of free schools, and increasing numbers of secondary schools becoming academies – which do not have to follow the national curriculum – will contribute to the uncertainty about the place of PSHE. There is a need therefore to ensure PSHE has an adequate place in decisions by the Secretary of State to award new school contracts, as well as clearer guidance on how PSHE education features in judgements by Ofsted – the latter also highlighted as an important measure by the Education Select Committee.

PSHE education (including clear guidance on harmful drinking) should fit into a broader emphasis in schools on building resilience and mental health – and other character capabilities – in their pupils. Rather than just being delivered during dedicated curriculum time, social and emotional learning is best achieved through a ‘whole school’ approach, as explored in a recent report from Public Health England – involving strong messages and ethos developed from senior leadership and staff, through to adequate opportunities for student voice and influence, and parental engagement.³²

The Strand 3 report of the Early Intervention Foundation Review, produced by ResearchAbility, also suggested that while the delivery of social and emotional skills was mainly described as being through PSHE lessons, it could be woven throughout the curriculum.³³ Indeed, the report found that the strongest model of delivery was where social and emotional skills were ‘embedded, reinforced and modelled’, where social and emotional skills permeated the whole school’s approach.³⁴

The report also suggested that the highest levels of effectiveness in social and emotional skills development schemes could be achieved through continuing professional development on social and emotional skills delivery for teachers, and having PSHE teachers trained and qualified as they are in other curriculum subjects.³⁵

9. Local alcohol partnerships should be strengthened to curb underage drinking – working with schools and public health workers – and should continue to promote diversionary activities and innovations such as non-drinking pubs for young people

Evidence shows that local partnerships such as Community Alcohol Partnerships, which bring together key stakeholders – councillors, trading standards, local shops, youth workers, and schools – can have a strong impact on curbing rates of underage drinking. There are a number of success factors, including making sure that the supply of alcohol by retailers is properly restricted, but one of the most powerful lessons from CAPs is about the importance of giving young people opportunities for positive learning experiences and fun activities. CAP should be at the forefront of promoting new social norms around drinking – including through non-drinking pubs targeted at young people.

10. The alcohol industry should look at ways to engage positively with national campaigns aimed at building character skills and healthy lifestyle choices amongst young people

The next Government must provide sufficient funding to ensure that evidence-based programmes that are successful at building character and life skills are provided in schools in areas with high levels of alcohol-related harm. But with all of the main political parties emphasising the need for further spending cuts, other sources of funding could be needed and would help to ensure that these programmes are sustainable. The alcohol industry could have a role here by providing funding in support of these programmes. There have already been steps in this direction with setting up of the [Life Skills & Education in Alcohol Foundation \(LEAF\)](#), which was part of the Government Public Health Responsibility Deal.

APPENDIX

Below are brief summaries of and hyperlinks to Demos' research on character and reducing problematic alcohol consumption.

Demos and character

- The report [Building Character](#) (2009) revealed a correlation between 'tough love' parenting and the development of character skills through analysis of the Millennium Cohort Study.
- The report [The Home Front](#) (2010) included in-depth ethnographic research to understand how parents could be better supported to adopt parenting styles that lead to the development of character.
- *The Character Inquiry* (2010) drew together leading thinkers on the subject, including Jean Gross, Yvonne Roberts, Sir Anthony Seldon and Professor James Arthur of the Jubilee Centre, to examine the evidence and apply the lens of character to a range of policy areas.
- [Pupil Power](#) (2013- present), a two year pilot of coproduction in four secondary schools, which looks at how group based projects and goal setting can tackle educational disengagement, truancy, and behaviour issues.

More recently we have demonstrated our convening power on the subject, including:

- The Demos and Jubilee Centre [Character Conference](#) was held in December 2014, bringing together frontbench politicians including Tristram Hunt MP, Shadow Education Secretary, and Sam Gyimah MP, Minister for Education.
- The *Evidence in Education* roundtable was held in November 2014, led by Tim Leunig, Chief Scientific Advisor at the Department for Education, and included education practitioners, the General Secretaries of the NUT and the ATL, educational charities, commissioners and academic experts.
- Demos disseminated a Call for Evidence to 134 practitioners into 'character' and 'life skills' on behalf of the Cabinet Office, The Early Intervention Foundation and

the Child Poverty and Social Mobility Commission as part of their Review of Social and Emotional Skills.

Demos and alcohol

- Extending our work in [*Building Character*](#), we produced the report [*Under the Influence*](#) (2009), which found correlations between parenting style and a child's likelihood of drinking about recommended guidelines as a teenager and later as an adult. Based on longitudinal analysis of the 1970 Birth Cohort Study and the Avon Longitudinal Study of Parents and Children (ALSPAC).
- [*Feeling the Effects*](#) (2012) looked further into the relationship between parenting and drinking - specifically at the correlation of parental drinking behaviour on parenting style. It showed that the more a parent drinks, the less likely they are to be a tough love parent – and hence a greater risk of their children developing harmful drinking habits. A follow-up study, [*Feeling the Effects: Romania*](#) (2014), found the same correlations in Romania.
- [*Sobering Up*](#) (2013) explored local solutions to a range of problems relating to underage drinking, binge drinking, and dependent street drinking. It looked in particular at the role of local partnerships, and the importance of diversionary activities to prevent underage drinking.

NOTES

¹ <http://www.ons.gov.uk/ons/rel/ghs/opinions-and-lifestyle-survey/adult-drinking-habits-in-great-britain--2013/stb-drinking-2013.html#tab-Key-points-in-2013-> (accessed 25 Mar 2015).

² <http://www.hscic.gov.uk/searchcatalogue?productid=14775&q=ALCOHOL&sort=Relevance&size=10&page=1#top> (accessed 25 Mar 2015).

³ <http://www.hscic.gov.uk/searchcatalogue?productid=15144&q=ALCOHOL&sort=Relevance&size=10&page=1#top> (accessed 25 Mar 2015).

⁴ YouGov figures are from a survey with a sample size of 1,002 people aged 16-24. Fieldwork was undertaken between 4th-8th June 2015. The survey was carried out online. The figures have been weighted and are representative of all UK adults aged 16-24 years.

⁵ Alissa Goodman, Heather Joshi, Bilal Nasim and Claire Tyler, *Social and emotional skills in childhood and their long-term effects on adult life: A review for the Early Intervention Foundation* (UCL Institute of Education: 2015), p.43 & p.105

⁶ Ibid., p.49

⁷ Ibid., p.7

⁸ Ibid., p.36.

⁹ Ibid., p.20-21

¹⁰ Ibid., p.58

¹¹ Ibid., p.60

¹² Ibid., p.80

¹³ <https://www.nfer.ac.uk/publications/AETE01/AETE01.pdf> (accessed 25 Mar 2015);
<http://www.tandfonline.com/doi/full/10.1080/14635240.2014.915759> (accessed 25 Mar 2015).

¹⁴ <http://www.ifs.org.uk/publications/6904> (accessed 25 Mar 2015).

¹⁵ <http://guidebook.eif.org.uk> (accessed 25 Mar 2015).

¹⁶ http://www.behaviouralinsights.co.uk/sites/default/files/Evaluating%20Youth%20Social%20Action_An%20Interim%20Report_0.pdf (accessed 25 Mar 2015).

¹⁷ Alissa Goodman, Heather Joshi, Bilal Nasim and Claire Tyler, *Social and emotional skills in childhood and their long-term effects on adult life: A review for the Early Intervention Foundation* (UCL Institute of Education: 2015), p.67

¹⁸ Jonathan Birdwell, Emma Vandore, Bryanna Hahn, *Feeling the Effects*, (Demos: 2013), p.26

¹⁹ Ibid., p.47

²⁰ Aleisha M. Clarke, Silvia Morreale, Catherine-Anne Field, Yomna Hussein and Margaret M. Barry, *What works in enhancing social and emotional skills development during childhood and adolescence? A review of the evidence on the effectiveness of school-based and out-of-school programmes in the UK* (National University of Ireland Galway: 2015), p.55

²¹ <http://www.nao.org.uk/wp-content/uploads/2014/12/Public-health-england%E2%80%99s-grant-to-local-authorities.pdf> (accessed 25 Mar 2015).

²² <http://www.hscic.gov.uk/searchcatalogue?productid=14775&q=ALCOHOL&sort=Relevance&size=10&page=1#top> (accessed 25 Mar 2015).

²³ <http://www.hscic.gov.uk/searchcatalogue?productid=15144&q=ALCOHOL&sort=Relevance&size=10&page=1#top> (accessed 25 Mar 2015).

²⁴ <http://www.ons.gov.uk/ons/rel/ghs/opinions-and-lifestyle-survey/adult-drinking-habits-in-great-britain--2013/stb-drinking-2013.html#tab-Key-points-in-2013> [accessed 25/03/2015]

²⁵ Hill, A. (2015) 'Teetotaller numbers rise in UK with one in five adults not drinking', *The Guardian*, 13th February 2015 ; <http://www.theguardian.com/society/2015/feb/13/teetotallers-on-rise-in-uk-one-in-five-dont-drink> (accessed 25 Mar 2015).

²⁶ <http://alcalc.oxfordjournals.org/content/early/2015/06/30/alcalc.agv074>

²⁷ SES Strand Two Report, p.7

²⁸ SES Strand Two Report, p.98 ; p.105

²⁹ Ibid., p.97

³⁰ Ibid., p.99

³¹ <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmeduc/145/14506.htm#a21>; <http://mentor-adepis.org/life-lessons-pshe-sre-schools/> (accessed 25 Mar 2015).

³² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf (accessed 25 Mar 2015).

³³ Alice Yeo and Jenny Graham, *A deep dive into social and emotional learning. What do the views of those involved tell us about the challenges for policy-makers?*, (ResearchAbility: 2015), p.8

³⁴ Ibid., p.25

³⁵ Ibid., p.8

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In 2012, the Coalition Government announced their Alcohol Strategy to tackle alcohol misuse and binge drinking across the UK. While there remain many serious challenges related to problematic drinking in the UK, the last decade has seen a number of positive trends showing a decline in problematic alcohol consumption, particularly among young Britons.

This report looks at how we can build on these positive trends, particularly through the lens of 'character' - how developing certain capabilities in young people can lead to even greater prevalence of moderate and responsible drinking behaviour.

On 26th February and 4th March 2015, Demos held roundtables on this subject. The first roundtable was hosted by Lord Brooke of Alverthorpe and sought to engage Labour Parliamentarians and councillors. The second roundtable was hosted by Fiona Bruce MP and sought to engage Conservative Parliamentarians and councillors.

This short paper provides a brief summary of the research presented at those roundtables and the discussions that followed. This paper also presents, based on these discussions and Demos research, a series of recommendations for the next Government to incorporate into their alcohol strategy, and for the APPG on Alcohol Misuse to consider for their future work.

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