A review of the impact drugs and alcohol have on young people's sexual behaviour

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Seminar Findings
Independent Advisory Group on Sexual Health and HIV
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Foreword
by Baroness Gould of Potternewton

In order to consider the links between three risk taking behaviours – alcohol misuse, drugs misuse and risky sexual activity – the Independent Advisory Group on Sexual Health and HIV (IAG) held a seminar to investigate what it is that motivates young people to become sexually active at a young age, why they engage in risky sexual behaviour and what part drugs and alcohol have in this.

The Advisory Group wanted to look at the activities of young people, the issues and risks they are facing, what existing provision there is for them, and whether there could be a national approach to this disturbing trend.

We posed a number of questions:

• What does current research show? How does it help in the analysis and understanding of how drugs and alcohol affect risky sexual behaviour?

• What are the current policies and practices in this area? What strategies are being adopted?

• What forms the basis of effective interventions to reduce risk-taking behaviour?

• How do we provide a co-ordinated approach, involving healthcare, education and social services? In particular how do we ensure that young people do not fall through gaps in the service?

• What recommendations should we put to Government?

The contributions were unequivocal about the relationship between drugs, alcohol and risky sexual behaviour. So too, was the need to reconsider the messages young people receive - often subliminally - that it is acceptable to engage in both inappropriate and sexual behaviour.

We have all seen the recent reports – given considerable attention by the media - about the experiences of our children and young people over the last 6 years: the Unicef report: An overview of child well-being in rich countries; the American Psychological Association’s report; and a forthcoming book So sexy, so soon: the sexualisation of childhood.

The statements and observations contained in these publications confirm that attention needs to be given to the environment in which our children are growing up, how we communicate with them, what role models they have and how they can develop into healthy adults.

3 So Sexy, So Soon: The Sexualization of Childhood by Dr Jean Kilbourne and Prof Diane Levin Ph.D. Publication date to be announced. See also chapter of same name in Childhood Lost. How American Culture is Failing Our Kids. Ed. Sharna Olfman. Published by Praeger Publishers, March 2005.
These all have a bearing on educating children about appropriate behaviours including healthy sexual behaviour. The recommendations contained in this report we hope go some way to addressing the needs of our young people and to ensure they grow into healthy adulthood.

The Advisory Group is indebted to all those who attended the seminar and in particular to our eminent keynote speakers who provided us with such rich and relevant information:

Dr Fiona Adshead
Director General of Health Improvement and Deputy Chief Medical Officer

Professor Mark Bellis
Head of Centre for Public Health, Liverpool John Moores University

Dr Aidan Macfarlane FRCP, FRCPCH, FFPH
International consultant in the Strategic Planning and Training in Child and Adolescent Health Services

The IAG would also like to thank Professor Graham Hart, Director, Centre for Sexual Health & HIV Research, Royal Free & University College Medical School and a member of the Advisory Group, for presenting to us information and statistics relating to Scotland.

Baroness Gould of Potternewton
Chair
Independent Advisory Group on Sexual Health and HIV
Abstract and intervention strategies
Introduction

The increase in sexually transmitted infections (STIs) and the high levels of teenage pregnancy in the United Kingdom are disturbing. That alcohol and drugs are used to enhance sexual activity is in no doubt.

But why is it happening, and what are the risks and the implications for our young people? Most importantly, is there anything we can do about it?

Our work as the Independent Advisory Group on Sexual Health and HIV (IAG) often touches on these issues, and we agreed to explore them in depth in a seminar, the results of which are published here.

The seminar was called to seek a way to address risky sexual behaviour in young people, and in particular what part drugs and alcohol play in this.

The findings

The seminar established an indisputable link between alcohol, drugs and risky sexual behaviour - described by Professor Bellis as ‘fuel for a sexual health crisis’.

The key findings were as follows:

I. There is a strong correlation between STIs, sexual behaviour and drug use
II. The links between substance use and risky sexual behaviour are considerable
III. People who are highly exploratory in one kind of behaviour tend to be highly exploratory in other areas
IV. Ignoring the links between sex, drugs and alcohol is misguided as many young people believe drugs have a positive effect on sex
V. Sexual health campaigns use drugs and alcohol as lifestyle images
VI. It is important to listen to the views, experience and ideas of young people
VII. Alcohol consumption must be reduced if there is to be an effect on risk: by early intervention and by making it more difficult to purchase alcohol under-age
VIII. There are different reasons why young people engage in sex
IX. There is a lack of information about the effects of drugs and alcohol
X. The lifestyles of young people should be mapped to ensure information and campaigns are targeted at the right time and in the right place
XI. The positive media coverage of ‘celebrity’ behaviour involving sex, drugs and alcohol acts as an encouragement to young people
XII. Some advertising clearly links sexual behaviour with a product
XIII. Alcohol advertising is widely accessible to all who can read. Merchandising for alcohol manufacturers’ sponsorships are available to small children
XIV. Some alcohol advertising is targeting young people
XV. The most vulnerable are the poorest in society
xvi. Promotion of ‘perfect looks’ including body shape and fashion can encourage drug taking (steroids for men; amphetamines for weight loss for women)

xvii. Having ambition, and having parents who are ambitious for you, is identified as a powerful contraceptive for young people

xviii. Sexualised toys are targeted at children as young as three year olds

xix. There is no national and joined-up approach to deal with the problem

Important considerations

The seminar was made aware that whilst ‘risky’ is an accurate description, it is an ‘adult’ perspective to the problem. It does not recognise the way young people look at life or how they experience life.

For any intervention to be successful, it is necessary to be aware of the following:

1. The need to realise what it is like to be young today.
   If we are concerned for the health and wellbeing of young people, we need to remember and understand:
   a. That young people do not engage in risky behaviour: they experiment and explore. They have different priorities. They want to try something new.
   b. The societal pressures on, and the self-image of, young people.

2. Presentation of information to young people.
   An increasing number of young people experiment with sex, drugs and alcohol. The irony is that endorsement of this behaviour - whether by explicit or subliminal advertising and marketing or coverage of ‘celebrity’ behaviour - is prevalent while information and educational campaigns warning of the risks and harm are restricted in their ability to carry unequivocal images. For example, there are restrictions on advertising condoms pre-watershed, and on showing a picture of a condom out of its wrapper. Our young people are therefore receiving distorted messages.
   Young people should be provided with factual information at a time when they need it.

3. Those most at risk are from lower socio-economic groups.
The way forward: intervention strategies

The implications for young people engaging in risky sexual behaviour are that they are at greater risk of contracting an STI; becoming young parents; failing at school; building up longer-term physical and mental health problems; and becoming addicted to alcohol and drugs.

The recently published Unicef report\(^1\) records that out of 21 countries, the United Kingdom is at the bottom of the league table for child well-being. And that specifically children in the UK had the highest incidence of risk-taking behaviour: more have had sexual intercourse by the age of 15 than in any other country, more have been drunk two or more times aged 11, 13 and 15 than in any other country, and they are the third highest users of cannabis.

As adults, are we reneging on our responsibilities?

The seminar has identified the following key areas for consideration and recommends to Government the intervention strategies listed for each area on the following pages.

Areas for intervention

- Develop a national scheme incorporating all relevant agencies to provide holistic assessment, prevention, and intervention services to address drugs and alcohol misuse and risky sexual behaviour.
- Reduce the drug taking and alcohol consumption of young people.
- Ensure young people receive clear and factual information on the effects of drugs, alcohol and sex; and exposing the myths. This should be part of their compulsory education.
- Recognise the environment in which today’s young people are growing up and determine what young people should be exposed to.
- Recognise the social, economic and emotional factors relevant to ensuring children and young people can be agents of their own health improvement.

Develop a national scheme incorporating all relevant agencies to provide holistic assessment, prevention, and intervention services to address drugs and alcohol misuse and risky sexual behaviour.

**Intervention Strategy 1:**
National strategy for young people’s services

1.1 The Government to develop an holistic strategy targeting young people to provide services which ensure joined up treatment and prevention for alcohol and drugs misuse and risky sexual behaviour.

1.2 The Government, in liaison and consultation with all appropriate agencies, and from lessons learned from the approaches to discourage smoking, to take the necessary steps to discourage young people from using drugs and alcohol and reduce the levels of drug use and alcohol consumption.

1.3 The strategy to be cross-departmental, developed between the Department of Health; the Department for Education and Skills; the Government Content Management System; the Ministry of Justice; the Department for Communities and Local Government; the Department for Culture, Media and Sport; and the Department of Trade and Industry.

1.4 Young people should be included and regularly consulted in the development and reviews of the strategy.

1.5 The strategy to address the development of effective partnership between local authority youth services, children’s trusts, teenage pregnancy co-ordinators and the PCTs – so ensuring that alcohol, drugs, and sexual health are linked with public health policy.

1.6 As part of the strategy, the Government to review the policy behind all public health papers, for example to review the content on drugs, alcohol and sex within ‘Every Child Matters’; ‘Healthy Schools’; Choosing Health; Our Care Our Health Our Say.

1.7 The strategy to be evidence based, taking into account pilot studies of effective interventions, and developing policy lines to support this.

**Intervention Strategy 2:** Local delivery

2.1 The strategy to address how best to develop greater community based and outreach activity.

2.2 The strategy to seek solutions as to how to improve outreach activity, working with young people as partners to provide support for those that do not go to school, are homeless, and/or do not have access to web-based information.

2.3 The benefit to the young person is paramount. Government to ensure that support services for sex, drugs and alcohol available to young people are confidential unless there are exceptional and overriding circumstances, eg child protection concerns.

2.4 Local authorities and PCTs should ensure there is sufficient funding for charities and voluntary organisations to be able to work effectively with young people and advise on good practice and creative use of funding.

2.5 Condoms should be accessible and available in the places that young people frequent in their everyday lives.

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3 Healthy Schools Programme. Joint Department for Education & Skills and Department of Health initiative established October 1999
4 Choosing Health: Making healthy choices easier. (Public Health White paper). Department of Health. Cm 6374. Published 16 November 2004
Reduce the drug taking and alcohol consumption of young people.
See Intervention Strategy 1.2 above and Intervention Strategy 5.3 below

Ensure young people receive clear and factual information on the effects of drugs, alcohol and sex; and that information corrects the myths. This should be part of their compulsory education.

**Intervention Strategy 3:**
Public health campaigns and the strategy

3.1 Any communication with young people must be produced and presented as clear and factual information. All communications should be in a style and tone that is appropriate for young people, well-positioned, timely and in an appropriate medium and format.

3.2 The strategy to encourage links between national and local campaigns to ensure roll out operates at a local level as well as national, as with the teenage pregnancy campaign.

3.3 The Government to ensure that all public health websites have links to other relevant Government public health sites (e.g. FRANK, Know Your Limits and Condom Essential Wear), and to ensure that in future all who commission websites make the links between health education and sex, drugs and alcohol.

3.4 The Government to review the Ethics Approval Process relating to all sex education research/evaluation and work to ensure clearance procedure is not overly lengthy.

**Intervention Strategy 4:**
Health education

4.1 As part of the prevention process, Government to make Personal, Social and Health Education (PSHE) incorporating Sex and Relationship Education (SRE) mandatory in schools, provided by specifically trained teachers and nurses or outside agencies.

4.2 As part of the prevention process, better education and support for parents to be made available to ensure they have the knowledge and confidence to discuss sexual health matters with their children.

4.3 As part of the prevention process, everyone engaged in advising or looking after children and young people or concerned with their welfare should receive training on sexual health and the relationship between sex, drugs and alcohol.
Recognise the environment in which today’s young people are growing up and determine what young people should be exposed to.

**Intervention Strategy 5: The environment: advertising and the media**

5.1 The Government, in conjunction with the Independent Advisory Group on Sexual Health and HIV and other stakeholders, to encourage a review of advertising regulations on condoms – for example to remove the restrictions on showing condoms before 21.00 (except Channel 4 who can show condoms from 19.00) or unwrapped condoms before 22.30.

5.2 The Government to work with stakeholders to review the alcohol, sex and drugs imagery/messages used in advertising and determine what is responsible advertising.

5.3 The Government and associated stakeholders to work with business on their policies vis-à-vis alcohol and young people, with the aim of reducing alcohol consumption among young people [see also intervention strategy 2.1 above]

5.4 The Government to develop contacts within the media to ensure that the messages around sex are positive and not perpetrating negative role models (nice girls/dirty girls etc) or highly sexualised pornographic images of women, or always related to disease.

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Recognise the social, economic and emotional factors relevant to ensuring children and young people can be agents of their own health improvement.

**Intervention Strategy 6: Related issues**

At the same time as addressing the areas above, there is a need...

6.1 to consider opportunities and the availability of other forms of entertainment for young people.

6.2 for the most vulnerable and the poorer in society to be supported.

6.3 to find how to encourage those without self-worth, aspirations and ambition to find them.

6.4 to build into provision the proven benefits to young people of having someone with whom they can discuss any issue.

6.5 to address the issue of sex and prostitution raised by Professor Bellis.
Sex, drugs and young people
Aim and objectives

Sexual health in the UK has been deteriorating over the last 12 years. One group of particular concern are young people: a group that has also shown an increase in the use of alcohol and drugs.

A few localised centres have been established to provide an holistic approach to the health and wellbeing of young people. Assessment of these centres has been positive.

Concern about young people’s sexual health, and the division of service provision for them, prompted the Independent Advisory Group on Sexual Health and HIV (IAG) to investigate the disturbing trend in early and risky sexual activity and to determine the part played in this by drugs and alcohol.

The seminar was therefore held on 18 January 2007 in London to learn about the lifestyle of young people, their exposure to risk, and what response should be made. IAG set out the following aim and objectives.

Aim:
To establish what needs to be done to develop an overall strategy to provide an effective holistic service delivery that is accessible to and meets the needs of young people.

Objectives:

• What does current research show? How does it help in the analysis and understanding of how drugs and alcohol affect risky sexual behaviour?

• What are the current policies and practices in this area? What strategies are being adopted?

• What forms the basis of effective interventions to reduce risk-taking behaviour?

• How do we provide a co-ordinated approach, involving healthcare, education and social services? In particular how do we ensure that young people do not fall through gaps in the service?

• What recommendations should we put to Government?

Background

The facts about the sexual health of some of our young people are disturbing.

First intercourse is happening at a younger age, there is a higher acquisition of new partners, and a greater proportion of people having multiple partners. The UK has the highest rates of infections and under-18 conceptions in Europe. Young people are the group least likely to use a contraceptive or a condom or access sexual health advice, thus putting them at high risk of a sexually transmitted infection or becoming pregnant.

Sexually transmitted infections (STIs) have greatly increased over the last 12 years. Chlamydia has increased by 300%; gonorrhoea by 200% and HIV by 300%, and syphilis by 2000%.
In a single act of unprotected sex with an infected partner, adolescent girls have a 1% chance of acquiring HIV, 30% chance of getting genital herpes, and a 50% chance of contracting gonorrhea.

Concerns about our young people were raised again in the recently published UNICEF report, *Child Poverty in Perspective: An Overview of Child Well-Being in Rich Countries*. That research shows that the United Kingdom comes at the bottom of the league table for child well-being across 21 countries overall, and more specifically, with relation to risk taking behaviour. More children in the UK have had sexual intercourse by the age of 15 than any other country, more of them have been drunk two or more times aged 11, 13, and 15 than in any other country, and they are the third highest users of cannabis.

Guidance published by NICE [National Institute for Health and Clinical Excellence] in February of this year [2007/PH013] refers to the significant deterioration of sexual health in the UK over the last 12 years and calls for more to be done to halt the rise of sexually transmitted infections and to prevent under-18 conceptions.

The Independent Advisory Group welcomes the Government’s continuing commitment to reducing the numbers of teenagers smoking, drinking alcohol and taking drugs.

This report sets out the issues raised at the seminar and recommends a multi-layered approach to respond to the requirements of young people to enable them to be agents of their sexual health and wellbeing.

The seminar was addressed by three eminent keynote speakers. A summary of each presentation follows, with full transcripts attached as appendices.

**Summary of presentations**

**The public health perspective**

**By Dr Fiona Adshead**  
Director General of Health Improvement and Deputy Chief Medical Officer

Dr Adshead outlined the public health perspective and highlighted the need for an integrated approach for a society that is fully engaged in promoting and developing health. This will require recognising and understanding all behaviours. Policies will best serve the individual or groups of individuals if they are designed to be in accordance with lifestyles.

To engage young people it will be necessary to understand what it is like to be a young person: the pressures they are under, and the influence on them of the media and their peers.

The aim is therefore to inform and educate and work with young people to promote responsible enjoyment, and for young people to be agents of their own health improvement.

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2 2007/PH013 Preventing Sexually Transmitted Infections and under-18 Conceptions. 28 February 2007.
Drugs and alcohol – fuel for a sexual health crisis?

By Professor Mark Bellis
Head of Centre for Public Health, Liverpool John Moores University

Professor Bellis, in entitling his presentation *Drugs and alcohol – fuel for a sexual health crisis?*, established and detailed the use of alcohol and drugs for sexual activity, and addressed the lack of knowledge about the effects of their use. He also surveyed the influences on behaviour of factors such as advertising, sponsorship and fashion.

During his presentation, Professor Bellis explained the effects of and risks related to using drugs and alcohol, and from a public health perspective the irresponsibility of ignoring the sexual aspect of using these substances. He argued that information about the effects should be fully understood by the users and by those working in the community in the field of drugs and alcohol. Education and training are key factors in promoting and developing healthy lifestyles. He also addressed how young people are exposed to commercial messages and images relating to alcohol and drugs – from a very early age - and argued that public health messages and campaigns should (i) be on a level playing field with the advertising and marketing industry; (ii) present sexual health messages targeted at young people in the context of their lifestyle; and (iii) map lifestyle, activities and behaviour to ensure targeting at the right time and in the right place. Professor Bellis also referred to the deficiency in the Licensing Act for England and Wales which excluded the protection of public health.

The perspective of young people

By Dr Aidan Macfarlane
International consultant in the Strategic Planning and Training in Child and Adolescent Health Services

Dr Macfarlane runs two websites on teenage health and he addressed the seminar on The Perspective of Young People. He cited the issues and questions raised by young people which (a) demonstrated a lack of knowledge about sex and sexual health; (b) their experiences with drugs and alcohol; and (c) their exposure to risk.

Young people have the right to be presented with full and factual information in a straight forward, timely and non-patronising way. To communicate that information most effectively it is important to understand the perspective of young people: (i) that young people do not consider they ‘risk take’ but that they ‘experiment and explore’; and (ii) what guides and motivates young people.

Dr Macfarlane also highlighted the need to improve socio-economic circumstances; for parents and adults to understand the perspective of young people and have the language to discuss sexual health with them; of encouraging self-worth and aspirations in young people; and the benefits of there being someone with whom young people feel able to discuss any issue.
Overarching issues

The view of those present was that it is right to address sexual health issues openly with young people. It is healthy and will not encourage sexual activity.

In considering the sexual health issues of young people, the following points were noted:

1. There is significant evidence that unprotected sex is associated with a lower age of first sexual intercourse, the absence of formal sex education and a higher number of sexual partners.
2. Drugs and alcohol are used for sexual activity – for a number of reasons ranging from ‘Dutch courage,’ as an excuse for risky behaviour, to enhancing the sex act.
3. It is apparent that there is ‘gender-blurring’. Roles, attitudes and behaviour are becoming less differentiated and distinct between male and female. For example, women are not only drinking on a par with men but also their behaviour is not always dissimilar to men.
4. Young people will always experiment and explore, and want to try something new. ‘Risk taking’ is an adult concept.

Sex, drugs and alcohol

Professor Mark Bellis described the use of drugs and alcohol as ‘fuel for a sexual health crisis’.

Statistics for women aged 16-24 show that they are consuming the same amount of alcohol as men of the same age group, and it seems that the industry has been targeting young women.

Lots of alcohol and drug taking tend to occur together. The greater the level of alcohol consumed, the greater the chance of unprotected sex. Studies from Scandinavia show that it is 2 or 3 times more likely that young people will have unprotected sex when drunk. Girls when drunk are more likely to have multiple sexual partners.

“Ignoring the sexual side of drugs is nonsense as the people using them are not”. Professor Bellis

Alcohol

When young people get drunk it may be their choice, it may be coercion and peer pressure, or it may be against their will resulting from someone ‘spiking’ their drink. Possible outcomes may be that they lose willpower or inhibitions and have sex, they have unprotected sex, they don’t know they have had sex, they become the victim of a sexual attack. Continued use of alcohol can lead to an increased number of sexual partners, STIs and physical and mental problems.

Additionally, and unlike Scotland, England and Wales excluded the protection of public health from the objectives of the Licensing Act 2003.

Drugs

Drugs are used for a range of different sexual purposes: as an aphrodisiac, to enhance the sex act, to be able to act irresponsibly, and to reverse the effects of another drug. Drugs are also strongly linked to prostitution. Drugs have a real effect on people’s inhibitions and judgment, so can lead to risky sexual behaviour, while there are also serious physical and mental side effects to their use. Research also shows that there is a strong correlation between sexually transmitted infections, people’s sexual behaviour and type of drug used.
Sex and fashion

The importance to young people of being fashionable, can lead them to resort to drugs when the fashion dictates body shape or looks. Young women do use drugs to maintain a fashionably low body weight and shape, while men take drugs to produce a fashionably masculine body image. For example, more people attend syringe exchanges for steroids than for heroin.

The need for better information

Further evidence presented to the seminar highlighted the lack of knowledge young people have not only about the working of their body but also the impact and effect of alcohol and drug use especially when used for sexual experience. Factual and relevant knowledge and information are not reaching young people.

If young people are to be in a position to determine and control their lifestyle and understand the potential harmful effects and outcomes of using drugs and alcohol, if they are to be able to resist peer pressure and bullying to use drugs and alcohol and to engage in sexual activity, they need the factual information and the evidence.

Young people should also know where they can get help and advice, when they need it, regardless of where they live.

The seminar discussed the limitations placed on publicly presenting clear and factual information, and on being able to present it in context, using the right tone and in the right medium. Currently, sexual health messages are censored. However, images portrayed through advertising, marketing and the media, which often give a positive message of a ‘to-be-sought-after’ lifestyle or experience, or ‘celebrity’ behaviour, are not subject to the same restrictions and can be, and often are, more explicit.

Distorted messages

To understand why the facts and the harmful effects of drugs and alcohol are not understood by young people it is necessary to consider what messages young people receive and how they receive them. Not all websites on alcohol and drugs make links with sexual health; government campaigns do not currently link drugs and alcohol and sexual health, and are constrained by the restrictions on images they can use, for example there are restrictions on showing a condom on television.

Compare this to the power of commercial marketing, advertising and merchandising of alcohol and various products that use lifestyle, imagery and language to get their message across to their audience. These messages are being received at a very early age. Advertising on hoardings may not be meant for children but they are easily read by them, and merchandising – for example tee-shirts by a football sponsor printed with their brand of alcohol – can be produced for both adults’ and children’s use.

Consider the effect of young girls’ magazines that portray young girls as sexual objects, and the marketing of ‘sexualised’ dolls to girls as young as 3 years of age. Also the publicity and coverage of sex, drugs, and excessive drinking by ‘celebrities’ and ‘pop idols’, and by characters in ‘Soaps’ making it an acceptable lifestyle.

It was the unanimous view of all attending the seminar that PSHE should be statutory in schools, thus developing young people’s ability to overcome the temptations of sex, drugs and alcohol use, and help young people develop the advocacy skills to say ‘no’. Language around sex perpetrates a culture of embarrassment – the use of the correct terminology has to be developed.
Getting the message across

Opportunities for conveying information about sexual health include: government campaigns and websites on drugs and alcohol making links with sexual health; government sexual health messages use a context and wording that young people understand, in an appropriate medium and at an appropriate time and place; by ensuring that people working in the drugs and alcohol fields understand the sexual health implications of drugs and alcohol; by making SRE/PSHE a compulsory subject in schools, properly assessed and evaluated and taught by specialist staff; and by including the protection of public health in the Licensing Act.

Integrating sex, alcohol and drug education also contributes to achieving the five objectives of Every Child Matters:

- Being healthy: enjoying good physical and mental health and living a healthy lifestyle;
- Staying safe: being protected from harm and neglect and growing up able to look after themselves;
- Enjoying and achieving: getting the most out of life and developing broad skills for adulthood;
- Making a positive contribution: to the community and to society and not engaging in antisocial or offending behaviour;
- Economic well-being: overcoming socio-economic disadvantage to achieve their full potential in life

Building capability

In addition to information, there are other issues that empower young people: having parent(s) who are ambitious for them; having a feeling of self-worth; being confident; not coming from a deprived background; achieving educationally; and having a confidante.

Ambition and ambitious parents are a powerful contraceptive. Evidence shows that young people are less likely to engage in sex and drugs if they have ambitious parents. Young people whose parents talk to them about sex are also less likely to engage in risky behaviour – highlighting a real need for more education for parents.

Knowing the target group

It is very important to understand the world from young people’s – boys’ and girls’ – point of view and not to see it from an adult point of view. Older people have different priorities from young people and see the world differently.

Young people do not ‘risk take’. They ‘experiment and explore’. To be able to relate to young people and to design services and provide support that makes sense it is important to know what it is like to be a young person, the pressures they are under, the influence of the media and the influence of their peers.

Young people do not live how older people want them to but how they want to live their lifes. Young people will have sex, will continue to have sex and will explore different ways of having sex, including under the influence of alcohol and drugs in order to try it out, learn and understand – even if these activities carry risk.

It is estimated that a significant proportion - between a quarter and a third – of young people have had sex by the time they are 16.

Lessons can be learned from commercial advertisers who understand their customers and their customers’ aspirations. Language should not talk about risks, it is negative and meaningless to young people.

Those most at risk

Whilst all young people deserve to be given full and factual information, the following were identified as factors that could put young people at greater risk:

- suffering deprivation and being in a lower socio-economic group
- being homeless
- having parents with no aspirations or expectation of educational attainment for them
- not attending school regularly
- having no self-worth
- being the child of a teenage mother
- being a looked-after child
- having no-one to discuss intimate issues

Linked services

The links between substance misuse, excessive alcohol and misbehaviour are extremely clear. There has to be a joined-up approach to treatment and prevention which provides a new design and holistic policy, including all aspects of young people’s development.

An integrated approach means working in collaboration with young people and all Government departments, local government, partners and agencies [including the Criminal Justice system, local police forces and youth services] who can contribute to the aim and objectives of a national strategy for an holistic sexual health policy which includes alcohol and drugs.

The Local Government and Public Involvement in Health Bill could become a key lever and provide the opportunity for local government through Local Area Agreements to overcome current disjointed services.
Appendices
Baroness Gould
Chair, Independent Advisory Group on Sexual Health and HIV

Opening

It is self-evident that the role of any advisory group is to advise government. Within that remit is to identify where there are gaps in the service. Today's seminar is to look at an issue of concern that is addressed extremely well in some parts of the country but not overall, and as a result leaves many of our young people without information and practical help.

That concern is for the risky sexual practices of our young people and how much this is driven by the use of drugs and alcohol.

Young people, from their early teens, are defining a lifestyle that involves alcohol, drugs and sex. We need to address why our young people have turned to these behaviours – behaviours which put them at risk.

Today, we have drawn together people who are greatly experienced, knowledgeable and interested in how we might address the problem. We also have people with us who are already providing a relevant holistic service very effectively.

But it is clear there must be a national approach and strategy. It is too serious to be left to individual areas to hope they get on with it.

Ultimately it is the PCTs that will actually have the responsibility for funding and support of any initiatives but I don’t think that stops the Government having a national strategy and giving encouragement to local areas to carry out these functions.

This seminar is particularly important in view of the changes proposed in the provision of health and social care services under the new Local Government and Public Involvement in Health Bill which will soon begin its progress through Parliament. This legislation will be very important in the provision of local and community services and we need to have this discussion today so that we can have an input into that Bill.

We have defined the objectives for the day. For the Advisory Group it will be a listening exercise: learning from our keynote speakers and everyone attending to enable us to pull together information which we can put into a strategy document.

Our aim is to produce proposals we can put to Government to say this is the sort of work we believe you should be doing.

We are extremely fortunate to have three very eminent speakers and I am very grateful to them for coming to address the seminar.

I am delighted to introduce our first speaker, Dr Fiona Adshead, the Deputy Chief Medical Officer for England and Director General for Health Improvement, who has been extremely helpful in the work of the Advisory Group. Fiona will give us the wider picture and set the scene. She will be followed by Professor Mark Bellis, Head of the Centre for Public Health, Liverpool John Moores University who will present to us Drugs and Alcohol: Fuel for a Sexual Health Crisis; and then by Dr Aidan Macfarlane, an international independent consultant in the Strategic Planning and Training in Child and Adolescent Health Services who will speak on Sex, Alcohol and Drugs: the Perspective of Young People.
Thank you for inviting me here today, and a thank you in particular to Baroness Gould for her leadership in raising the profile of young people’s sexual health with this event.

I want to describe the bigger picture of how we are seeing the world from a public health point of view and what is going on in government more generally about how we are thinking of people and places. Baroness Gould mentioned the Local Government Bill which is very important to us in the Department of Health. If you think about places, all local services join up through the local authority as a convener of services: their leadership and their role championing the quality of life for people. It is going to be very important if you think about that as a key lever in the way the system is moving forward. Very importantly and linked to which is the government becoming more interested in groups of people. That may sound obvious as it is something they have always done, but it is in a slightly different way.

Traditionally, when thinking of public policy and public health issues in particular, often we have thought of things in isolation: we have tended to think of sexual health, alcohol, drugs, obesity. In tackling issues, the government needs to create the right environment and the right services to enable and give support to people. But we also need to really understand people and how they tick: how they live their everyday lives. And also how we, as government – and particularly through the services we provide to them – often do that in way that is perhaps disjointed. There is an opportunity in the Local Government Bill with Local Area Agreements to begin to shift that.

**Work with the grain**

We all lead different lives but with a little help we can make realistic changes that fit into our lifestyles. The Department needs to work with the grain of the market to create a groundswell of support necessary to move towards a society which is fully engaged in promoting and developing health. As we have to work with the grain of the market, so too do we have been doing a lot of work on how they understand their environment and the right services to enable and give support to people. But we also need to really understand people and how they tick: how they live their everyday lives. And also how we, as government – and particularly through the services we provide to them – often do that in way that is perhaps disjointed. There is an opportunity in the Local Government Bill with Local Area Agreements to begin to shift that.

Clearly a lot of government work is with and for young people. Unless we think about what it is like to be a young person - how they live their lives, the pressures they are under, the influence of the media and the influence of their peers - we are not really going to be able to design policies that make sense. That is why what you will be talking about today is so very important.

We need to face up in public health to the reality of how people lead their lives. Not how we want them to but how they live their lives. And we need to design with that in mind – particularly about an integrated approach of all the behaviours that people – particularly young people – do.

**Create a new market for health**

But also really to try to think differently about how we think about health: in effect we need to create a new market for health. Much of how we have approached health in the past has been from a very puritanical, thou-shalt-not, you-will-die-young, you-will-get-squashed-by-a-tombstone attitude. We tend to treat people in a way that doesn’t make them feel they are going to do something. If you think about commercial companies – and we have been doing a lot of work on how they understand their customers and their aspirations – they don’t tend to say ‘do what we are asking you to do as this product will cost you more than any other, it probably is going to make you feel really awful, and by the way you don’t really want to buy it because it is probably dangerous’.

In public health we often tend to give people very negative messages. What we need to do is get health to a point where it’s very positive, something people want to do, that’s realistic and builds into their lifestyles. But that still achieves the same aim - which is to allow young people to deal with the risk in the behaviour they have always engaged in, in a positive and sustainable way, which is part of their lives and recognises the whole life they live in not just that one behaviour set.

We can’t stop young people enjoying themselves. But we can educate and work with them to promote more responsible enjoyment, to have a better quality of life and make better choices about sex and alcohol which are rooted in an approach which raises their health aspirations and their buy-in to the value of being agents of their own health improvement.

**Campaigns and reality**

Without wishing to generalise, large numbers of young people enjoy sex and enjoy drinking.

We need to put some of this into reality and we still have a long way to go. We Started with the Essential Wear campaign. We have been thinking about how we can work with the commercial sector and others about how we challenge the stigma around sexual health. In the cinema you will have seen the Super Heroes campaign saying to young people that when you go out you may think you are invincible but in fact you’re...
not. Obviously those campaigns were not dreamed up in the Department of Health but developed with people who really do go out and talk with young people, test ideas and think about what will motivate young people. Of course campaigns are fine and do change social rules and culture but where we really need to get the agenda – and this is the real challenge for the DH – is to think about the policy we develop from the information we get from understanding young people and how we design the way we think about policy differently if we start with the person and how they live their lives. That is the big challenge for us and over the next months or so we will be publishing our position on the strategy.

It will set me and the directorate the challenge about putting people at the centre of what we do. If we are really going to integrate it into our thinking we need to challenge the way we think about that differently. I am really pleased you are going to talk about how things join up because that is what it is going to take.

### 360° approach

Campaigns are only as effective as the services offered and the world of support made available. This was learned very explicitly from the success of the No Smoking campaign following the provision of smoking-cessation services. Similarly, we have to treat young people’s health needs – and risks – with an holistic approach.

The 360° Approach is:

- A joined-up government response: shared PSA targets DH, DfES, DCMS
- Developing Young People Friendly Standards:
  - Young People’s Development Programme
  - Adolescent Life Check
  - Teenage Health Demonstration Sites
  - National Chlamydia Screening Programme
  - General Medical Council Guidance 2007

As you will hear, this kind of approach is already going on. Not only at DH but in other government departments, especially with the Department for Education and Skills and more recently with the Department for Culture, Media and Sport. The Young People’s Development Programme works with vulnerable groups; the Adolescent Life Check is an holistic assessment of health and we have been doing that with teenagers in Teenage Demonstration Sites. This has all been very positive.

We must think about people’s health and getting young people to continue with lifechecks. We have also been working with the public on this as well. The National Chlamydia screening programme is central to this and we are working with the General Medical Council on guidance on young people’s health. It really works. Before Xmas I visited a hospital in Weston Super Mare and talked to the sexual health team and primary care workers about how they are making this a reality and how men’s service and primary care teams are linking with the young people’s service. No Worries, to think about how, when someone comes into the service, they get advice on alcohol and other aspects of their lifestyle as well as sexual health.

It was great to talk to a team that is so enthused and energised about what is possible when you bring all these different aspects together.

### The bigger picture

- It is not just health professionals who can help impact positively
- ‘Clubs that Count’ communicate and celebrate the positive work football and other sports clubs are doing in society
- 92% of ‘Clubs that Count’ take an holistic approach to promoting health including sexual health and drug awareness

The bigger picture is we are going to do a lot of work around how we make this work through local government and through other services. For example, alcohol and drugs bring in the Criminal Justice Service, local police and services that have been working at local level for many years.

It would be unethical of us not to bring the market, one of the most powerful influencers of behaviour, into the equation of providing solutions to problems for which we and they share responsibility.

As part of the Work in Health initiative, and involving big business in getting people healthy, we have been working with Business in the Community (BIC) – a fantastic national organisation that champions corporate social responsibility. They set up for us the Clubs that Count through a series of consultations and engagement with a number of clubs, sponsors, football bodies, other government departments, sports’ charities and other businesses. This is an initiative designed to capture, communicate and celebrate the positive work football and other sports clubs are doing in society and provide information to clubs to help them prioritise and support them in their involvement in society.

For example, the Saracen Rugby Club went into schools and talked about what’s in the children’s lunch boxes. They can go where Ministers fear to tread in finding out what is in kids’ lunch boxes. This is a very practical approach. In Manchester there was an outbreak of STIs. Manchester City FC, through the Clubs that Count scheme reached most of the young men who were affected. Manchester City actively works across 411 schools, 3 colleges, 2 universities, partners with 2 local authorities, 4 PCTs, other businesses and sports.

BIC has invited clubs to complete an on-line tracker that asks questions about what they are doing in their communities and how they are managing and integrating their programmes.
throughout the club. 23 clubs have completed it, in this first year, 72% of which are based in areas of deprivation. It has revealed that 92% of them are taking an holistic approach to promoting health including: tackling obesity, promoting physical activity and healthy eating, sexual health and drug awareness.

As a result, through BIC, the DH will be reaching a very large number of small and large sports clubs as a set of connected stakeholders.

These are examples of how we are thinking differently about people, about how they live their lives, and about how we reach them.

**In conclusion**

To conclude, I am delighted the Independent Advisory Group has arranged this seminar and pleased to see the wealth of knowledge and experience represented here and the rich range of contributions we can expect. We in the Department are really looking forward to hearing what you think and eager for you to formulate some very good recommendations. We want to try to do things differently, we really want to think about the way we work with people differently, and we really want to hear what you are saying.

**End of presentation by Dr Fiona Adshead.**
Drugs and alcohol – fuel for a sexual health crisis?

Most people here will be aware that methamphetamine has been reclassified as a Class A drug. You will also be aware of the sexual effects of methamphetamine and the beliefs people have about it: whether it increases libido, whether it causes erectile problems, or whether it is linked to reduced condom use. But the fact is that many people working in the sexual health field and in the drugs field are not aware of the effects of drugs on sexual behaviour or sexual health, or vice versa. We have a dilemma in terms of this lack of knowledge regarding sex and drugs. Consequently, I want to talk about that gap in knowledge and about some of the problems it causes in terms of how people’s behaviour is influenced by drugs and sex and the role played by external factors such as advertising and about how people’s behaviour is influenced.

Sex, drugs and alcohol

Alcohol

Relationships between alcohol and sex include:
- Alcohol use can increase the risks of having unprotected sex, particularly in adolescents and at first sexual intercourse. One study in Scandinavia found that young people were up to three times more likely not to use a condom during sex if they were drunk than if they had not drank alcohol.
- Individuals with higher or problematic alcohol consumption levels have more sexual partners; and are more likely to have had a sexually transmitted infection.
- Alcohol is the most common drug used in drink spiking and drug rape – not rohypnol or Gamma-hydroxybutyrate (GHB) as is often believed. Extra alcohol can be added to people’s drinks without their knowledge or perpetrators may simply buy people more and more drinks in order to get them drunk.
- Alcohol also leaves people vulnerable to sexual assaults, while those who have been sexually assaulted when drunk are less likely to report an assault and consequently achieve a conviction. This highlights the need for closer collaboration with judicial services in work addressing sex and alcohol.
- Alcohol is linked to sexual problems such as impotence, and the relationship can be both cause and effect. This is important as it is rarely talked about, yet while alcohol use can induce impotence, it can also become part of personal strategies for overcoming concerns regarding sexual problems.

Drugs

Relationships between drugs and sex include:
- Different drugs are used for a range of different sexual purposes, including to increase libido and to prolong sex, while there is also a perception that sexual experiences including intimacy and orgasm are enhanced through drug use.
- As drugs such as cocaine can prolong sex, there is an increased likelihood of abrasions developing during sex, increasing risks of transmission of STIs.
- People using drugs can forget about the sexual health messages they have heard; importantly drugs are sometimes used specifically to ensure those messages are ‘forgotten’.
- Sex and drugs are strongly linked in prostitution, for example where individuals may sell sex in order to access drugs, or may use drugs to help them cope with prostitution. Importantly this also moves into the night-time recreational environments, where people who run out of money can be prepared to have sex in exchange for drugs.
- As with alcohol, drugs are also linked to impotence (as both cause and effect), drink spiking and increased vulnerability to sexual assault.

The links between these substances and sexual behaviour are enormous, and they encompass the work of a whole range of different agencies.
Sex potions – what drugs do

Ecstasy

Ecstasy was known as the cuddly drug because people believed it increased intimacy rather than sexual desire. However, users now report a range of sexual effects from ecstasy including enhanced libido, increased sexual energy and intimacy, increased sexual desire and better orgasms, but also temporary impotence in men.

In the UK about 650,000 people aged between 16-24 have used Ecstasy: one-third of users are taking it for sexual effects and one-third report having had unprotected sex after taking Ecstasy. There are not many studies on ecstasy and sex, and this is currently the best intelligence available.

Cocaine

Cocaine is also widely considered to be a strong aphrodisiac. Its use can impair judgement, prolong sex, and lead to abrasions. Excessive use also leads to impotence. There have been few studies of the relationship between cocaine and sex in heterosexual populations, yet in gay men use of cocaine and amphetamine before sex doubles the risk of unprotected sex. These things are very important to understand when addressing both drug use and risky sexual behaviour.

Disseminating information

We can see there is a range of information available on the links between alcohol, drugs and sexual behaviour, but in general this is not being made available. In the A-Z of drugs on the FRANK drugs website, there is nothing about the sexual effects of cocaine. In fact you would not believe it had an effect on sex if you went to the website. There are also no links from FRANK to sexual health sites.

Cannabis

Cannabis was used as a Hindu medicine for sex drive, and has been associated with sex throughout history. In the UK about 2.5 million 16-24 year olds have used it. In a study of polydrug users in the UK, 28% reported cannabis to enhance feelings during sex. Other studies in the US found two-thirds of college students believed cannabis increases sexual desire, and about three quarters of women and 70% men believed it increases sexual pleasure.

Ignoring the sexual side of drugs is nonsense as the people using them are not.

Amphetamines

People believe amphetamines increase sexual desire and prolong orgasms. The sexual effects of amphetamines are one of the key reasons why people use them, and this is particularly important for methamphetamine. Although we do not currently see much meth in the UK the drug is greatly hyped. It has a strong reputation, particularly among gay communities, as an aphrodisiac and is used to enhance and prolong sex, although it can also hamper erections.
The Condom Essential Wear sexual health site is good in that it puts people in ‘bar’ situations when making sexual decisions. However again there are no links to drug and alcohol sites and no information on the sexual side of drugs and alcohol. So our national drug sites do not link to our sexual health sites and vice versa. It is a small problem that is easily rectified, but if this is the way of thinking from the top we have to make up for this and make the links for people further down.

What happens if we ignore all of this?

Let’s talk about a specific drug: gammahydroxybutyrate (GHB). It’s a good drug to talk about because it has strong aphrodisiac effects, it increases user’s confidence, reduces inhibitions, and does not have a huge effect on male sexual performance.

Syphilis

The incidence of syphilis has increased dramatically since 1999; a 2000% increase in ten years, although the numbers are relatively small. The first syphilis outbreak occurred in Manchester, and in the first 27 cases seen, seven were HIV positive and 23 were homosexual. These people had had 1,504 sexual partners between them in the previous 12 months. Of those only 148 could be named, so there was no chance of contact tracing.

We therefore did a case control study among gay men to look at what this sort of behaviour was associated with and, more importantly, what factors infection was associated with. Our study showed that:

- of people with no infections, 20% were using GHB
- of people with HIV only, 60% were using GHB
- of people with syphilis and HIV, about 65% were using GHB.

Syphilis

There was a strong correlation between people’s infection, their sexual behaviour, and the types of drugs they were using when they went out. And this was very strongly related to sexual transmission of infection.

From a qualitative study we conducted alongside this one, we found that people knew their sexual behaviour was unsafe and that they used the drugs to help them forget about the sexual health concerns and enable them to just have a good time. For example, discussing GHB, one participant stated “I can use it as an excuse for behaviour that I would not usually get away with”.

It is not just gay men that use GHB for sexual purposes. A female participant in research we conducted in Europe stated “I get so excited and horny after taking GHB that I’m totally disinhibited. I literally climb onto everything that looks male”. Thus the very important thing to remember about this is that:

These drugs have a real effect on people’s inhibitions and therefore on their sexual behaviour.

If we look at GHB on the FRANK website, the only piece of sex-related information about it is that it is described as ‘sensual’. That term is not one used by people in this context, so we need to revisit the language used.

While health professionals may be overlooking the link between sex and drugs, it is certainly not being missed by those working in commercial sectors, such as those who designed the advertisement for Opium perfume with a picture of a naked Sophie Dahl. That advertisement was displayed for a very long
time, and there were 948 complaints before it was taken down. Incidentally, it would not be possible to use anything like this for a condom advert. But the advertisers got away with it for a long time to sell a perfume named Opium.

Sophisticated combinations

There are certain types of drugs being used that we do not think about, whereas we should be taking them seriously.

Viagra (Sextasy)

Viagra made its way very quickly into the recreational clubbing scene. Viagra makes it possible for people to have sex in situations when they couldn’t otherwise – such as after they have used alcohol and drugs with impotence-inducing effects. Although we are talking about a relatively small group of people, in some groups like gay men and clubbers it is higher. Gay men who have used Ecstasy during sex are almost three times as likely to have used Viagra, while the drug is also used in this group with Methamphetamine for sex. In a UK MixMag study (a particular group of people who are heavy clubbers) 17% of male, and 13% of female clubbers had used Viagra. Thus Viagra is out there and being used by a group of people who are very much at risk of STIs, and STI figures are going up every year.

Viagra is very easy to get hold of – a search on Google for ‘cheap viagra’ will result in 1.35 million hits. Add to this the unsolicited emails we all seem to receive on a daily basis. Thus it is easily available yet it changes the dynamic in the night-time environment as far as sex is concerned, demonstrated by a quote from a British 28 year old male, “I’ve used Viagra a bunch of times... most appealing is that it reverses the impotence-inducing effects of drugs like cocaine, ecstasy and booze”.

Alcohol

Most people are aware of the effects alcohol can have on sexual health. It is used by both sexes to increase confidence with potential sexual partners, yet:

- 40% of sexually active 13-14 year olds were drunk or stoned at first intercourse
- 11% of 15-16 year olds have engaged in regretted sex after drinking alcohol
- Young people are three times as likely to have sex that is unprotected when they are drunk than when sober.

Drinking over the limits

We are not supposed to advertise alcohol in a sexual way. I did want to show the alcohol advert where a woman goes around kissing everyone to see who has drank her drink, but instead I will show another advertisement by the same company, and I think we can describe this woman as being in a sensual pose.

There has been an increase in 16-24 year old women exceeding the weekly limit. In 1988 fewer young women than men were drinking above weekly limits. By 2002 the drinking pattern of young women was more or less the same as that for young men. Work we are doing at the moment suggests the effect of alcohol on sexual behaviour in women is much stronger than in men.
Some good news is that levels have dropped – men, young men and young women are about the same, although women have not returned to original levels. We should also be cautious about how we interpret this as we are now in an environment where binge drinking is widely discussed and it is less accepted to say you drink a lot, and this is inevitably going to affect the statistics.

**Partnership with the industry**

Working in partnership with the alcohol industry is a key part of our strategy to prevent alcohol-related harm. But when we approach sex, alcohol and drugs, unless the health message is in the advertisement - and clearly legible - the partnership is not going to work. Many alcohol advertisements now carry the Drinkaware website address, yet typically this is so small it is unlikely that consumers notice it.

The same is true about who we advertise to. Whilst the industry would agree that it would be outrageous to have alcohol advertised on kids television at 5pm, pictures of alcohol are displayed everywhere on hoardings that children walk past – and this becomes even worse when sex and alcohol is linked in advertisements. The alcohol industry also participates in merchandising and sponsorship, so a child who walks past adverts for alcohol is also likely, in Liverpool for example, to have a tee-shirt with ‘Carlsberg’ emblazoned across its chest. It is therefore important to get to grips with the alcohol industry. It is possible to advertise more appropriately. Regulations on advertising alcohol have recently been tightened up a bit and that is a positive thing.

**Know your limits**

Returning to national awareness campaigns, the ‘Alcohol know your limits’ website is a good site. It has a story connecting alcohol use to unfortunate sexual experience so here, certainly, things are moving in the right direction. The site also has links to sites for drugs and sexual health. So this site thinks about the relationships between alcohol, drugs and sex and this may be due to the way alcohol is currently addressed – through partnerships. But a lot of the other important sites miss the link.

**Fashion**

Fashion will also affect both drugs and sex. A study carried out on syringe exchange schemes in the Liverpool area showed that more people were attending for steroids than for heroin. They were not athletes; they were more interested in their body image. In 1996 in the NW, there were about 10,000 men using steroids routinely, of which 60% reported an increased sex drive as a result of using them.

Women are as worried about body shape as men. Many men can’t achieve the body shape pictured in magazines and advertising and it’s the same for women. Again, this has an element of linking sex and drugs that we don’t always think about. Not very much research has been done in this country, but elsewhere about 8% of female high school students use amphetamines to lose weight. So they are using drugs that have a sexual effect on them while they are already vulnerable because they are worried about their body image.
**Interventions**

You have to reduce alcohol use in certain groups if you are to have an effect on risk. Alcohol is a sexual health problem, as one of the key negative outcomes of drinking is problems with sexual health.

So what can be done? Firstly, we should think about young people, but not limit our focus to them. Measures to consider include:

- **Preventing underage purchases**
  
  Challenge 21 should be universal, so anyone who looks under the age of 21 should be asked to provide age identification. Strict enforcement in terms of test purchasing and routine prosecutions for offenders are also needed.

- **Pocket money**
  
  Money is an issue for drugs and alcohol. We know from work we have done, and others, that young kids with more money are much more likely to buy alcohol and drugs. This means working with parents to encourage them to keep track of what their child is spending their money on and make sure it is not alcohol and drugs. We also need to consider the availability and affordability of other forms of entertainment that are attractive to young people.

- **Controlling advertising**
  
  - We should at least be able to level the playing field so that we can use sex to sell condoms as well as we can to sell alcohol.

- **Alcohol and public health policy**
  
  - Unfortunately in England and Wales, protection of public health was specifically excluded from the objectives of the Licensing Act 2003. In Scotland it was specifically included as a key aim. There is a lesson to be learned here that we should not be taking public health out of alcohol related issues.

- **Joining-up sex and substance-use in education.**
  
  - This is important, but we have to be very careful what we say. I heard at two conferences recently that after using methamphetamine you can’t stop having sex all night. If you wanted an advert for methamphetamine you couldn’t think of a better one.

- **Joined-up treatment and prevention.**
  
  - Joining-up prevention initiatives and training across alcohol, drugs, tobacco and sex means pulling DA(A)Ts into these things, and involving criminal justice and other agencies. We need to consider how all the websites covering these issues can link together to provide joined-up information. We also need to target campaigns over holidays, Christmas, and in places like Ibiza – the times and places where alcohol, drugs and sex come together. Timing is important and we need to ensure campaigns are right for those particular times.

- **Utilising the links in social marketing**
  
  - Some good work has been done around discouraging smoking using sexual health messages, and we should learn from this. When people are starting to talk about the effects of cigarettes on sexuality, sex and performance, it is quite a powerful message. A lot of the time we do not talk about those messages with alcohol and drugs. There are a variety of sensitivities to it, but at the moment many young people believe drugs have a positive effect on sex in terms of increasing sexual energy, enhancing orgasms, and so on. Maybe we should get some of the other messages out there when we are thinking about social marketing. For those people enjoying substances it is a life experience, so we should be thinking about using alcohol and drugs imagery in sex campaigns and the other way round so that we are catching those people’s attention just the way the industry does with, for example, the Opium advert. Sexual problems can be a negative outcome of drinking so we should be putting that in there as well.

- **Sex and prostitution**
  
  - This is a big issue and should not be ignored because it is a specific sub-group – and not just prostitutes but also some clubbers. Nothing signifies the tragic relationship that can develop between sex and drugs more than the popular clothing worn by some young people on holidays abroad eg tee-shirts emblazoned ‘WILL FUCK FOR COKE’.

End of presentation by Professor Mark Bellis

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Dr Aidan Macfarlane
International consultant in the Strategic Planning and Training in Child and Adolescent Health Services

Sex, alcohol and drugs: the perspective of young people

Objectives:
1. to understand that young people do not ‘risk take’: they ‘experiment and explore’.
2. to look at what young people say about the association between sex, alcohol and drugs from their point of view.
3. to look at what effective interventions may be available to help young people in dealing with problems associated with sex, alcohol and drugs.

I shall be talking about young people and how they see life. I run two websites for young people and teenage health: one, www.teenagehealthfreak.org, is the No. 1 website on Google search out of 5 million websites on ‘teenage health’. We get a large number of emails asking questions about health generally, of which a quarter are usually about sex in one form or another.

I will also be showing slides from the other website that I help run which is www.youthhealthtalk.org and includes interviews with young people.

Young people do not ‘risk take’. They ‘experiment and explore’.

The concept of ‘risk taking’ is an adult one and we need to get away from it. What young people do may, on occasions, be risky but it is not how they see the world. They experiment and explore with the world.

I want to look at what young people say about the association between sex, alcohol and drugs - from their point of view. And to look at what effective interventions may be available to help young people in dealing with problems associated with sex, alcohol and drugs – again from their point of view.

Most of us, even as adults, have made love after having some drinks. When we talk about sex and alcohol let’s be real about it - it’s not just young people, adults do it too. Let’s not wave our fingers at young people all the time. They may do it to a greater extent but we know what it’s all about and we have all been there to a certain extent ourselves and we need to rely to a certain extent on our own experiences.

The youthhealthtalk website has interviews with young people talking about their sexual health.

[As an indicator of a young person’s view the seminar was shown a video clip from the www.youthhealthtalk.org website of a young woman talking about sexual behaviour and attitudes to STIs.]

One thing is essential to realise when looking at young people: they may be inexperienced but they are not illogical. They just use a different kind of logic with different priorities from those normally used by adults.

It is therefore very, very important to understand the world from young peoples’ points of view and not see it just from our point of view. We have different priorities from them and they see the world differently. They are learning by experimenting and exploring the world. We have done, and do do, the same and it is an absolutely essential part of learning, and we need to inform parents about this. Parents need to be able to negotiate and understand what young people are up to in their lives. Young people do not conceptualise when having sex, or when having sex under the influence of alcohol or drugs, that they are ‘risk taking’ even if these activities do carry a risk.

From the young people’s point of view it is not a risky behaviour which they are undertaking. They are saying “Yippee it is something new, let’s see what it is like, let’s try it”. What they are doing is exploring and experimenting with the world. The young will have sex, will continue to have sex, and will explore different ways of having sex, including under the influence of alcohol and drugs in order to try it out, to learn and understand, ‘yes’ even if these activities carry risk – and we did the same.

It is absolutely essential for all of us to understand there is a biological drive for young people to explore the world and try things out and our job is to try and make the world that they explore as safe as possible. Just like putting speed bumps in the road to slow traffic down should not stop young people from bicycling to school.

Experimental and exploratory behaviour is very interesting in young people. Just as some people are tall and others are short, some young people are highly experimental and exploratory and some young people show very little experimental behaviour. It is a bell-shaped curve just as people’s heights are on a bell shaped curve.

Research indicates that people who are highly experimental in one kind of behaviour tend to be highly experimental in other areas, and yes, lots of sex, lots of alcohol and drug taking do tend to occur together.

Emails to www.teenagehealthfreak.org
We have a database of some 180,000 emails on the website www.teenagehealthfreak.org which was set up in 2000. 25% are about sex. Of course some are sexual nonsense, eg “My willy is 3ft long will I hurt my girlfriend?” But what is interesting is if you take all the emails we get which are meant to be about every single health problem in 26 categories, a quarter are about sex and the rest tail away into very small percentages. This suggests that in our society we still don’t have proper sources of information about sex for young people and they have to come onto our websites to ask questions.

Let us see from emails why young people have sex whilst under the influence of drink or drugs.

1. The commonest reason is that they have sex whilst disinhibited. The opportunity for sex arose whilst they were already under the influence and were disinhibited. And, amnesia comes into this when people are really, really drunk.

   “I got really drunk a couple of weeks ago and ended up having unprotected sex with an Italian girl and now my penis has started to smell even though I washed it loads. It is the first time I had sex and I am really worried. Can you help me please.” 17 yr old boy.

   “I was at this party and I was drunk. I can’t remember a thing but my friends say I was really friendly with this boy. I don’t know what to do. Could I have had unprotected sex?” 15 year old girl.

   “How do you control yourself not to have sex if you are drunk?”

2. A lot of them have sex because they don’t have enough information.

   “If I’m drunk when I have sex will I get pregnant?” 17 year old girl.

   “Is it true you can’t have sex when you are stoned?” 14 year old boy

   “Can doing drugs lead to sex?” 13 year old girl.

3. Because they are bullied into it.

   “A few weeks ago a guy kept trying stuff on me when I said No. We were both drunk and he kept feeling me up and stuff even tho I said it was wrong. He pulled his trousers down but luckily someone came into the room and he stopped. Should this guy have stopped when I asked him to? If someone hadn’t walked into the room he would have raped me.” Girl aged 15.

4. Because they feel hopeless.

   “I’m scared because I don’t like being a slut or being called one. I get drunk too much but I can’t help it. I get into horrible situations which I end up not remembering and having unprotected sex.” Girl aged 15.

5. It is seen as a way of getting sex.

   “My boyfriend gave me some pills before we went out and I don’t know if he raped me because I remember him on top of me but I couldn’t do anything because I couldn’t move.” 16 year old girl.

6. To deal with embarrassment

   “Please help me. I don’t know what to do. My boyfriend wants me to do sex things with him but the only way I can manage is when I get drunk because otherwise I am too scared or embarrassed.” 16 year old girl

7. To make the experience last longer or feel different.

   “Is it true that sex is better and lasts longer if you take drugs. Is it true that when you take drugs you become more sensitive in sex?” 15 year old girl

   “Is it true that when you take drugs you become more sensitive in sex?” 15 year old boy.

The point I want to make is that people use drugs sex alcohol all together for a multitude of different reasons. It is a complex situation and is partly because the menu of possibilities is so large.

As adults we need to examine our motives occasionally as to why we react in the way we do.

The big picture

Effective interventions:

1. Improved socio-economic circumstances:

   Socio-economic inequalities cannot be ignored. Except for anorexia and asthma, the poorer you are, the lower down the ladder, the more chances you end up with a health problem.

   This is a political issue and needs to be dealt with by politicians. It needs to be laid on the table here and now. You can’t escape this. Politicians could be challenged by saying why should we do anything at shop floor level if politicians don’t take on their end of the action. It needs to be joined up.

2. Better information:

   There is good research evidence for both sex and drug health information that providing it in the right format at the right time delays sex and drug taking and increases the chances of contraceptive use.

   We have this information. Where is the proper school education programme, that is universal, up-front, and gives decent facts? It is not there. So why are we talking about all this here when there isn’t even a basic sex education programme? Sex and sex information needs to be non-moralistic, up-to-date, based on evidence (and there is good evidence available) – and it needs to be presented.
in a format that young people want it and at a time when young people want it.

Young people frequently do not want to be lectured. “Don’t do this, do do that”. We know that doesn’t work. What they want is access to good information when they need it. If a girl comes back at 2 o’clock in the morning worried that she is pregnant she wants to know “what do I do right now at 2 in the morning? What is appropriate?” So if we know this then why isn’t it being taught in all schools?

3. Ambition and ambitious parents:

We know that ambition in young people is a very, very good contraceptive. And if it is a good contraceptive it will probably keep them off doing things which they shouldn’t do while under drugs and alcohol. Research shows that children whose parents are ambitious for them are less likely to have early sex or to use drugs.

How do we give young people a feeling that they have a place in our society even if they want to be a carpenter of anything else? Are we really giving them a feeling that they are all useful members of our society?

4. An intimate friend to share feelings with:

This is a common thread through all relevant research. There is extensive research from numerous sources which indicates that having an intimate friend with whom you can share your innermost emotional feelings helps protect you from a wide range of adverse outcomes including drinking, and drug taking.

If young people have an intimate friend to share feelings with over a whole range of issues they are less likely to truant from school, less likely to end up in jail. You name it, if they have somebody close to them who they can tell about their innermost feelings it has a huge effect. But how do we achieve this?

In a study based on a young offenders unit in Liverpool every young offender that came in was befriended so they had someone to talk to amongst the staff. The re-offending rate of young people leaving there was half that of all the other young offenders units in the country. The research evidence is there but no one has done anything about spreading it to other units.

The two websites referred to were www.teenagehealthfreak.org and www.youthhealthtalk.org. About 2.6m young people have access to the web. And every young person will have access at school.

End of presentation by Dr Macfarlane.
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