ALCOHOL SALES TO UNDERAGE ADOLESCENTS

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ALCOHOL SALES TO UNDERAGE ADOLESCENTS

SUMMARY

- A number of recent studies have reported high levels of alcohol drinking among adolescents in the UK. While little is known about variables that might be contributing to these high rates of teenage alcohol use, ease of access to alcohol may be a major factor.

- This project used a variety of methods to investigate the availability of alcohol to underage drinkers.

- The major studies explored (i) self-reports of the ease with which British adolescents are able to purchase alcohol from different types of outlet, and (ii) the extent to which sales are actually made to underage customers. Further studies examined (iii) the attitudes of alcohol vendors to underage sales, and (iv) their ability to judge the ages of their underage customers. Finally, (v) the effectiveness of a police intervention intended to reduce underage alcohol sales was evaluated.

Findings:

- Young people report that alcohol is freely available, from a variety of different types of outlet, to underage adolescents who wish to purchase it. (Chapter 2)

- Challenging young people on their age at the point of sale may deter them to some extent from buying alcohol. However, challenges are rarely issued, and little use is being made of the drinks industry’s ‘Prove It’ proof of age scheme, at least in the areas studied. (Chapter 2)

- The young people’s self-reports were corroborated by test purchase data confirming that 16-year-old girls and boys, and girls as young as 13, have little difficulty in buying alcohol. (Chapter 3)

- The overwhelming majority of vendors tested were seen to sell alcohol to minors. (Chapter 3)

- There was little difference between different types of outlet in their willingness to sell alcohol to minors. In particular, there was no support for the public perception that the problem of underage alcohol sales resides mainly in corner shops, and that the chain supermarkets have put their houses in order. (Chapter 3)

- Vendors perceive little risk in selling alcohol to minors. (Chapter 4)
• Vendors overestimate the age of underage customers, particularly girls; these errors were apparent across the age range, but were most marked in older vendors. However, age-estimation errors were not sufficient to account for the full extent of underage alcohol sales. (Chapter 5)

• The police intervention failed to decrease sales. This suggests that vendors do not change their behaviour in response to a threat of legal action that will not be followed through. (Chapter 6)

Implications:

• Earlier onsets of drinking have been linked to increased risks of alcohol and drug problems in later life. It has also been shown repeatedly that restricting the availability of alcohol to young people decreases deaths and injuries through road traffic accidents. It follows that the easy availability of alcohol documented in the present report has significant adverse consequences for young people’s mental and physical health.

• As alcohol vendors appear to overestimate the age of their underage customers, there may be some scope to reduce underage sales by vendor training programmes aimed at improving the ability of vendors to judge young people’s ages accurately, and encouraging them to err on the side of caution.

• Training programmes to increase vendors’ confidence to request proof of age, together with more reliable proof-of-age schemes, are also recommended.

• Test-purchasing methods are used by police and trading standards officers in the enforcement of age restrictions on the sale of a variety of commodities (eg. tobacco, fireworks, pornography). However, alcohol differs from these other commodities in that it is illegal not only for the vendor to sell alcohol but also for the underage purchaser to buy it. This legal anomaly has meant that, while several police forces use test purchasing to identify vendors who sell alcohol to children, the evidence obtained in these operations is almost never used to bring prosecutions or to remove alcohol licences. The present data suggest that, without a change in the law to legalize test purchases of alcohol and so enable more effective enforcement of the minimum age laws, the easy availability of alcohol to young people is unlikely to decrease.
CHAPTER 1:

INTRODUCTION

A number of recent studies have reported high levels of alcohol drinking among adolescents in the UK. For example, Balding et al. (1997) reported that 50% of 12-13 year old British adolescents are “regular drinkers”, a Welsh study found that 65% of 15-16 year old boys and 54% of 15-16 year old girls drink alcohol on a weekly basis (Health Promotion Wales, 1997), and a similar rate of weekly drinking (62%) was reported in a study of English and Welsh 11-16 year-olds (Sutherland & Willner, 1998). While little is known about variables that might be contributing to these high rates of teenage alcohol use, ease of access to alcohol may be a major factor. Despite intense governmental and media concern about this issue, it has attracted little systematic research.

Some evidence of illegal alcohol sales to British adolescents has been generated by “sting” operations carried out by newspapers and criminal justice personnel. For example, the Sunday Times newspaper (22/6/97) has conducted an observational investigation of large supermarkets located in London, Manchester and Edinburgh, which showed an extremely high success rate for purchase attempts made by “undercover” underage drinkers wanting to buy alcopops (sweetened alcoholic drinks that are extensively consumed by younger drinkers in the UK). Other anecdotal observational evidence comes from police investigations using underage confederates to make test purchases of alcohol. At least one of these covert operations resulted in a supermarket being fined and losing its liquor licence. In addition to these anecdotal British sources, there have been some American studies in which “young-looking” 21-year olds (21 being the legal age to purchase alcohol in the US), were recruited to make test purchases of alcohol. For example, Forster et al (1994) found that 47% of a sample of 21-year olds judged to be 19 or younger were able to buy beer.

The present study was undertaken to investigate the availability of alcohol to underage drinkers in the UK, using a variety of different approaches. In all, five studies were carried out, which are reported in the following five chapters of this report. The results have clear policy implications, which are discussed in the final chapter.

Young peoples’ views about the availability of alcohol

Little is known about the prevalence, patterning and correlates of alcohol purchasing behaviours amongst British adolescents. Lister Sharp (1994) reviewed data from a number of studies conducted in the 1980s, which confirmed that drinking increased with age, and also showed that drinking in pubs also increased with age, so that, by the age of 16, around 40% of adolescents’ drinking took place in pubs (these figures refer to England and Wales; pub drinking was less prevalent among 16-year-olds in Scotland). However, most of these studies did not differentiate between drinking alcohol and buying alcohol, and very few studies have reported on alcohol sales to young children. Indeed, there are no data on alcohol sales to children younger than 12-13 (school year 8), although the survey evidence indicates that a high proportion of children are already drinking regularly by this age.
The present study, which is reported in Chapter 2, used a confidential self-report questionnaire to investigate the current availability of alcohol to a sample of underage drinkers in the UK. We asked about a number of variables that, to the best of our knowledge have not been addressed in previous studies. While prevalence figure are reported, we did not study a random sample, and this was not the main purpose of the study; rather, our major focus was on the perceived availability of alcohol. Thus, the variables studied included: the types of retail outlet from which alcohol is typically purchased; the extent to which adolescents are refused sale or challenged on their age in different types of outlet; and knowledge of the drinks industry’s ‘Prove It’ proof of age scheme, a photo-ID card issued to over-18s on production of a passport or birth certificate and payment of a small fee (Walker, 1997).

**An objective study of the availability of alcohol to minors**

It appeared from the survey that many commercial alcohol outlets fail to comply with minimum age laws, and that alcohol is readily available, from a variety of different types of outlet, to underage adolescents who wish to purchase it. However, this conclusion suffers from the usual limitations associated with self-report methodologies, and needs to be substantiated by unobtrusive direct observation, in naturalistic settings, of what actually happens when children attempt to buy alcohol. We therefore undertook a study in which 13- and 16-year olds entered licensed premises and attempted to buy alcohol, while observed covertly by one of the researchers.

We are aware of only one previous study in which the unobtrusive test purchase methodology has been used as the basis for a formal scientific study examining alcohol sales to adolescents who were objectively underage. Vaucher et al (1995), working in Switzerland, where beer may be bought at 16 and pastis (an aniseed-flavoured aperitif) at 18, found that both drinks were sold to 13- and 15-year old boys on 81% of purchase attempts. The original aim of the present study was to apply the methodology of Vaucher et al (1995) to the UK. We also sought to extend this research by (i) recruiting girls as well as boys to make purchase attempts, (ii) examining a wider variety of alcoholic beverages, including alcopops, and (iii) attempting test purchases in different types of retail outlet. Additionally, we provided our underage confederates with a proof-of-age card showing their true age (ie. it proved that they were underage), which they could use in the event of an initially unsuccessful purchase attempt. Some of the hypotheses tested were: (i) that rates of sale would be higher in girls than boys, (ii) that certain drinks (eg. beer) would be easier to purchase than others (eg. spirits), and (iii) that sales would be higher in corner shops than in other types of outlet. The results of this study are reported in Chapter 3.

**Alcohol vendors’ views of underage alcohol sales**

Because the test purchase study revealed very high levels of alcohol sales, we subsequently conducted a telephone survey of some of the same alcohol vendors, in order to determine the extent to which vendors’ views of their alcohol sales to underage adolescents are consistent with their practice. We were also interested in vendors’ perceptions of the risks involved in selling alcohol to minors. These results are reported in Chapter 4.
Vendors’ ability to judge young people’s ages

It is possible that, to some extent, the high levels of underage alcohol sales revealed in the survey and test purchase studies could result from the inability of vendors to make accurate judgements of young people’s ages. A study was therefore conducted in which alcohol vendors were asked to judge the age, from photographs, of the 13- and 16-year-olds who participated in the test purchase study. These data are reported in chapter 5.

Evaluation of a police intervention to reduce underage alcohol sales

The results of the initial test purchase study, which showed surprisingly high rates of alcohol sales to young people, prompted one of the police forces co-operating with the study to mount an intervention, aimed at decreasing alcohol sales to adolescents. We therefore undertook a second wave of test purchases, in both of the original test areas, in order to evaluate the effectiveness of the police intervention. The results are reported in Chapter 6.

For further information …

Further details of these studies may be found in the following three publications:


CHAPTER 2:

YOUNG PEOPLE’S VIEWS ABOUT THE AVAILABILITY OF ALCOHOL

The survey

The project began with a survey of young people’s views about the ease with which they were able to purchase alcohol, and the problems they had encountered.

The survey was conducted in 11 secondary schools, involving over 6000 respondents aged 11-16. The numbers of respondents in each age group were: 11, 551; 12, 1497; 13, 1353; 14, 1172; 15, 998; 16, 680. The age and gender distributions were similar across the 11 participating schools, with approximately equal numbers of boys and girls within each age group. While not a random sample, the schools were chosen to cover a range of socio-economic conditions and geographical regions: three were in an economically depressed area in south Wales; three were in a large city in the north of England (two suburban, one inner-city); three were in the south-east of England (one in a relatively depressed and two in relatively affluent areas); two served a medium-sized market town in the south-west of England. Neither the age/gender distribution nor any of the important results differed significantly between schools.

Data were collected between January and June 1998, using a machine-readable questionnaire that asked about respondents’ substance use and related issues. The data reported come mainly from a section of the questionnaire headed “Regular alcohol drinkers only. To be a regular alcohol drinker, you need to drink at least once a week and to have done so for at least the past three months”. Non-regular-drinkers completed a parallel section based on “putting yourself in the shoes of a drinker of your age”. The purpose of this section was primarily to ensure that drinkers were not identifiable by the time it took them to complete the questionnaire, but a small proportion of these data are also reported. The questions on which the present report is based are shown in Table 2.1.

Questionnaires were completed in school, in tutor groups or in general assemblies, with students working individually, generally under examination conditions. Teachers administering the questionnaire were asked to ensure that that pupils understood that there were no right or wrong answers, that they could choose not to participate, and that they could withdraw from the survey at any time. They were also asked to stress that the survey was completely confidential, and that answers should refer to regular use, as defined above, and should not include experimentation or occasional use on special occasions.

Alcohol purchasing by adolescents

Respondents reported high levels of both alcohol drinking and alcohol buying (Fig. 2.1). Both figures increased with age, with no substantial differences between boys and girls. The sample of young people surveyed in this study is not assumed to be representative of English school students as a whole, so caution should be exercised in extrapolating the findings, particularly in respect of the prevalence figures. However, the sample was large
and the schools surveyed were chosen to reflect different geographical areas and demographic characteristics, so the results may have some degree of generality.

**TABLE 2.1**

**Questions asked and response choices**

1. How do you usually get your alcohol?
   - I buy it myself
   - An older friend buys it for me
   - My parents buy it for me
   - Other

2. If you buy it yourself where do you buy it from?
   - An off-licence
   - A pub
   - A supermarket
   - A corner shop

3. Why do you buy it from this type of place?
   - The staff never ask my age
   - It’s always crowded
   - That’s where my friends buy their drink
   - Other

4. How often do you buy alcohol?
   - Daily
   - Once a week
   - Once a year
   - 2-3 times a week
   - Once a month
   - Other

5. If anyone’s refused to sell you alcohol, what type of place does this mainly happen in?
   - An off-licence
   - A pub
   - A supermarket
   - A corner shop/ other

6. What is it about a place that puts you off buying alcohol there?
   - I have to ask an assistant for the drink
   - I’m likely to get caught
   - They often ask my age
   - Other

7. Of every 10 times you buy alcohol, how many times do you get asked about your age?
   - Never
   - 2-3 times
   - 5+ times
   - Once
   - 4-5 times

8. How nervous do you get when buying alcohol?
   - Very
   - A little
   - Not at all
   - Quite a bit
   - Not a lot

9. If you feel nervous, why is this?
   - Buying alcohol is against the law
   - My parents might find out
   - I’d look stupid if I was refused
   - Other

10. How guilty do you feel about buying alcohol?
    - Very
    - A little
    - Not at all
    - Quite a bit
    - Not a lot

1 “Off-licence” (UK) = “liquor store” (US)

The group of children absent from school on the day of the survey would include truants and excluded students, who are likely to be more involved with alcohol than the average. A further source of bias in the data is that questions about alcohol purchasing were asked only of those respondents who identified themselves as ‘regular drinkers’, and it is likely that a proportion of the respondents who identified themselves as non-regular drinkers have also attempted to buy alcohol. Furthermore, respondents identified themselves as ‘regular drinkers’ by choosing which section of the questionnaire to complete, and it is possible that some respondents misunderstood the instruction, despite this being explained both on the questionnaire and by the class teacher. For all of these reasons, the prevalence
figures reported are likely to underestimate the extent of alcohol buying among this sample.

Overall, 37% of respondents were 'Regular drinkers' (as defined above: drinking once a week for at least the past three months). The proportion of regular drinkers rose linearly from 14% at age 11 to 68% at age 16 (Fig. 1). Respondents were defined as alcohol buyers if they either answered “I buy it myself” to question 1, or provided any answer to question 2 (see Table 2.1). Across all ages, 21% of the sample (55% of regular drinkers) reported buying alcohol. In addition to the children who reported buying their own alcohol, a large minority of children classified as ‘non-buyers’ reported that they too had at some time been refused sale (see below). Adding this group of current non-buyers to the current buyers gives a minimum figure of 71% for the proportion of drinkers who have attempted to purchase alcohol.

Like the figures for the numbers of regular drinkers, the proportion of children who reported buying their own alcohol increased with age, from 5.6% of the sample (41% of drinkers) at age 11, to 52% of the sample (72% of drinkers) at age 16 (Fig. 2.1). Just under half of the alcohol buyers reported purchasing alcohol weekly, with roughly equal numbers reporting more and less frequent purchases. The data permit a distinction between ‘usual buyers’, who answered “I usually buy it myself” to question 1 (“How do you usually get your alcohol?”) and ‘occasional buyers’ who provided a different answer to this question, but went on to answer question 2 (“If you buy it yourself, where do you buy it from?”). Just under half of the buyers (45%) reported usually buying their own alcohol. This proportion also rose with age, reaching 78% in 16-year-olds, equivalent to 60% of all drinkers and 30% of the whole sample of 16-year-olds.
Preferred purchase locations

Reports of preferred purchase locations suggest that adolescents make little use of supermarkets, but make roughly equal use of the other three types of outlet (Fig. 2.2, left panel). These overall preference figures conceal a large difference in buying habits as a function of age. The use of pubs increased from 14% in 11-13-year-olds to 61% in 16-year-olds. There was a corresponding decrease with age in the use of each of the other outlets, particularly corner shops, which accounted for 42% of purchases in 11-13-year-olds, but only 13% of purchases in 16-year-olds.

![Figure 2.2](image-url)

**Figure 2.2**  Distributions of reported alcohol purchases between different outlet types. The left panels show the breakdown of preferred purchase locations as reported by alcohol buyers; the right panel shows non-drinkers’ estimates of where drinkers buy their alcohol.

Earlier studies have also reported that adolescents buy alcohol less from supermarkets, relative to off-licences and pubs (eg. Balding et al., 1997; Balding, 1999). However, data reported in Chapter 3 demonstrate that in practice, young people have no more difficulty in purchasing alcohol from supermarkets than from other types of outlet. The fact that young people report not using supermarkets could reflect a mistaken belief that supermarkets have effective policies in place that prevent illicit alcohol sales, or alternatively, may reflect practical limitations such as their predominantly out-of-town location. We are unable at present to resolve this issue.

Fig. 2.2 (right panel) also presents non-drinkers’ responses to the item “If they (i.e. drinkers of your own age) buy it themselves, where do they buy it from?” Non-drinkers greatly underestimated the proportion of sales occurring in pubs, and correspondingly overestimated sales in corner shops. These data from adolescent non-drinkers accord with adult expectations that underage alcohol sales occur mainly in corner shops. However, the data provided by adolescent drinkers do not support the public perception of the corner shop as the main outlet for underage alcohol sales: indeed, among 16-year-old drinkers, public houses appear to be the main culprits.
Unsuccessful purchase attempts

Just over half (54%) of the buyers, as well as one third (34%) of the current non-buyers indicated that they had been refused a sale at one time or another. There was little variation across the different age groups, or between boys and girls. However, there were differences between the different types of retail outlet: refusals were reported to occur somewhat more frequently in off-licences (29.0%), pubs (28.7%) and supermarkets (26.0%), than in corner shops (16.3%). Children were rarely asked about their age when buying alcohol: 41% of buyers reported that they were never asked their age, and 26% that they were asked only once in every 10 purchase attempts. Girls were more likely than boys to go unchallenged, and were less likely to report multiple challenges.

Although corner shops were reported to be a little less likely to refuse sale, this was in the context of very low refusal rates across the board. Again, it is not possible, from the present data, to determine whether this reflects a more liberal attitude by corner shops in general, or the fact that adolescents use particular outlets where they know they are unlikely to be challenged. However, as shown below (Chapter 3), data derived from direct observations of underage purchase attempts do not support the view that alcohol is generally easier to buy in corner shops. This suggests that adolescents may, indeed, choose to patronize particular shops where they know they are likely to be served. This is an important topic that merits further research.

The ‘Prove-It’ scheme

We were also interested to know how familiar the respondents were with the drinks industry’s “Prove It” proof of age card. Only 26% of children had heard of the scheme. This proportion was higher in drinkers than in non-drinkers (32% vs. 21%), and among the drinkers, was higher in buyers than in non-buyers (38% vs. 26%). It is acknowledged that the Prove It card is directed at over-18s, rather than the 11-16-year-old group who participated in the present study. However, the subsequent test purchase study (Chapter 3) confirmed that under 18s are rarely requested by vendors to show Prove It cards, in the areas studied. These findings will be discussed more fully below, in the context of our study of vendors’ reports of their experience of underage clients (Chapter 4).

Psychological correlates of purchasing behaviour

In response to the question “Why do you buy it from this type of place?”, which immediately followed the question about preferred purchase location, almost a third of respondents (30%) selected “The staff never ask my age” In response to the question “What is it about a place that puts you off buying alcohol there?”, 59% of respondents checked either “They often ask my age”, or “I’m likely to get caught”. Asked how ‘nervous’ or guilty they felt when buying alcohol, 56% of respondents reported feeling ‘not at all’ or ‘not a lot’ nervous, and 75% reported feeling ‘not at all’ or ‘not a lot’ guilty. However, the major reason cited for feeling ‘nervous’ was “I’d look stupid if I was refused” (46%): only 18% of respondents reported that they felt ‘nervous’ because “Buying alcohol is against the law”. Thus, the psychological context for underage alcohol...
purchasing is one in which adolescents feel anxious about being asked their age, and avoid outlets where they believe this is likely to happen. It seems that challenging young people on their age at the point of sale may deter them to some extent from buying alcohol. However, challenges are rarely issued, and little use is being made of the ‘Prove It’ scheme, at least in the areas studied.

Summary of findings

• In a survey of >6000 11-16-year-olds, 37% of the sample were regular (weekly) drinkers, and 21% of the sample (56% of drinkers) reported buying alcohol. These figures increased linearly with age, from 6% of the sample (41% of drinkers) at age 11 to 52% of the sample (72% of drinkers) at age 16.
• Among the current alcohol buyers, alcohol was purchased to a roughly equal extent in off-licences, corner shops and pubs, with very little use of supermarkets; the use of pubs increased with age, while the use of other outlets, particularly corner shops decreased with age. (However, as shown below, these differences between outlets reflect young people’s subjective preferences, rather than objective differences in the availability of alcohol.)
• Just over half of drinkers had been refused sale; this was reported to occur a little less frequently in corner shops than in the other types of outlet. Most of the buyers (67%) were never or very rarely asked their age; girls were less likely to be challenged on age than boys. Few respondents were familiar with the drinks industry’s ‘Prove-It’ proof of age card scheme.
• Respondents reported low levels of anxiety or guilt in relation to alcohol purchase, but tended to avoid outlets where they were likely to be challenged. Few respondents expressed concern over the illegality of purchasing alcohol.

Conclusion

The main conclusion from this survey is that alcohol appears to be readily available, from a variety of different types of outlet, to those UK adolescents who wish to purchase it. This illegal behaviour by adolescents and retailers has significant public health implications, as earlier onsets of regular alcohol use are associated with an increased likelihood of subsequent alcohol abuse problems (Fergusson et al, 1994; Grant & Dawson, 1997) and illicit drug use (Yu & Williford, 1992).
CHAPTER 3:

AN OBJECTIVE STUDY OF THE AVAILABILITY OF ALCOHOL TO MINORS

The test purchase study

In the light of young people’s reports that alcohol was freely available to underage customers, we next carried out an unobtrusive observational study to record directly the outcome of attempts by underage adolescents to purchase alcohol.

The test purchase study was carried out between late August and early December, 1998. This was a naturalistic field study of adolescents’ ability to purchase alcohol from different types of outlet, in two areas of the UK. Both were located in university cities, one in the south-east and one in the north-east of England. In both sites, the areas in which test purchasing was carried out were part urban, part suburban, and part semi-rural. The choice of performance sites was determined by the willingness of the police forces in those areas to co-operate with the study, which included written confirmation by the two Chief Constables that “it would not be considered in the public interest” to bring forward prosecutions against any party involved with the research.

The study involved systematic manipulation of the following five factors:
1. Location (two performance sites)
2. Gender of adolescent confederates (pairs of boys/girls)
3. Age of adolescent confederate (13/16)
4. Type of outlet (corner shops/off licences/supermarkets/pubs). All four outlet types were sampled by 16-year-olds. However, for legal reasons, 13-year-olds did not attempt to buy alcohol in pubs, as their presence in a pub below the age of 14 would constitute an additional offence.
5. Type of alcohol (alcopops/beer/cider/wine/spirits).

The target was four purchase attempts of each type, making a total of 320 attempts by 16-year-olds and 240 by 13-year-olds. In practice, logistical difficulties led to a small shortfall by 16-year-olds (total attempts = 307) and a somewhat larger shortfall by 13-year-olds (total attempts = 163). These discrepancies were not systematically related to area, alcohol type or outlet type.

Recruitment and training of underage confederates

A total of 62 adolescent confederates were recruited to attempt the test purchases (Table 3.1). No attempt was made to select children who looked older or younger than average. However, a number of different confederates of each age and gender were recruited in each location (at least four in each group), in order to avoid biases resulting from, for example, the inadvertent recruitment of a particularly older-looking individual. It was emphasised to the young people that they should not ‘dress older’ for the study; in particular, girls did not wear make-up.
Confederates were carefully recruited through reputable organisations, such as schools and church groups. The initial approach was to the young person’s parents. In discussion with parents, emphasis was placed upon the need to select young people of high moral standing. Parents whose children were recruited were urged to be alert for possible indications that the confederate was experiencing problems a result of the study. Frequent contact was maintained between the research staff and the parents of participating children; no problems arose. Whenever possible, parents were also recruited to act as an extra adult on purchase sessions. Confederates were not formally paid, but received vouchers exchangeable for goods in certain stores as a token of appreciation. They also received a certificate of participation.

### TABLE 3.1

**Number ¹ and age ² of underage confederates ³**

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<th>Phase 1</th>
<th>Phase 2</th>
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<td>Age</td>
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¹ Numbers are shown for phase 1 (n1) and phase 2 (n2). Phase 1 data are reported in Chapter 3; phase 2 data are reported in Chapter 6. The n1 value shown in parentheses after n2 is the number of confederates in phase 2 who had previously participated in phase 1.

² Mean ages (years and months), with standard error, are shown for the start of each phase of test purchases.

³ Details are shown separately for the two performance sites. In phase 2 (see Chapter 6), area A was the control area and area B was the intervention area.

The confederates chosen for participation were of good character, as confirmed by discussion with parents, and screening by the research staff, and none admitted to prior involvement with alcohol. Each confederate was required to sign an official-looking ‘contract’ of confidentiality, which, whilst not legally binding, impressed upon them the serious nature of the study. Before a confederate undertook any fieldwork, extensive
training sessions were held, involving role play training for the purchase attempts, and also more general discussions about alcohol use and its consequences. During training sessions, confederates were exposed to substance abuse training videos and provided with literature, by the Portman Group and the UK Home Office, conveying information about the effects of alcohol and emphasizing the illegality of purchasing alcohol below the age of 18. It was impressed on confederates that the exercise in which they were being trained was akin to play-acting, and that the project did not condone or approve of underage drinking. Efforts were made throughout the training and the fieldwork to convey a negative attitude toward purchasing alcohol while underage.

**Vendors and licensed premises visited**

The subjects of this study were the covertly-observed vendors in the licenced premises visited by the research team. Choices of premises to visit were made semi-randomly, for reasons of location, ease of access, and parking; personal characteristics of the vendors were usually not known to the research team, and if known from a previous visit, were not taken into consideration. Although the sample of vendors was not fully random, it was not biased in any manner that was apparent to the research team. The coverage of licenced premises extended to all of the supermarkets and off-licences in the areas studied (though only a proportion of the supermarket check-outs), and a somewhat smaller proportion of corner shops and pubs.

The term ‘vendor’ is used in this report to mean the person serving and operating the cash register; this includes both assistants and shop owners. The vendors studied were predominantly female, except in corner shops where there was a slight predominance of male vendors. Vendors in off-licences and supermarkets were significantly younger than vendors in corner shops and pubs (modal estimated age ranges, 21-25 and 36-40, respectively). Some premises were visited more than once. However, on a conservative estimate, at least 82% of test purchases by 16-year-olds and at least 87% of test purchases by 13-year-olds involved different vendors.

**Test purchase procedure**

The research team for purchase attempts usually consisted of a female researcher, a pair of same-gender same-age confederates, and a parent. The researcher carried letters of authentication from the UK Home Office, the Chief Constable of the local police force, and the University. Before each purchase session, the researcher notified the local police of the general area in which purchases would be taking place, though not the identity of the specific outlets that would be targeted. Strict confidence was maintained with respect to the specific outlets visited, and no information was ever made available to the police, either formally or informally, concerning the behaviour of individual vendors.

Purchasing sessions were generally conducted in blocks of five attempts for 13-year-olds, and eight attempts for 16-year-olds. Sessions were typically conducted in the evening, with some afternoon sessions, according to availability of the confederates. Before entering a shop, confederates were told what type of alcohol they should attempt to buy, how much it would cost and where it would be located in the shop; they were then asked to affirm willingness to enter the premises. The researcher then entered the shop, leaving the parent
outside, and the pair of confederates followed shortly afterwards. Where drinks were
freely available, one confederate selected an alcoholic drink, and the other an equivalently-
priced non-alcoholic drink; both intended purchases were presented together at the till. In
some shops, the alcohol was kept behind the till. In these cases the non-alcoholic drink was
selected, then the confederates approached the till together, where the purchasing
confederate requested the alcohol. Confederates were never left in an outlet unattended: the
researcher had no contact with the confederates, but remained within earshot at all times. If
a purchase attempt passed without challenge, the confederates paid and left the shop,
followed by the researcher.

Each confederate was provided with a “proof-of-age” card, which included a head and
shoulders photograph, and showed the confederate’s actual date of birth: that is, it proved
that 16-year-olds were 16 and that 13-year-olds were 13, rather than purporting to show
that the confederates were of legal age. To the best of our knowledge, our “CoverAge”
card did not closely resemble any standard ID card in use in the areas studied. It was very
different in appearance from the ‘Prove-It’ card. If challenged with the questions “Are you
old enough?” or “How old are you?” the alcohol-purchasing confederate was trained to
answer “I have a proof-of-age card”, which was then offered. If asked “Do you have ID?”
or “Do you have a ‘Prove-It’ card?” they simply produced the card. Then, either a sale
would ensue and the confederates would pay and leave the premises, or the vendor would
not accept the card and they would leave the premises empty handed. No attempt was ever
made to persuade vendors to change their minds.

A slightly different procedure was used in public houses. The two confederates followed
the researcher into the pub, approached the bar, and ordered drinks, one alcoholic and one
non-alcoholic. They responded to challenges as described above. If a sale ensued, the
confederates took both drinks to a quiet corner, jointly consumed the non-alcoholic drink
and unobtrusively left the alcohol on the table.

On a very few occasions, the vendor became aggressive towards the confederates, refused
to hand back the card, or threatened to call the police. In these instances the researcher
initially tried to distract the vendor so that the confederates could leave. If this was
unsuccessful, the researcher intervened, sent the confederates outside and explained the
situation to the vendor, showing the letters from the Home Office and Chief Constable
authorising the study. In this case the vendors were asked to maintain the confidentiality of
the study, and all agreed to do so.

**Ethical issues**

Before presenting the results of this study, there are a number of significant ethical issues
that need to be addressed. First, it is explicitly acknowledged that the nature of the study
made it impossible to implement the usual courtesies extended to research participants. For
example, the covertly-observed vendors did not provide informed consent, they could not
withdraw from participation, and they were rarely debriefed. These conditions, as well as
the element of deception, were justified during ethical review of the project on the grounds
that the procedures adopted were essential to achieving the aims of the project, and
necessary for protection of the adolescent confederates. We also argued that the expected
benefits from the study outweighed the potential risks to vendors and adolescents. In
relation to the adolescent confederates, we pointed to a recent review of psychiatric
research with children and adolescents, which concluded that evaluations of research frequently undervalue the benefits while overestimating the potential costs, and that the rights of adolescents to benefit from research are too easily overlooked (Arnold et al, 1995). In the present context, we felt that the adolescent confederates had the right to benefit both from the outcome of the project, and from the experience of participation.

It is currently illegal for minors to purchase alcohol in the UK. Nevertheless, some police forces operate an underage test purchasing methodology for the purposes of gathering evidence to support legal action against offending vendors. Indeed, the British government has signalled its intention to change the law to legalize this practice:

“Test purchase operations … clearly have a useful and legitimate role to play in tackling abuse by cynical licensees, and they have long been used to uphold laws preventing the sale to young people of a range of inappropriate substances and products. Some agencies have expressed uncertainty about the current legality of test purchases in respect of alcohol … To put matters beyond doubt, we propose to amend the law to make it explicit that test purchases may be applied to sales of alcohol.” (Ministerial Group on Alcopops, 1997).

The present investigation had the support of the UK Home Office and of the Chief Constables of the police forces operating in the two performance sites. Both of these authorities provided guarantees that the adolescent confederates (as well as other members of the research team) would not be at risk of legal consequences; and because no information passed from the research team to the police, this safeguard applied equally to the vendors studied.

A number of other ethical issues relate to the involvement of young people in this research, and strict safeguards were imposed to ensure as far as possible their physical and moral safety. First, unlike many studies involving adolescents, parents were involved at every stage of the research. The consent and active co-operation of parents was essential, in order (i) to ensure that adolescent confederates selected were of good character and were not driven to participate by financial hardship or antisocial tendencies, (ii) to monitor and assure their well-being during test purchase sessions, and (iii) to provide an additional source of longer-term monitoring and support. Second, great care was taken to guarantee the physical and emotional safety of the adolescent confederates. For example, if the safety of an adolescent confederate was ever judged to be at risk, during the course of a purchase attempt, the researchers were instructed to disclose the nature of the research, thereby potentially jeopardising the outcome of the project. Thirdly, we were teaching minors skills they might subsequently use to purchase alcohol outside the framework of the project. However, we employed careful screening in selecting adolescents of high moral character, and adolescents selected for participation were provided with extensive training and debriefing to discourage any such illegal activity. We recognize that subsequent good behaviour could not be guaranteed. However, we reasoned that if the adolescents were non-drinkers, as they claimed to be, they would have no incentive to buy alcohol. On the other hand, if some of the adolescents were in fact drinkers, then they most likely already knew how to obtain alcohol, so we would not be teaching them anything new. Indeed, in the case of 16-year-old confederates who lied about their status as non-drinkers, our survey data would suggest that they are already accomplished in the practice of buying alcohol illegally (see Chapter 2).
Finally, we were concerned about possible adverse effects of participation on the young people’s mental health. This was addressed partly through the process of informed consent, which was elicited after explaining the purposes of the study in age-appropriate terms. We also attempted to prevent or minimize emotional distress by empowering the adolescent confederates to control their part in the research. This involved a number of elements: (i) the young people chose which days and times they wished to work; (ii) at every venue, they were asked if they were happy to enter the premises, and if they were not comfortable the purchase attempt did not take place; (iii) those who chose to enter the shop understood that they could abort a purchase attempt at any time and for any reason; and (iv) after every purchase attempt they were debriefed and asked if they wished to continue, with the session terminating if they did not. In short, we minimized, while perhaps not entirely obliterating, the risks.

Alcohol sales to adolescents

The first aim of this study was to assess the ease with which adolescents in the UK are able to buy alcohol. We found that 16-year-old purchasers experienced very little difficulty in obtaining alcohol. Overall, 83% of purchase attempts by 16-year-olds resulted in a sale. The proportion of sales was significantly greater in girls than in boys (88% vs 77%).

While the law is very widely disregarded in respect of 16-year-old would-be purchasers, vendors were far more reluctant to sell alcohol to 13-year-olds. The proportion of sales to 13-year-olds was substantially lower overall (25%). Again, however, this overall figure was markedly higher in girls and markedly lower in boys (42% vs 4%). The Swiss study also reported that 13-year-old boys were significantly less ‘successful’ than 15-year-olds in purchasing alcohol (Vaucher et al, 1995). While we were uncertain, at this stage what age the vendors judged the 16-year-old purchasers to be, we thought it implausible that our 13-year-old confederates were judged to be over 18. (This position receives support from our later study of vendors’ perceptions of these young people’s ages: Chapter 5). Notwithstanding, over 40% of purchase attempts by 13-year-old girls were ‘successful’ in phase 1, and this figure was even higher when the study was repeated (Chapter 6). At the same time, 13-year-old boys were almost invariably refused sale.

Some limitations of this study should be noted. First, the study was restricted by logistical constraints to two areas of the country, and the extent to which the results would generalize to other regions or to more rural areas is uncertain. However, a reanalysis of the data from our survey of young people’s accounts of their access to alcohol (Chapter 2) showed that very similar data were obtained from the areas in which the present study was conducted and from two other areas, in different parts of the country. Second, the areas studied were both university cities, and this could lead to vendors being accustomed to serving young-looking customers. However, while the presence of a university in a city probably increases the proportion of young people seeking alcohol, it does not produce a population that otherwise would not exist; in any case, most cities and large towns now have a sizeable student population. Third, it is possible that our underage purchasers were more confident than they might otherwise have been because they knew that they were not putting themselves at risk. We are unable to evaluate this possibility from the present data, though we did gain the impression that a confident appearance increased the likelihood of a sale. This question would merit further research.
It is reported below that vendors claimed to be less able to judge the age of girls than boys (Chapter 4), and that in fact, girls are judged to be older (Chapter 5). Apparently, vendors respond in a graded manner to teenage customers, from almost total refusal to sell to 13-year-old-boys, through a moderate willingness to sell to 13-year-old-girls (who are perceived as older), to a high rate of sales to 16-year-old boys, and an even higher rate of sale to 16-year-old girls (who again, are perceived as older). This supports the suggestion (Vaucher et al, 1995) that a moral code may operate within the profession, under which the probability of a sale is inversely related to the perceived age of the customer (but see Chapter 5). This graduated response does not, however, correspond to the legal position, which stipulates a minimum age of 18. We observed informally that some, particularly younger, vendors were reluctant to challenge customers about their age, for example, doing so apologetically, and this may be a further factor that varies with the age of the customer.

Age challenges

In Fig. 3.1, the sales figures are broken down into purchase attempts that resulted in an immediate sale, without challenge, and purchase attempts that resulted in a sale following production of the proof-of-age card. Unchallenged sales were made in 66% of 16-year-olds’ purchase attempts (80% of sales), with girls being less likely to be challenged than boys (71% vs 60% unchallenged sales). In half (50%) of the challenged purchase attempts, the proof-of-age card was accepted, resulting in a sale. Only 3 purchase attempts by 13-year-old boys resulted in a sale, and all of these followed an initial challenge. In contrast, 27% of purchase attempts (65% of sales) by 13-year-old girls resulted in an immediate sale, and further sales followed 22% of challenges.

The sales made without challenge, which amount to two thirds of purchase attempts by 16-year-olds and a quarter of purchase attempts by 13-year-old girls, can be considered as resulting from a totally naturalistic experiment, and provide minimum estimates of the extent to which the age regulations governing alcohol sales to minors are flouted.
However, it is also arguable that the behaviour of our adolescent confederates following a challenge may actually result in underestimates of the overall 'success' rate. Unlike the earlier Swiss study, where adolescent confederates were trained to provide a false age and to persist in asking to be served (Vaucher et al., 1995), our confederates were trained neither to lie to vendors nor to argue with them. Furthermore, the proof of age card that we supplied to confederates confirmed their true age. There were certainly instances in which vendors were observed to fail in the attempt to calculate an age from the date of birth on the card. These vendors might be more likely to refuse sale if confronted with an ID card that features the date of the young person’s eighteenth birthday rather than their date of birth. However, our understanding from discussions with young people is that forged cards showing an age of 18 are readily available and inexpensive, and that adolescents attempting to purchase alcohol would usually be in the possession of false ID showing that they were above the legal minimum age.

The overall figures for age challenges include requests for the ‘Prove-It’ card. While a high proportion of outlets carried notices advertising the ‘Prove-It’ proof of age scheme, ‘Prove-It’ cards were requested in only 12% of purchase attempts by both 13- and 16-year-old would-be buyers. (This represents 14% of challenges to 16-year-olds and 30% of challenges to 13-year-olds.) On those occasions when the ‘Prove-It’ card was requested, our proof-of-age card was typically not accepted in its place: nevertheless, 21% of Prove-It requests resulted in a sale.

Type of alcohol

Fig. 3.2 shows the breakdown of overall sales figures by alcohol types, for 16-year-old girls and boys, and for 13-year-old girls. There was little variation between the different outlet types. Sales to 16-year-olds (girls and boys) did not vary significantly as a function of alcohol type. However, 13-year-old girls appeared to find beer and cider easier to buy than wine or spirits; and challenges to 13-year-old girls were most likely when buying spirits (89% of attempts) and least likely when buying beer (50% of attempts).
The finding that 13-year-old girls found spirits more difficult to buy than beer or wine provides some support for the hypothesis (Vaucher et al, 1995) that vendors’ behaviour is to some extent governed by implicit rules about age-appropriate behaviours.

**Type of outlet**

Figs. 3.3 shows the breakdown of overall sales figures by outlet types, for 16-year-old girls and boys, and for 13-year-old girls. Both overall sales and unchallenged sales to 16-year-old girls were highest in public houses (where overall sales reached 100%) and lowest in corner shops. However, sales to 16-year-old boys and to 13-year-old girls did not vary significantly as a function of outlet type.

![Figure 3.3](image)

**Figure 3.3** Proportion of test-purchase attempts that resulted in sales of different types of alcoholic drink to 16-year-old girls, 16-year-old boys, and 13-year-old girls: A, alcopop; B, beer; C, cider; W, wine; S, spirits. The lower part of each bar show sales that were made without challenge, and the upper part shows sales that were made following an age challenge.

The present data provide no support for the public perception, which is shared by non-drinking adolescents (Chapter 2), that small corner shops are the culprits responsible for the majority of underage alcohol sales. For legal reasons, 13-year-olds did not attempt to purchase alcohol in pubs. With this caveat, different types of outlet did not differ overall in their willingness to sell alcohol to underage customers. These results differ in two important respects from adolescents’ self-reports of the locations in which they purchase alcohol. The survey data showed (i) that adolescents make very little use of supermarkets as sources of alcohol, and (ii) that among the other types of outlet, corner shops are used most by younger children (11-13), but use of pubs increases markedly with age (Chapter 2). It is clear from the present data that these patterns of use reflect adolescents’ buying preferences, rather than objective differences in the difficulty of obtaining alcohol from different types of outlet. This is consistent with the finding that adolescents’ reports indicated little variation between outlets in the likelihood of age challenges (Chapter 2). The conclusion that policies to control alcohol sales to adolescents are implemented no
more successfully by large supermarkets than by small family-owned businesses suggests that all sectors of the drinks industry may benefit from a review of their training policies.

Who sells alcohol to minors?

Data were collected on the gender and estimated age of the vendor, whether or not the outlet was crowded, and the number of vendors in the outlet. (It was impossible to examine what would happen in an empty shop, because the researcher was always present, posing as another customer.) These data, excluding 13-year-old boys, were examined for corner shops and off-licences: supermarkets were excluded because they always had more than one vendor, and pubs were excluded because there were too few refusals of 16-year-olds to merit analysis. The gender and estimated age of the vendor did not influence the likelihood of a sale to any discernible extent. Sales were equally likely in ‘crowded’ (70%) and uncrowded (74%) shops. However, sales were more likely in shops with a lone vendor than in shops with two or more vendors (79% vs. 62%).

This observation strongly suggests that vendors were aware that it was inappropriate to sell alcohol to these customers. We are unable to state with certainty that all vendors knew that their customers were underage. However, we can state with certainty that some vendors did know. This was apparent from remarks made to the researcher after the young people left the shop, or in some cases to the young people themselves, including, memorably, the vendor who, after making a sale, said to the purchaser “Next time make better ID – this card says you are 16”!

Summary of findings

- Test purchases were attempted, in two locations, by pairs of underage would-be purchasers. Alcohol was sold in 88% of purchase attempts by 16-year-old girls, 77% of attempts by 16-year-old boys, 42% of attempts by 13-year-old girls, and 4% of attempts by 13-year-old boys. The overwhelming majority of vendors tested were seen to sell alcohol to minors.

- These figures were generally comparable across locations, alcohol types (alcopops, beer, cider, wine, spirits), and outlet types (corner shops, off-licences, supermarkets and pubs).

- 80% of sales to 16-year-olds and 65% of sales to 13-year-old girls were made without challenge. If challenged, the would-be purchasers presented a proof-of-age card that showed their true date of birth (ie. it proved that they were underage.) Alcohol was sold following 50% of card presentations by 16-year-olds and 22% of card presentations by 13-year-old girls.

- ‘Prove-It’ cards were requested in fewer than 12% of purchase attempts in either age group.

- Refusals were more likely when another vendor was present.
Conclusions

These data suggest that 16-year-olds, and girls as young as 13, have little difficulty in purchasing alcohol. There was little difference between different types of outlet in their willingness to sell alcohol to minors; in particular, there was no support for the public perception that the problem of underage alcohol sales resides mainly in corner shops, and that the chain supermarkets have put their houses in order. Several lines of evidence suggest that at least some of the vendors were well aware that their customers were underage.
CHAPTER 4

ALCOHOL VENDORS’ VIEWS OF UNDERAGE ALCOHOL SALES

The vendor survey

Given that the test purchase study had confirmed young people’s reports of the ease with which minors are able to purchase alcohol, our next task was to seek the views of alcohol vendors of the extent to which they recognized this problem.

A total of 95 alcohol vendors were selected randomly from the list of those participating in the test purchase study, and interviewed by telephone. The survey was conducted during January 1999. Four groups of vendors were interviewed (n=23-25), representing the different types of alcohol outlet. Almost all of the vendors approached agreed to participate. A structured interview was used, which began with some general questions about level of trade, before proceeding to questions about alcohol purchase attempts by “underage kids”, ways in which retailers handle this problem, and the consequences of making an illegal sale.

What the vendors said

Very few of the respondents (12.5%) admitted to having a problem with underage adolescents attempting to purchase alcohol (“We have read a lot about retailers having problems with underage kids trying to buy alcohol – Has this been a problem for you?”). This group of respondents did not differ significantly from other respondents in their answers to any of the other questions asked. 65% of respondents said that they took some form of precaution (training or posters) to prevent underage alcohol sales. This was the only question on which there were significant differences between outlet type: pubs were least likely to take any precautions, while corner shops were most likely to use posters and least likely to offer training.

54% of respondents said that they found it more difficult to judge the age of girls and 36% that there was no gender difference; only 4% said that age was more difficult to estimate in boys. However, not a single respondent indicated that underage customers were frequently encountered: all respondents said either that they very rarely became suspicious (61%) and/or refused sale (56%), or that they did not know the answers to these questions (39%/44%). Nevertheless, most vendors (90%) said that if they were to become suspicious of a young customer they would ask for ID. Indeed, many vendors (59%) said that they would ask for a passport if they were suspicious of a young customer. We did not keep a separate record of passport requests in the test purchase study (Chapter 3), but these were infrequent. While the sample of vendors was relatively small (n=95) and drawn from only two areas of the country, the very high proportion of respondents claiming to ask for ID if they became suspicious of a customer’s age suggests that this may be a reliable finding. This claim by vendors would appear to be at variance with the high proportion of test purchase attempts, particularly by 16-year-olds, that resulted in an unchallenged sale. The discrepancy could arise either from inaccurate reporting by vendors or from their inability to judge young people’s ages; this question is addressed in Chapter 5.
Only 14% of vendors mentioned the Prove It card as a means of confirming a customer’s age. This figure corresponds closely to the 12% of vendors who did request a ‘Prove-It’ card in the test purchase study (some of whom, however, went on to sell alcohol). Together, the results of these two studies suggest that the ‘Prove-It’ scheme has made little inroads into young peoples’ ability to purchase alcohol. Nevertheless, it is possible that the 10% of vendors who insist on a ‘Prove-It’ card, and will not accept alternative ID, are now more vigilant than previously, and that this does represent a small decrease in the availability of alcohol to young people. We also note that the study was conducted in only two areas, and implementation of the ‘Prove-It’ scheme may well be greater elsewhere.

In answer to the question “What do you think might happen to you if someone in authority found that you had, for whatever reason, sold a drink to someone underage?”, 57% of respondents thought they might receive a fine and 6% thought they might lose their licence (39% did not know). However, only 2 vendors responded “yes” to the next question “Do you think there is much chance of this happening?”.

The vendors who participated in the survey were drawn randomly from the convenience sample of vendors who had also participated in the test-purchase study, who in turn were selected semi-randomly, on the basis of ease of access and parking: it is not obvious that these selection criteria would introduce any systematic biases into the sample, and we believe the sample to be representative. The test purchase study involved covert observation of vendors, who remained unaware that the test had taken place. Thus, the inclusion of the same participants in both studies provides a useful comparison of the vendors’ accounts with their actual behaviour, but does not introduce any additional source of bias. We have no means of assessing the extent to which vendors’ responses may be influenced by social desirability biases. However, despite the relatively small size of the sample, these data do permit some clear conclusions about differences between what vendors say and what they do.

Summary of findings

- Vendors reported, in a telephone survey, that they rarely encounter or sell to underage customers, but that they perceive the risks associated with doing so to be minimal.

- 90% of vendors said that they would request ID if they were suspicious of a customer’s age, but only 14% mentioned the Prove It scheme.

- Vendors report that it is easier to judge boys’ ages than girls’.

Conclusion:

While claiming not to sell alcohol to minors, vendors perceive little risk in doing so. The claim by the overwhelming majority of vendors that they would request ID if they were suspicious of a young customer’s age is at variance with the failure of most vendors to request proof of age when faced with the actuality of underage customers.
CHAPTER 5

ALCOHOL VENDORS’ ABILITY TO JUDGE YOUNG PEOPLE’S AGES

The age perception study

One of the major questions raised by ease with which underage customers are able to purchase alcohol (Chapter 3) is the extent to which sales of alcohol to underage adolescents are deliberate or inadvertent. There are a number of ways in which inadvertent sales could arise. The most obvious of these is that the vendor may misjudge the customer’s age: if vendors misperceived the age of the customer to be above 18, then an illegal sale could be made in good faith. The object of the next study was therefore to examine the extent to which such misperceptions arise, and to estimate the proportion of underage alcohol sales that might be explained in this way.

The participants in this study were an opportunity sample of 100 alcohol servers, 56 of whom were female and 44 male. Participants were tested in their workplaces. The licenced premises sampled, which were located in south Wales, comprised 39 supermarkets, 15 off-licences, 9 corner shops, and 37 public houses. The numbers of participants in each of 8 age ranges were: 18-20, 25; 21-25, 17; 26-30, 18; 31-35, 7; 36-40, 11; 41-45, 8; 46-50, 7; >50, 7.

Each participant was asked to judge the age of the person depicted in each of 80 photographs (who will be referred to as ‘subjects’). The pictures were head and shoulders shots taken with a Polaroid camera, each mounted in the centre of a sheet of A4 paper. The set comprised 8 groups (n=10) of male and female 13-, 16-, 20- and 22-year-olds. The 13- and 16-year-olds had all participated as confederates in the test purchase study (Chapter 3); the photographs used in the age perception study were those that had previously appeared on their ID cards. The 20- and 22-year-olds who supplied the other pictures were acquaintances of one of the investigators. These pictures were taken with the same camera, and care was taken to ensure a similar variety of backgrounds, lighting conditions, and dress.

Age estimates

Initially, each participant’s mean age estimate was calculated for each group of subjects. These data, averaged across all participants, are shown in Fig. 5.1. Participants overestimated the ages of 13- and 16-year-olds, but underestimated the ages of 20- and 22-year-olds. The overestimates of the younger subjects were greater for girls than for boys (13-year-olds: boys 0.4 years, girls 2.8 years; 16-year-olds: boys 1.0 years, girls 2.3 years). However, the underestimates of the older subjects were similar for women and men (20-year-olds 0.3 years; 22-year-olds, 0.8 years).

These data show that alcohol vendors consistently over-estimate the age of underage adolescents. While all of the teenage groups were significantly over-estimated, girls were rated as substantially older than boys of the same actual age. This accords with alcohol
vendors’ reports that they find girls’ ages harder to estimate than boys’ (Chapter 4), and with the findings that underage girls are less likely to be challenged about their age when attempting to buy alcohol (Chapters 2 and 3), and are more successful in effecting purchases (Chapter 3). The tendency to over-estimate the age of young people, particularly girls, was specific to teenagers: the ages of young adults were actually underestimated, and in this case, there was no difference between the two genders.

![Figure 5.1](image-url)

**Figure 5.1** Alcohol servers’ perceptions of the age of male (M) or female (F) subjects shown in head and shoulders photographs, as a function of their actual age. Values are means, with (very small) standard error bars. The horizontal dotted lines show the true age.

**Relationships to participants’ location, gender and age**

We also examined whether there were any differences in age judgements as a function of participants’ location, gender and age. Judgements by respondents in corner shops were slightly higher (0.4 years approximately) than in other types of alcohol outlet, but given the low number of respondents in this group (n=9) the effect cannot be considered reliable. Female participants made higher age ratings than male participants, but this effect, while statistically significant, was very small (0.18 years overall).

The effect of participants’ age on age judgements is shown in Fig. 5.2. The older the participants, the older they judged the subjects to be, and this effect was particularly apparent for the younger subjects. For the 13- and 16-year-old groups, the difference in age estimates between the youngest and oldest participants was 1.3 and 2.2 years, respectively. This tendency for older participants to make even more inflated estimates of teenagers’ ages is unlikely to represent a general tendency to overestimate the age of younger people, as the age effect was minimal for 20-year-olds years, and absent for 22-year olds. (A hypothesis based simply on age differentials would predict that >50-year olds would overestimate the age of 20-22-year-olds to the same extent that 45-50-year-olds overestimate the age of 16-year-olds. Inspection of Fig. 5.2 shows that this clearly was not the case.) Previous studies have reported that the perception of adults’ ages is relatively accurate, but that the age of adolescents may be over-estimated, as in the present study. However, the specific cues that underlie age perception remain to be determined.
Figure 5.2 Alcohol servers’ perceptions of the age of subjects shown in head and shoulders photographs, as a function of the respondents’ age. Values are means, with standard errors. (Most of the error bars fall within the symbols.) The four sets of data correspond, in ascending order, to 13, 16, 20 and 22-year-olds; the horizontal lines show these values.

Implications for underage alcohol sales

In order to investigate the extent to which misperceptions of customers’ ages impact on the ease with which adolescents are able to purchase alcohol, we next examined vendors’ age judgements in relation to the critical age of 18, the legal watershed.

Virtually all of the participants judged 20- and 22-year-olds to be older than 18, on average: only 2 participants judged 20-year-old males to be younger than 18, and none made this error for any of the other three groups. 60% of the participants judged the mean age of 16-year-old girls to be greater than 18. However, very few participants made this misjudgement in respect of 16-year-old boys or of 13-year-olds of either gender (Table 5.1). Conversely, very few participants made no errors in judging the age of 16-year-olds girls or boys to be above or below 18. However, 23% of participants made no errors in judging 13-year-old girls, rising to 78% for 13-year-old boys; and the vast majority (88% and 98% respectively) made no more than 3 errors for these groups. These data suggest that relatively few participants viewed 13-year-old girls or 16-year-old boys as being over 18, despite the high rates of alcohol sales to these groups (Chapter 3).

In order to judge the proportion of interactions that might have resulted in a good-faith sale of alcohol, the overall proportions of cases in which age was judged to be greater than 18 were calculated, averaged across all subjects and respondents (1000 judgements per group). These figures were in excess of 87% for all four groups of older subjects (20-22), but much lower for the 13- and 16-year-old subjects; again, more girls than boys were judged to be over 18, for both age groups. Estimates of potential inadvertent underage sales...
were very low for 13-year-old boys (3%), intermediate for 13-year-old girls, higher for 16-year-old boys, and highest for 16-year-old girls (56%) (Fig. 5.3). This order is the same as that seen in the earlier alcohol-purchase study (see Fig. 3.1).

**TABLE 5.1**

**Accuracy in judging underage subjects to be younger than 18**

<table>
<thead>
<tr>
<th>Age and gender of subjects</th>
<th>13M</th>
<th>13F</th>
<th>16M</th>
<th>16F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of participants (N=100) …</td>
<td>100</td>
<td>99</td>
<td>93</td>
<td>40</td>
</tr>
<tr>
<td>… reporting a mean age &lt; 18</td>
<td>78</td>
<td>23</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>… making no errors</td>
<td>98</td>
<td>88</td>
<td>27</td>
<td>17</td>
</tr>
<tr>
<td>… making 3 or fewer errors</td>
<td>98</td>
<td>88</td>
<td>27</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of subjects (n=10) judged to be &gt; 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean estimated age</td>
</tr>
<tr>
<td>Mean + 0.5 S.D.</td>
</tr>
<tr>
<td>Mean + 1.0 S.D.</td>
</tr>
<tr>
<td>Mean + 1.5 S.D.</td>
</tr>
</tbody>
</table>

*Figure 5.3*  Proportion of males (M) and females (F) of different ages judged to be over 18. Each value is based on 1000 judgements (100 participants x 10 photographs).
It has been suggested that the age and gender differences in alcohol sales to adolescents may reflect the operation by vendors of an implicit ‘moral code’ (Vaucher et al, 1995; Chapter 3). The present data may question the need for this hypothesis: the age and gender differences in alcohol sales could to some extent reflect differences in the extent to which boys and girls of different ages are judged to be over the legal age limit. However, this raises the question of the extent to which illegal sales activity can be explained by good-faith errors in judging the age of the customer.

**How far can age misperceptions explain underage alcohol sales?**

The available data, provide the means of estimating the proportion of underage alcohol sales that result from age estimation errors, because the same adolescents participated in both the test purchase and age perception studies. It is therefore possible to make a direct comparison between alcohol vendors’ judgements of adolescents’ ages and their success in actual alcohol purchase attempts. These data are shown in Table 5.2, which compares age judgements by vendors (the data shown in Fig. 5.3) with alcohol purchases by the same adolescents (the data shown in Fig. 3.1). Two sets of purchase data are shown: sales made without question, and total sales, including those made after an initial age challenge. In all groups, sales of alcohol were substantially higher than misperceptions of age. Overall, the overshoot is of the order of 50% for unchallenged sales and 100% for total sales. It thus appears that misperceptions of age can potentially account for around half of all sales of alcohol to underage adolescents, but other factors must account for the other half.

<table>
<thead>
<tr>
<th>TABLE 5.2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comparison of age judgements</strong></td>
</tr>
<tr>
<td>Age and gender of subjects</td>
</tr>
<tr>
<td>Proportion of ages judged &gt; 18 (%)</td>
</tr>
<tr>
<td>Sales made without challenge (%)</td>
</tr>
<tr>
<td>All sales, including challenges (%)</td>
</tr>
</tbody>
</table>

1 These figures are the same as in Fig. 5.3
2 These figures are the data shown in Fig. 3.1

One such factor could be that servers tend to give underage customers the benefit of the doubt if they are uncertain of the customer’s age. While participants were not asked to provide confidence ratings for their age judgements, a proxy measure of confidence can be estimated from the variability of ratings between participants. A mean rating, across all subjects, was calculated for each subject. The number of subjects considered to be over 18 at different levels of confidence was then estimated by examining the effect of adding 0.5, 1.0 or 1.5 standard deviations to the mean value. These data are shown in the lower part of Table 5.1. None of the 13-year-old subjects and a minority of the 16-year-olds were judged to be over 18. However, 9/10 of the 13-year-old girls and 16-year-old boys, and all 10 of the 16-year old girls were judged to be within 1.5 standard deviations of the legal age limit.
It appears from these figures that a high proportion of 16-year-olds and 13-year-old girls (but not 13-year-old boys) might be successful in their attempt to purchase alcohol if a low criterion of certainty was adopted for age judgements. However, while this may account for a further proportion of underage sales, our observations of test purchases by adolescents provided evidence that at least some alcohol sales to minors are made knowingly; this conclusion is supported by the observation that refusals were more likely when another vendor was present (Chapter 3).

Some limitations of this study should be noted. First, age judgements were made from head and shoulders photographs, which provide no information as to a customer’s self-confidence, as expressed through body language; the extent to which photographic judgements differ from judgements of live subjects, or of video-recordings, and indeed, the direction of any difference, is unknown. Second, the subjects spanned a relatively narrow age range, though this was chosen to sample equally from below and above the critical age of 18. Third, the samples of subjects were small, though any biases introduced by this factor are limited by the fact that alcohol purchase data are available, for these same underage subjects. Finally, although the photographs used were of young people who had actually been observed previously buying alcohol, different populations of servers were sampled in the two studies, raising the possibility of geographical differences. For all of these reasons, the conclusion that misperceptions of age may account for approximately 50% of underage alcohol sales is advanced tentatively. Nevertheless, the present data suggest that misperceptions of young people’s ages may indeed play a significant role in sales of alcohol to underage customers.

Summary of findings

- Alcohol vendors consistently overestimated the ages of the 13- and 16-year olds; these errors were substantially greater for the girls, and increased with the age of the vendor. However, the same respondents underestimated the ages of 20- and 22-year olds.

- A response of 18 or greater was made in 3% of estimates of the age of 13-year-old boys, increasing to 18% for 13-year-old girls, 38% for 16-year-old boys, and 56% for 16-year-old girls. These figures represent a likely minimum for underage alcohol sales.

- Many more of the 16-year-olds and 13-year-old girls were judged to be close to the legal age limit, and might be afforded the benefit of the doubt when attempting to purchase alcohol.

Conclusions

These data suggest that alcohol servers may sometimes sell alcohol to underage customers in good faith. However, a comparison of the present data with earlier data on actual alcohol sales, to the same 13- and 16-year-olds whose photographs were used in the present study, suggests that only around half of underage alcohol sales can be accounted for by misperceptions of age. A further proportion of sales might arise from the application of a liberal criterion in cases of uncertainty.
CHAPTER 6

EVALUATION OF A POLICE INTERVENTION TO REDUCE UNDERAGE ALCOHOL SALES

The intervention study

In the light the findings of our initial test purchase study (Chapter 3), the police in one of the two performance sites informed us that they were planning to mount an intervention aimed at reducing underage alcohol sales. It was therefore decided to take the opportunity to evaluate the intervention by means of a second round of test purchases in the intervention area, with the other area serving as a no-intervention control site. The intervention took place in February 1999, with the second round of test purchases, in both sites, in March and April 1999.

The police intervention consisted of the following elements:
1. A letter from the area police commander was sent to all licenced premises within the test areas:
   (i) reporting the headline figures from our first round of test purchasing,
   (ii) reminding licencees of their legal obligations with respect to the sale of alcohol to minors,
   (iii) recommending that proof of age should be sought from any young person who appeared to be below the age of 21,
   (iv) recommending that only a passport or the ‘Prove-It’ card issued by the Portman Group should be accepted as proof of age, and
   (v) indicating that the police would shortly be instituting a campaign in which they would themselves carry out test purchases for evidentiary purposes.
2. The contents of the letter were reiterated in personal visits to most licenced premises, and telephone calls to regional and area managers of the major brewery, off-licence and supermarket chains.
3. A press release was issued, which resulted in extensive coverage of the initiative by the local press and local radio.
4. A total of 11 test purchases were subsequently carried out, by a 13-year-old boy who “looked no more than 14 and did nothing to deceive licencees as to his age”. Three of these test purchases resulted in a sale. All three offenders were warned that any further offence could result in prosecution, and this was also publicized in the local media.

The study carried out to evaluate this intervention followed the same design as the initial round of test purchases, with two differences. Firstly, in the initial study, rates of sales to 13-year-old boys were relatively low, and difficulties were experienced in working with this group, who evidenced high levels of anxiety during purchase attempts. Therefore, the second phase of purchase attempts involved 16-year-old girls and boys, and 13-year-old girls only. Secondly, owing to illness of one of the researchers, there was a three-week break in the middle of data collection in the intervention site, following which data collection was completed by a male researcher.

The second phase of data collection was planned to include more purchase attempts in the intervention area than in the control area, so as to permit further analyses within the
intervention area should they be warranted. Target figures (with those achieved in parentheses) were: control area: 16-year girls, 40 (38); 16-year boys, 40 (42); 13-year girls, 40 (40); intervention area: 16-year girls, 80 (79); 16-year boys, 80 (79); 13-year girls, 60 (70). As in the initial study, some premises were visited more than once. Conservative estimates of the proportion of purchase attempts involving different vendors were at least 72% for 16-year-olds and at least 83% for 13-year-olds.

Evaluation of the intervention

Fig. 6.1 shows the percentage of purchase attempts resulting in a sale, before and after the intervention, shown separately for the two performance sites and the three groups of adolescent confederates. In the first wave of purchase attempts, prior to the intervention, sales to 16-year-old girls were slightly lower in the control site than in the intervention site, but the two groups of 16-year-old boys and 13-year-old girls were very well matched. In the second wave of purchase attempts, following the intervention, sales to 16-year-old girls in the control site increased to a level comparable to that in the intervention site, while sales to 16-year-old boys and 13-year-old girls in the control site did not change significantly.

The intervention did not decrease sales to any of the three groups of adolescent confederates. On the contrary, sales to both the 16-year-old boys and the 13-year-old girls increased markedly. In order to investigate whether these increases in sales might result from sampling errors, sales figures were computed for the subset of outlets sampled in both
phase 1 and phase 2. In all three cases where significant increases were seen (Fig. 6.1), the differences between phase 1 and phase 2 were substantially lower, and not statistically significant, in this replicated subset of outlets. (Differences between phase 1 and phase 2, for the whole sample and the replicated subset, respectively, were: control area, 16-year girls, 15.8% and 10.6%; intervention area, 16-year boys, 24.7% and 12.5%; intervention area, 13-year girls, 31.7% and 10.1%). Therefore, the possibility that the increases seen in phase 2 result from sampling error cannot be excluded, although it should be noted that the sample sizes for these calculations were small (n = 20 – 32). Nevertheless, it must be emphasized that even in the subset of outlets sampled in both phase 1 and phase 2, sales increased following the intervention (albeit these increases were not statistically significantly), rather than decreasing.

However, further analysis of the data from 13-year-old girls suggests that sampling error is unlikely to be the whole explanation for the increase in sales following the intervention, at least in this group, and that the intervention may not have been totally ineffective. As noted above, data in the intervention area were collected in two sampling periods, separated by three weeks. In the early period (20 purchase attempts), there were indications of a sharp fall in sales relative to phase 1 (25%, down from 44%), though this decrease was not statistically significant. However, in the later sampling period, 48 out of 50 purchase attempts resulted in a sale. This increase in late sales, relative to phase 1 (44% vs 96%), was also present in the subset of outlets sampled in both phases (45% vs 94%). The difference between the early and late sampling periods was seen in each of the three types of outlet (corner shops: early 4/10, late 14/15; off-licences: early 1/7, late 16/17; supermarkets: early 0/3, late 18/18).

To summarize, our evaluation of the intervention found no direct evidence that it was effective in decreasing sales of alcohol to 13- and 16-year-old customers. Indeed, in 13-year-old girls, following a transitory initial dip and a 3-week hiatus in data collection, a large increase in sales was observed, with the result that sales to this group were higher overall in the intervention area than in the control area.

However, while the results provide no significant evidence for the effectiveness of the intervention, it should be noted that the adolescent confederates tended to be older in phase 2 than in phase 1, and also more experienced in purchasing alcohol, as many of them had previously participated in phase 1 (see Table 3.1). These young people appeared to the researchers to be more confident during purchase attempts, and this impression may well have been conveyed to vendors also. Clearly, it would be preferable in future studies to maintain greater comparability between the two phases of the study by recruiting a new cohort of confederates for the post-intervention phase. In relation to the 13-year-old girls, this factor may have been more prominent in the intervention area, where 5/6 girls had previously taken part in phase 1 and the mean age in phase 2 was substantially higher, than in the control area, where only 3/6 girls had previously taken part in phase 1, and the mean age was similar in the two phases. It is therefore possible that the generally higher rates of sale in phase 2 reflect, to some extent, the greater experience and confidence of the adolescent purchasers, and that this could apply particularly to the 13-year-old girls in the intervention area.

From this perspective, it is possible that the dip in sales to 13-year-old girls, observed in the intervention area at the start of phase 2, may reflect a genuine decrease in sales to this group, as a result of the intervention. However, any such effect disappeared rapidly, as
sales had climbed steeply when data collection recommenced after a 3-week hiatus. The most likely explanation of this increase is that licensees relaxed their vigilance once it became apparent that the intervention had ended. This analysis provides some grounds for optimism that it may be possible to influence the availability of alcohol to underage purchasers by means of an intervention. However, any effect of the intervention evaluated in the present study was extremely brief.

We have no knowledge of whether the three individuals warned by the police that they would be prosecuted if they re-offended were among those subjected to a test purchase attempt in the evaluation phase of this project. Home Office data indicate that around 15% of those cautioned between 1985 and 1988 were convicted of an offence within two years of their caution (Dulai & Greenhorn, 1995). This compares very favourably with two-year reconviction rates of over 50% for offenders sentenced to community service orders or probation (Kershaw, 1997). However, these figures may not be relevant in the present context, because the policy currently operated by the police force in question is to caution licencees failing a test purchase, but not to prosecute for a subsequent offence. As the policy has been in operation for some years, it may be assumed that vendors are aware that they run minimal risks of prosecution even following a caution. Certainly, vendors were almost unanimous in reporting that they perceive the legal risks in selling alcohol to minors to be minimal (Chapter 4). Our results suggest that, whatever the effect on the individual cautioned, the empty threat of prosecution has no beneficial effect on the behaviour of the business community.

**Summary of findings**

- The test purchase study was repeated following a police intervention in one of the performance sites, which consisted of warning letters and visits to licensees, test purchases by the police, the issue of a small number of police warnings to vendors who were seen to infringe, and media coverage. There was a hint that the intervention might have slightly and briefly decreased sales to 13-year-olds, but there was no evidence of decreased sales to 16-year-olds, and no evidence of any lasting effect in either age group.

**Conclusion**

The fact that the police intervention failed to decrease sales suggests that vendors do not change their behaviour in response to a threat of legal action that they know will not be followed through.
CHAPTER 7

IMPLICATIONS, RECOMMENDATIONS AND CONCLUSIONS

Schools-based education programmes have attempted to increase awareness of alcohol issues and to prevent the misuse of alcohol. However, the effectiveness of these programmes has always been undermined by the ready availability of alcohol to young people that is documented in this report. Given the relative ineffectiveness of alcohol prevention policies in decreasing the uptake of alcohol by young people (Morgan, 1998; Stoil & Hill, 1996), restricting their access to alcohol may be a crucial prevention strategy. Indeed, Edwards et al (1994) reviewed studies showing that increases in the minimum drinking age have the very reliable effect of decreasing road traffic accidents involving young people, presumably by decreasing young people’s access to alcohol. The present data show that access to alcohol is not unrestricted (sales to 13-year-old boys are very limited), but older adolescents (16) and younger girls (13) can purchase alcohol with little difficulty. This is equally true in chain supermarkets and off-licences as in small corner shops and public houses (Chapter 3). While many individual establishments exercise due diligence in ensuring that they follow the legal requirement to refuse sale of alcohol to minors, this is not generally the case. All sections of the drinks industry need to put their house in order, and none can claim to have done so.

The low frequency of age challenges reported by young people (Chapter 2) accords with the direct evidence that age challenges were rarely issued during test purchase attempts (Chapter 3), and with vendors’ reports (Chapter 4): most of the vendors questioned claimed that they do challenge customers whom they believe to be underage, but all agreed that this is a very rare occurrence. Lister Sharp (1995) has discussed a number of possible reasons for this state of affairs, including the difficulty of judging the age of young people, particularly girls, fears that challenging a customer may provoke a violent response, uncertainty about the legal position (given that young people are allowed inside pubs from the age of 14), and pressure to achieve sales targets.

It has been suggested that alcohol vendors may operate an implicit moral rule under which alcohol is provided less readily to younger children (Vaucher et al, 1995). However, for the majority of vendors, the upper limit of this rule (unrestricted access) is reached well below the legal age of 18. Our observations suggest an alternative view of these data: that many underage alcohol sales (around 50%) may result from misperceptions of the customer’s age, which become more likely the older the customer, together with a willingness to give customers the benefit of the doubt in cases of uncertainty (Chapter 5). However, there are also instances of deliberate illegality by vendors. The evidence that this occurs includes: the greater difficulty in buying spirits, rather than beer, experienced by 13-year-old girls; the greater reluctance of vendors to sell alcohol to minors when another vendor was present; and verbal acknowledgement by some vendors of their awareness that the customer was underage (Chapter 3).

Where age challenges do occur, the outcome is variable. Few vendors insist on a ‘Prove-It’ card, which is only available to 18-year-olds, and even fewer ask to see a passport (despite their claims to the contrary). However, a high proportion of vendors were seen to make a sale when offered a proof-of-age card that showed the customer’s true date of birth, and so proved that the customer was underage (Chapter 3). This behaviour could reflect: an
inability to calculate the customer’s age from the date of birth; a failure to calculate the age, perhaps because it is assumed that a card would not be proffered unless it ‘proved’ that the holder was older than 18; or a cynical decision that simply asking for a card would provide legal protection in the event of a prosecution. Whatever the case, it is clear that simply challenging customers about their age will not in itself guarantee the prevention of an illegal sale. Additionally, most of the ID cards in current use can easily be forged, and forged cards can be purchased for less than the price of a round of drinks. The easy acceptance of our ‘CoverAge’ card demonstrates the imperative to insist that the documents accepted as proof of a customer’s age must be unforgeable.

While it remains uncertain whether vendors really do operate under a moral code that allows them to sell alcohol to older, but not to younger, underage customers, the potential legal sanctions certainly have little impact on whether or not underage sales occur. The vendors who took part in our survey were almost unanimously of the view that the legal risk to themselves, in selling alcohol to minors, was minimal (Chapter 4). More important, there was virtually no evidence that vendors changed their behaviour in response to a police intervention, which included extensive media coverage and threats of prosecution (Chapter 6). The disappointing outcome of the intervention suggests strongly that alcohol vendors who sell to adolescents will not be persuaded to desist from doing so by threats that they know from experience will not be followed through.

There is strong evidence that the earlier the onset of out-of-the-family alcohol use, the higher the likelihood of subsequent alcohol abuse problems (Fergusson et al, 1994; Grant & Dawson, 1997) and use of illicit drugs (Yu & Williford, 1992). There are therefore strong public health grounds for discouraging the sale of alcohol to minors. For this and other reasons, the present data, documenting the ease with which young people are able to purchase alcohol, give cause for concern.

**Strategies for change**

The results of this series of studies suggest four strategies that could be adopted to improve this situation, by decreasing the likelihood of underage adolescents purchasing alcohol: (1) training vendors to make accurate age judgements; (2) increasing the use of age challenges; (3) improving proof-of-age procedures; and (4) improving enforcement of the minimum age laws by legalizing test purchasing by underage adolescents.

1. **Training vendors to make accurate age judgements**

It is clear that a high proportion of underage alcohol sales could result, in good faith, from a misperception on the part of the vendor, particularly the older vendor, that the customer is of legal age. This problem could be addressed by training vendors to increase the accuracy of their age judgements. Training programmes that succeeded in increasing vendors’ accuracy in their judgements of customers’ ages could potentially impact significantly on the ability of minors to purchase alcohol. The extent of the potential improvement in accuracy following training, and indeed, the most appropriate training methods, are currently unknown, but these are questions that clearly merit investigation.
2. Increasing the use of age challenges

Some studies have suggested that alcohol servers are reluctant to challenge customers on their ages, and may have more confidence to refuse sale or query age following training programmes in refusal skills (Vegega, 1986; Gliksman et al, 1993; Wagenaar et al, 2000). In addition to building up vendors’ confidence to challenge customers on their age, such programmes should instil in vendors a presumption against giving the benefit of the doubt to customers of uncertain age.

3. Improving proof-of-age procedures

As part of the drive to improve vendors’ refusal skills, the acceptability of proof-of-age cards should be restricted to a small number of documents that are guaranteed forge-proof. Furthermore, as some vendors appeared unable to calculate the customer’s age from the date of birth on the card, a proof-of-age document should show not only the date of birth, but also the date on which the customer reached the age of 18. The two currently accepted gold standards, the passport and the Prove-It card meet the first of these requirements, but not the second. However, the major problem is that many vendors fail to request proof-of-age cards. One solution, which is used in parts of the USA, is to raise the perceived age at which young people are challenged to well above the legal age limit. The presumption should be that young people should prove that they are 18, rather than being given the benefit of the doubt, as appears currently to be the case.

4. Legalizing test-purchasing

Finally, it is clear that more potent law enforcement interventions are needed, if children’s access to alcohol is to be decreased. Test-purchasing methods are used by police and trading standards officers in the enforcement of age restrictions on the sale of a variety of commodities (eg. tobacco, fireworks, pornography). However, alcohol differs from these other commodities in that it is illegal not only for the vendor to sell alcohol but also for the underage purchaser to buy it. This legal anomaly has meant that, while several police forces use test purchasing to identify vendors who sell alcohol to children, the evidence obtained in these operations is almost never used to bring prosecutions or to remove alcohol licences. The legalization of test purchasing, to enable the police to gather evidence of underage alcohol sales (Ministerial Group on Alcopops, 1997), could be an obvious first step in improving compliance with the minimum age law. The present data suggest that, without a change in the law to legalize test purchases of alcohol and so enable more effective enforcement of the minimum age laws, the easy availability of alcohol to young people is unlikely to decrease.
Conclusions

• Underage drinking represents a significant public health risk, which is exacerbated by the easy access to alcohol documented in the present report. Given the relative ineffectiveness of alcohol prevention policies in decreasing the uptake of alcohol by young people, restricting their access to alcohol may be a crucial prevention strategy.

• The removal of the legal anomaly that currently forbids alcohol test purchasing by underage customers would enable the police to enforce the law more effectively.

• Various strategies could be adopted to assist vendors to avoid inadvertent sales of alcohol to minors, including training programmes aimed at increasing the accuracy of their perceptions of teenagers’ ages, training programmes in refusal skills, and improved proof-of-age procedures.
REFERENCES

For further details of the studies described in this report, and further reading, see the three papers at the end of this list.


Vaucher, S., Rehm, J. Benvenuti, J. & Muller, R. (1995) Young teenagers and access to alcohol in a Swiss canton - Evidence from observational testing and from a telephone survey, Addiction, 90, 12, 1619-1625.


See also:

