

# **Youth Alcohol Action Plan**

2001 - 2005

***NSW Youth Alcohol Action Plan – 2001-2005***

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# Summary

## Executive summary

The *NSW Youth Alcohol Action Plan 2001–2005* is a companion document to the *NSW Adult Alcohol Action Plan 1998–2002*. Like that document, this represents an agreement between key stakeholders on the policy priorities, strategic directions and outcomes to be achieved on alcohol consumption among young people over the next four years.

The *NSW Youth Alcohol Action Plan* outlines the Government's commitment and approach to preventing and reducing alcohol use and associated harm by young people between 12 and 24 years. This Plan aims to help government and non-government agencies to develop programs strategically aligned with the priorities set out here.

The Plan establishes four policy priorities and sets the agenda for developing and implementing key strategies. These policy priorities and their corresponding 'statements of action' fall under the following section headings:

### **Section 1: Young people, alcohol and health**

Reduce alcohol consumption and frequency of intoxication among young people

### **Section 2: Young people, alcohol and the law**

Reduce alcohol-related crime, violence, underage drinking and antisocial behaviour

### **Section 3: Young people, alcohol and culture**

Reorient programs to be responsive to young people

### **Section 4: Young people, alcohol and communities**

Develop supportive communities for young people

### **Section 5: Implementation – an overview**

Outlines actions taken by the NSW Government to date in the area of young people and alcohol. As the Plan represents a Whole-of-Government approach

to alcohol use by young people, numerous agency initiatives are described for their contribution to a broad strategic approach to minimising harms that may be seen as 'collateral' to alcohol use. The Plan represents a strong strategic social policy base while directly addressing issues of acute harm.

Only by coordinating and mobilising endeavours on all social fronts may young people's problems be addressed. Many of these agency-based endeavours were already in place before the development of this Plan while others emanated from the *NSW Drug Summit 1999 Government Plan of Action*. While many of these initiatives are not youth- or alcohol-specific, they are consistent with the Plan's strategic aims and consultations undertaken over the previous two years. These are intrinsic to the Plan's strategic direction and reflect concerns canvassed by agencies and other stakeholders.

The Plan itself builds on Government commitments and recommendations in the *NSW Drug Summit Government Plan of Action*, which gives strategic direction and mandate for Government to take responsibility for issues of drugs and alcohol. Under the guidance of the Senior Officers' Co-ordinating Committee on Drugs (SOCC) – a Whole-of-Government committee chaired by The Office of Drug Policy, The Cabinet Office – the Plan has the advantage of agency commitment to setting the social agenda for creative and strategic reform over the next four years. This commitment will give the Plan life and substance and should ensure its longevity.

# Introduction

The NSW Drug Summit was held in May 1999 and brought together Government, a wide range of agencies, organisations and community representatives to identify solutions to drug problems in NSW. While the Summit drew attention to illicit drug use and its associated problems, many of its recommendations and subsequent initiatives relate clearly to substance misuse, including alcohol.

The Drug Summit focused extensively on the needs of young people. The subsequent Government Plan of Action established priorities for dealing with drug-related harm and identified a number of desired outcomes related to young people's use of drugs and alcohol. The *NSW Youth Alcohol Action Plan 2001-2005* has been developed within the context of the *NSW Drug Summit 1999 – Government Plan of Action* and the *National Drug Strategic Framework 1998-99 to 2002-03*. It is consistent with the goals and philosophies identified in both these documents.

## Why a Youth Alcohol Action Plan?

The *NSW Youth Alcohol Action Plan 2001-2005* ('the Plan') outlines the Government's commitment and approach to preventing and reducing alcohol use and associated harm by young people between 12 and 24. Research continues to show considerable harms associated with young people and alcohol use, both in terms of acute health harms and the broader public health-community safety nexus. These phenomena need to be addressed and a strong social policy framework is required to give direction to grounded, comprehensive and committed action. The Plan recognises that young people do and will drink alcohol and sets out to minimise the harms associated with this cultural phenomenon. Two years of consultation provide considerable evidence and indicate Government agency commitment to reducing these harms. The Plan represents a consensus on key issues to be addressed, and outlines a range of strategic responses including Whole-of-Government, specific departmental, non-government and local ways to support young people to reduce and prevent harm associated with alcohol.

While the Drug Programs Bureau of NSW Health will coordinate implementation and monitoring of the Plan, a newly-instituted Youth Alcohol Advisory Committee and the Senior Officers' Co-ordinating Committee on Drugs (SOCC) will also provide guiding input.

The Drug Programs Bureau will continue regular consultations as the Plan is implemented over the next four years. The consultations will help NSW Health and the Government to monitor implementation and determine priorities for specific strategies.

## How the Plan was developed

The process for developing the Plan began with a review of the *NSW Youth Alcohol Strategy 1993-1998*. This review involved consultations with young people, health professionals, law enforcement officers, teachers, members of the community, the NSW Committee on Underage Drinking (under the auspices of the Department of Gaming and Racing) and other relevant Government agencies party to the Senior Officers' Co-ordinating Committee on Drugs.

A working group was established at the outset of the review. In addition, relevant agencies were invited to advise on policies, initiatives, programs or projects considered to have statewide significance. These agencies were also asked to identify other issues pertinent to alcohol and young people. Represented here were NSW Health, the Department of Gaming and Racing, the Department of Education and Training, the NSW Police Service, the Roads and Traffic Authority, the Office of Children and Young People and the Crime Prevention Division of the Attorney General's Department. This working group was convened to guide the development of the Plan. At various stages throughout this development, key stakeholders were again consulted, including the liquor industry, non-government organisations and peak bodies representing young people.

The Youth Alcohol Advisory Committee consists of representatives of these groups. It will guide implementation of the Plan at both inter-agency and

local area levels. This process ensures the Plan reflects current research, trends and program directions in addition to incorporating key State and national directions over the next four years.

## Goals, principles and outcomes

### Health promotion framework

The NSW Government aims to promote the health and wellbeing of young people by reducing or eliminating alcohol use that is harmful, either to the drinker or to others in the community. The principles underpinning the Plan are a guide for services to young people. These principles, based on the Ottawa Charter for Health Promotion\*, are developing skills and strengthening community action; creating supportive environments; and reorienting services. The Ottawa Charter, among others, identifies three broad strategies as crucial to achieving community development, renewal and positive change:

- developing skills and knowledge in young people and those closely involved with them
- developing communities and a society which supports young people
- establishing services that are accessible, sustainable and responsive to young people.

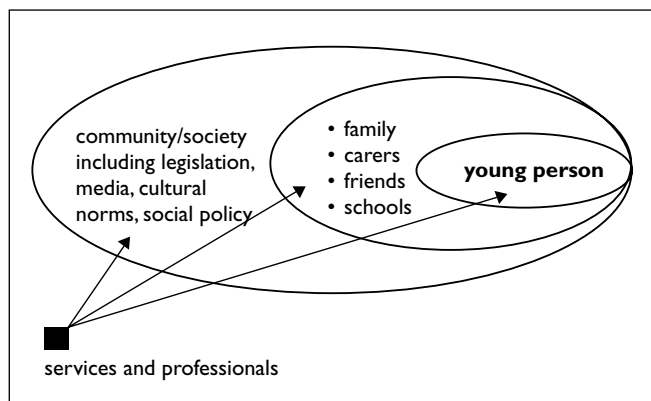


Diagram 1

The diagram above places the young person in an immediate context of family, carers, friends and school – within which most young people will have established some relationships. The broader context consists of the community and society at large. Both the immediate and broader contexts of a young person’s life have the potential to influence their thinking, attitudes and behaviours.

Services and professionals potentially work within each context, with the capacity to influence the young

person’s life. Professionals or services focusing on society may advocate amending laws to reduce access to alcohol. Or they may deliver education, training or other services to those close to the young person so she or he is better supported. They may also deliver services directly to the young person.

To ensure a comprehensive approach to alcohol and young people, action is needed in each context. The Plan is committed to the following policy principles:

- The sale, supply and consumption of alcohol will continue to be subject to wide-ranging controls recognising the harm – especially to young people – that can be associated with its misuse and abuse.
- Young people are entitled to relevant and accurate information; to healthy, productive lives through skill development opportunities; and to know how to obtain help when there is a problem.
- Families, carers, teachers and friends of young people are entitled to help, including information and the development of skills, to support young people.
- Supportive environments at home, school, work and in the community reduce the risk of harmful alcohol use by young people and support them in making positive choices.
- Young people are entitled to equitable access to services responsive to their needs.
- Young people’s participation is central to providing and maintaining services for them.
- All funding agreements and contracts for youth drug and alcohol programs and Government-funded services will include a clause requiring young people’s participation in decisions on planning and delivery of services.
- To ensure equity of access, the needs of vulnerable and disadvantaged groups of young people will be taken into account in planning, developing and delivering services. Building and increasing protective factors and reducing risk factors for harmful alcohol use among young people at all stages of their lives is fundamental.

\* (Charter adopted at the International Conference on Health Promotion: The move towards a new public health, Ottawa, Ontario, Canada, November 1986)

Specifically, the Plan:

- identifies key priority areas developed in consultation with stakeholders
- outlines current evidenced-based research on alcohol and young people
- describes current programs
- provides a list of actions which to date have provided a strong foundation and influence the direction of the Plan.

### **Outcomes**

A number of key outcomes have been set for the Plan. These include:

- a reduction in premature death, illness and injury associated with alcohol use
- an increase in young people's knowledge of alcohol-related harms and strategies to reduce them

- a reduction in young people's access to alcohol and reduced incidence of underage drinking
- a reduction in alcohol-related violence, antisocial behaviour and crimes in which young people are involved
- a reduction in young people drinking at risky or dangerous levels
- a reduction in young people using alcohol with illicit drugs
- an increase in appropriate and accessible treatment services for young people who experience alcohol-related problems.

# Section 1

## Young people, alcohol and health

*“In this country alcohol-related deaths each year exceed by a factor of four the number of deaths associated with all illegal drugs. Half of the almost 4,000 alcohol-related deaths each year arise from traumatic causes such as violence, suicide, road trauma and a variety of accidents of different descriptions. Many of these causes involve younger people.”*

Professor Tim Stockwell  
Director, National Drug Research Institute  
NSW Drug Summit

### NHMRC Guidelines

In 1989 the National Health and Medical Research Council (NHMRC) published *Is there a safe level of daily consumption of alcohol for men and women?* Recommendations regarding responsible drinking behaviour. These guidelines for alcohol consumption were revised and republished in 1992 and have remained the standard Australian measure for healthy and responsible drinking since then (NHMRC, 1992).

During 2000, the NHMRC reviewed these guidelines and after extensive nationwide consultation produced *Australian Alcohol Guidelines: Health Risks and Benefits* (NHMRC, 2001). These provide Australians with information enabling them to enjoy drinking while avoiding or minimising harmful consequences, both acute and chronic. The guidelines were released in October 2001 and thereafter will be the Australian standard recommendations on safe drinking behaviour.

### ‘Binge’ drinking defined

With particular importance for young people, the 1992 NHMRC guidelines state: “‘Binge’ drinking is a poorly defined term, which describes consumption to intoxication occurring in a short period of time. Two types of time periods are usually implied by this term: drinking heavily on a single drinking occasion or drinking heavily and continuously over a number of days or weeks.” (NHMRC, 1992). While these guidelines equivocate on the definition of binge drinking, they imply that binge drinking occurs at the

defined ‘hazardous’ level – five drinks or more for men; three or more for women. This definition has been used in almost all subsequent Australian studies.

The *Australian Alcohol Guidelines* avoid using the term altogether, other than citing research using it, due to its lack of consistency and specific meaning (NHMRC, 2001). That said, the issue of episodic, heavy drinking in young people is clearly a critical concern.

### Hazardous and harmful?

Another important issue on terminology relates to descriptors such as ‘hazardous’ and ‘harmful’ as adopted by the 1992 NHMRC guidelines, and most subsequent studies and surveys in Australia. These terms were adopted from World Health Organization (WHO) recommendations dating from 1969 (NHMRC, 1992). The *Australian Alcohol Guidelines* have adopted new nomenclature – quantitative descriptors such as ‘heavy’, ‘moderate’ or ‘light’ are used in preference to such terms as ‘hazardous’ and ‘harmful’ which may be considered either misleading or judgmental (NHMRC, 2001).

### New paradigms

The NHMRC *Australian Alcohol Guidelines* reflect considerable advances in knowledge and understanding of alcohol consumption since 1992, in terms of medical, epidemiological and sociological research and greater social awareness of its potential impact. Where the earlier document focussed on levels of drinking to reduce aggregate consumption, the new Guidelines emphasise:

- patterns and settings of consumption
- the various contexts in which people choose to drink
- the relative risks these pose for the drinker.

This approach has particular relevance for young people and hence for this Plan. It has been shown that measures of drinking patterns over time rather than aggregate consumption are the best predictors of

harm. A person's frequency of heavy consumption contributes to a range of alcohol-related harms that far outweigh their average level of drinking (Stockwell et al, 1998). From this perspective, the Guidelines make recommendations for both the whole population and specific target groups, including young people.

**Guidelines for the whole population**

For the whole population the following maximum levels of alcohol consumption are recommended to minimise risk:

- for men, up to six standard drinks on any one day; no more than two standard drinks in the first hour and one per hour thereafter
- for women, up to four standard drinks on any one day; no more than one standard drink per hour.

While the Guidelines do not recommend daily drinking, they do set a limit for occasional higher-drinking days. The Guidelines define low-risk consumption for long-term health problems as up to 14 standard drinks per week for women and up to 28 drinks per week for men. It is further recommended that one or two days a week remain alcohol free.

**Guidelines for young people**

The Guidelines also make recommendations for 'particular groups', including young adults and young people. With respect to young people, they state that:

- in settings where alcohol is available to young people, adult supervision is strongly urged at all times
- any drinking should be kept to a minimum
- it is especially important not to become intoxicated
- to become responsible adult drinkers, a gradual, supervised introduction to alcohol is recommended (NHMRC, 2001).

The Guidelines point out that a young person's ability to cope with alcohol is influenced by their physical size and stage of development. Young people generally have lower body weight than adults, and therefore tolerate less alcohol. They also lack experience of drinking and its effects, so there is no yardstick by which to measure their drinking behaviour. This lack of experience also means they have built no physiological tolerance to alcohol.

**Standard drinks and labelling**

While the Guidelines retain the definition of a 'standard drink' as containing 10 grams of alcohol, they concede this measure is difficult to translate to any given 'real life' drinking context. This is compounded by the fact that drinking vessels are not standardised across all public drinking environments, much less in private premises, and that people routinely underestimate their own levels of consumption. That said, standard drinks in common containers of various alcoholic beverages are as follows:

1 can of light beer	= 1/2 standard drink
1 can of regular beer	= 1 1/2 standard drinks
1 jug of beer	= 4 standard drinks
1 bottle of wine	= about 7 to 8 standard drinks
1 cask of wine (4L)	= about 30 to 40 standard drinks
1 spirits nip	= 1 standard drink

*(Australian Alcohol Guidelines: Health Risks and Benefits)*

In Australia, standard drinks labelling must by law be applied to alcohol beverage containers. This, however, relates to prepackaged alcohol (cans, bottles, etc) and not to glasses used in licensed venues. Measuring one's consumption of standard drinks in a licensed setting has become increasingly problematic as many pubs and bars, particularly in metropolitan areas, now provide non-standard measures. Where a 'schooner' and a 'middie' in NSW refers to 425mL and 285mL vessels respectively, these measures are becoming increasingly unavailable. A measure popular with licensees, known as a 'schmiddie' – a boutique-style glass falling somewhere between a schooner and a middie – has superseded these containers in many premises.

The volume measure is rarely indicated on the container and consumers tend to be served this container regardless of a request for either of the former. While some publicans and other licensees have contended this may in fact lend itself to harm minimisation – since generally these containers hold less than the requested schooner – this has the potential to confound any who choose to carefully monitor their intake. This has particular importance for young adult drinkers, particularly women who frequent bars and nightclubs, the biggest purveyors of this container.

## Information sources

Four major surveys have provided information on the patterns of alcohol use by young people. These are *Self Reported Tobacco and Alcohol Use among NSW Secondary School Students: The 1996 Australian Schools Students' Alcohol and Drugs Survey* (ASSAD) (Schofield et al, 1998); the *1998 National Drug Strategy Household Survey* (Fitzsimmons and Cooper-Stanbury, 2000); *Self reported behaviours of secondary school students. NSW 1999. Statistical Bulletin – Alcohol: The 1999 Australian Schools Students' Alcohol and Drugs Survey* (Lovelace et al, 2001) and *Developmental Research for a National Alcohol Campaign* (Shanahan et al, 1999) commissioned by the Commonwealth Department of Health and Aged Care for the National Alcohol Campaign. Further, the *Report on the 1997 and 1998 NSW Health Surveys* (NSW Health, 2000b), provides information on alcohol consumption in NSW.

### 1999 Australian Schools Students' Alcohol and Drugs Survey

A comparison of results between 1999 and 1996 ASSAD surveys suggests stability in most indicators of alcohol consumption. Overall, 34 per cent of males and 29 per cent of females were recent drinkers in both the 1996 and 1999 surveys. The following highlights the extent of alcohol use by young people as reported in the *Statistical Bulletin – Alcohol of the 1999 Australian Schools Students' Alcohol and Drugs Survey* (ASSAD). (For more detailed information on the ASSAD Surveys see Appendix 1.)

- Across all age groups, 88 per cent of males and 85 per cent of females reported ever drinking at least part of an alcoholic drink, although for 32 per cent of males and 35 per cent of females this was only 'a few sips'.
- There were substantial age differences in these figures, with about 13 per cent of 12-year-olds reporting recent drinking compared to about 50 per cent of 17-year-olds.
- There were also gender differences related to age: at 12 years, 15 per cent of males and 10 per cent of females were recent drinkers; and at 17 years, 54 per cent of males and 44 per cent of females were recent drinkers. Even so, 45 per cent of males (75 per cent at 12 years and 21 per cent at 17 years) described themselves as 'non-drinkers', as did 51 per cent of females (84 per cent at 12 years and 26 per cent at 17 years).

- Only six per cent of males and 0.5 per cent of females described themselves as 'heavy drinkers'. The greatest increase in recent drinking was before 16 years for males and before 17 years for females.
- 28 per cent of males and 36 per cent of females reported they had drunk at 'hazardous' amounts in the two week preceding the survey (hazardous drinking defined here as three or more drinks on one occasion for females, and five or more drinks on one occasion for males).<sup>1</sup>
- 17,000 NSW students aged 16 and 17 years engaged in 'hazardous drinking' two or more times in the fortnight preceding the survey.
- 20 per cent of 15-year-old females and 30 per cent of 16-year-old females are drinking five or more drinks on one occasion.
- The most common sources of alcohol for students who did not buy their own alcohol were 'parent/s' (44 per cent males; 40 per cent females), 'a friend' (20 per cent males; 25 per cent females) and 'getting someone else to buy it' (15 per cent males; 16 per cent females).
- Types of drink most frequently cited by respondents as their usual drink are beer (43 per cent males; 16 per cent females), spirits (30 per cent males; 29 per cent females), alcoholic sodas (13 per cent males, 27 per cent females), and wine (13 per cent males and females).
- The most common places for drinking alcohol were at home (39 per cent males; 34 per cent females), at a party (27 per cent males; 33 per cent females) and at friends' homes (13 per cent males and females).

Overall, the incidence of 'hazardous' drinking has decreased for males (34 per cent in 1996; 28 per cent in 1999). The decline was recorded in all male age categories. For females, the rates of hazardous drinking have remained stable (35 per cent in 1996; 36 per cent in 1999).

The *Report on the 1997 and 1998 NSW Health Surveys* indicates patterns of drinking for the wider community in NSW. In 1997 and 1998, 16 per cent of males and 30 per cent of females aged 16 years and over reported they were non-drinkers while 19 per cent of males and 28 per cent of females reported

1. The definition of 'hazardous' here follows the *National Health and Medical Research Council (NHMRC) Guidelines* (1992)

drinking alcohol only occasionally (less than once per week). The remaining 65 per cent of males and 41 per cent of females (equating to about 2.6 million people overall) reported drinking alcohol regularly (once per week or more). The proportion of both male and females drinkers reporting heavy drinking days was highest in the 16 to 24 years of age group (65 per cent and 56 per cent for males and females respectively). This proportion declined steadily with age. Consistent with other surveys, more males than females reported heavy drinking days across all age groups (NSW, 2000b).

### **Alcohol consumption in ethnic communities**

The Drug and Alcohol Multicultural Education Centre (DAMEC) did a number of surveys of particular ethnic groups between 1992 and 1997. Data were collected for the Vietnamese, Spanish, Greek, Chinese, Italian and Arabic-speaking communities, and found that the incidence of weekly alcohol use was significantly lower for these communities, except the Italian, than for the general Australian community (Bertram & Flaherty 1992, 1993; Everingham & Flaherty 1994, 1995; Jukic et al, 1996, 1997).

While these reports contain no significant data on substance use by young people in these communities, a study substantively on tobacco use among school-aged ethnic (Arabic and Vietnamese) adolescents in the Sydney metropolitan area shows some trends that may be of value (Rissell et al, 1999). Of a sample of 2,573 school students in years 10 and 11 from 12 high schools with high Vietnamese and Arabic populations, some 75 per cent of students reported having 'ever tasted' an alcoholic drink. Typically, males were more likely to have 'ever tasted' than girls. Students of English or European background (92.5 per cent and 83.3 per cent respectively) were more likely to have 'experimented' at this level than Vietnamese and other Southeast Asians (70 per cent) and Arabic students (57.6 per cent). Thirty per cent of students reported having drunk alcohol on 'two or more' occasions, with boys again more likely to have consumed this amount than girls (about 30 per cent more in both years 10 and 11) (Rissell et al, 1999).

Consistent with these and other findings, the *Report of 1997 and 1998 NSW Health Surveys* found that rates of regular alcohol consumption were higher among respondents born in Australia, the United Kingdom and Ireland and New Zealand, than the NSW average.

Also, rates were lower than the NSW average among respondents born in Asian and Middle Eastern countries. Reported rates of drinking above guideline levels also tended to be lower than the NSW average among drinkers born in Asian and Middle Eastern countries (NSW Health, 2000b).

Respondents speaking languages other than English at home reported lower rates of regular alcohol consumption than those who spoke English at home. Both male and females speaking Chinese, Vietnamese, Filipino/Tagalog, Greek or Arabic languages at home reported low rates of regular drinking, as did female respondents speaking Italian, Spanish and Hindi. Similarly, those interviewed in languages other than English tended to report lower rates of regular alcohol consumption than those interviewed in English. Both male and female respondents interviewed in Chinese, Vietnamese and Arabic reported low rates of regular drinking, as did female respondents interviewed in Greek and Italian. Current drinkers speaking mostly non-English languages at home also reported lower rates of heavy drinking days than English-speaking drinkers (NSW Health 2000b).

### **Alcohol and physical health**

There is now overwhelming evidence of beneficial, protective physiological effects of moderate consumption of alcohol over time. Where this issue has been debated as much as it has been studied, a direct beneficial effect and a considerable one at that (20 per cent reduction in total mortality from middle age on) has now been demonstrated (Doll, 1998). In a major Australian case-control study, 11,511 patients with 'major coronary events' (both fatal or non-fatal) were compared with an 'event-free' control group of 6,077 people with respect to cardiovascular risk factors and frequency and quantity of alcohol consumption. After controlling for factors such as age, smoking, hypertension, high cholesterol, stroke, previous heart attacks and diabetes, the study found moderate regular consumption of alcohol up to five or six days a week to be associated with a significantly reduced risk of a major coronary event (McElduff and Dobson, 1997).

Indeed, the relationship between moderate consumption and a beneficial effect on cardiovascular disease and stroke, with attendant reduced deaths, is now accepted as one of 'cause and effect' by the WHO (Doll, 1998). From the earliest study showing a significant inverse association between average per-capita consumption of alcohol and cardiac morbidity

and mortality in 1970 (St Leger et al, 1979 in Rimm et al, 1996), this protective effect was thought to be only from wine, particularly red wine, as part of what has been termed the 'French paradox'. However, more than 50 studies have since shown that all alcoholic drinks are linked with lower cardiovascular risk, and that potential benefits come from ethyl alcohol itself rather than other components of each type of drink (Doll, 1998; Rimm et al, 1996).

This protective effect, however, is important mainly in the age groups where coronary heart disease is a significant cause of death. In Australia, this appears in men between ages 40 to 45 years and in women between 45 and 50. As a number of studies now confirm, coronary heart disease is uncommon in young people, and with younger males, any potential benefit from alcohol is more than cancelled out by the risk of death from other alcohol-related causes, notably trauma (McElduff and Dobson, 1997; Andreasson et al, 1988 in NHMRC, 2000).

Drinking above NHMRC-recommended levels increases health risks. Immediate short-term effects on health may include gastrointestinal problems, headache, nausea, sleeping disorders, depression and sexual problems (including erectile dysfunction in men). Acute physical effects include intoxication and alcoholic 'poisoning' or overdose, leading to unconsciousness and even death. Intoxication is an altered state of consciousness, with diminished neurological reflexes, impaired coordination, slurred speech and the appearance of confusion, agitation, aggression or disorientation (NHMRC, 2001).

Long-term drinking above NHMRC-recommended levels can result in 'fatty infiltration' and cirrhosis of the liver, brain damage, coronary heart disease, bleeding ulcers and painful inflammation of the pancreas and intestines. While death and hospitalisation from alcohol-attributed physical conditions occurs among all ages, figures from the *1998 National Drug Strategy Household Survey* indicate that between 1990 and 1997, only one per cent of deaths and two per cent of hospitalisations occurred in the under-15 age group. People aged 40 to 74 years were more likely to die from chronic conditions, and younger people, between ages 15 and 29 years, from acute conditions (Chikritzhs et al, 1999).

Of all causes and age groups, males were considerably more likely to die from long-term misuse or acute conditions as a result of intoxication than females.

## Alcohol, mental health and suicide

Alcohol misuse is often associated with mental health problems and disorders, and with suicide among young people. The combination of these factors can cause significant problems for young people. The comorbidity between mental health problems/disorders and alcohol and drug misuse in young people is high.

In the *Child and Adolescent Component of the National Survey of Mental Health and Wellbeing – Mental Health of Young People in Australia* (Sawyer et al., 2000) 14 per cent of children and adolescents aged four to 17 had mental health problems according to caregiver reports. Adolescents with mental health problems were more likely to have drunk at least five drinks in a row in the previous 30 days (according to self-reports on a youth risk questionnaire) than those without mental health problems.

Suicide rates in young males 15 to 24 years have more than doubled from 1964/65 to 1996/97. Rates for young women have remained at about the same level. In 1996/97, the NSW rate for young people 15 to 24 years of age was 15.2 suicide deaths per 100,000. The rate for young men was slightly more than three times that for young women (23.3 per 100,000 young men compared with seven per 100,000 young women) (NSW Health, 2000b) Several factors can increase suicide risk among young people. These include mental health problems or disorders, particularly depression, and the misuse of alcohol and other drugs. According to figures from the *1998 National Drug Strategy Household Survey*, alcohol-related suicide deaths between 1990 and 1997 in Australia were highest among males aged between 20 and 29 years about 6.4 times higher than for women (Chikritzhs et al, 1999).

Alcohol and other substance use for young people with a mental health problem may impair the identification of the condition's emerging signs and symptoms and affect treatment and management. Young people may also use substances in an attempt to relieve symptoms of mental health disorders. Symptoms may be caused or exacerbated by drug and alcohol use.

## Alcohol and road trauma

Young people aged 17 to 25 are over-represented in road trauma in all causes (speed, drink driving, driver fatigue and not wearing seatbelts). This vulnerability results from the interaction of a range of factors; the most important is inexperience. Inexperience has a number of effects on young peoples' driving ability, including inability to identify and manage hazards, scan the road, assess risks and cope with the myriad of cognitive, behavioural and physical skills needed for safe driving. Any distraction or impairing factors such as passengers, alcohol or stress will affect their driving ability. Despite this many young people, particularly young men, rate their driving ability as very high.

Although young drivers are no more likely to drink and drive than the rest of the driving population, they are more likely to be killed or injured when they drink and drive (NHMRC, 1996; Moon et al, 1999). Possible explanations are that young people are more affected by alcohol than older drivers and that their lack of driving experience is further exacerbated by alcohol (NHMRC 1996; Catchpole in Faulkes et al, 1997). (see also Appendix 2: Alcohol and Road Trauma.)

## Alcohol and polydrug use

In the last five years there have been considerable shifts in the way certain groups of young people consume alcohol and other drugs. Illicit drugs such as cannabis, amphetamines, LSD, ecstasy and heroin are increasingly used together with alcohol. A high proportion of heroin overdoses have also shown high blood alcohol concentration (NHMRC, 2001).

A study by the National Drug and Alcohol Research Centre (Darke and Ross, 1998) examined the coronial files of 176 heroin-related fatalities between 1992 and 1994 (89 per cent were male). The report stated that most cases involved heroin in combination with other drugs: alcohol in 40 per cent, benzodiazepines in 30 per cent and anti-depressants in nine per cent of cases.

## Alcohol and high-risk sexual behaviours

There are a number of sexual health issues associated with alcohol for young people. These include unwanted sex and increased unsafe sex that can lead to pregnancies and sexually transmissible diseases (STDs) such as HIV/AIDS.

Research conducted among young adults aged 15 to 17 has investigated their beliefs about negative consequences of drinking. The three greatest concerns, in order of priority, were:

- for males – catching an STD through unprotected sex, becoming more violent and aggressive, and partner becoming pregnant through unprotected sex
- for females – becoming pregnant through unprotected sex, catching an STD through unprotected sex, and becoming more violent and aggressive.

This research also indicated that 39 per cent of females and 28 per cent of males reported having experienced 'unwanted sexual advances'. Intoxication can result in a number of the following behaviours:

- unusually flirtatious behaviour
- sexual encounters taken further than if sober
- going home with someone of whom they would normally be wary
- finding themselves in dangerous situations
- pushing consensual sexual encounters further than the partner wishes
- misreading sexual signals
- sexual assault (Shanahan et al, 1999).

An additional issue of reported concern is the spiking of drinks with drugs (often prescribed sedatives) which may then be followed by sexual assault. More research is needed in this area.

## Alcohol-related mortality and morbidity

Available studies indicate that alcohol remains second only to tobacco as a preventable cause of death and hospitalisation in Australia (English et al, 1995; Fitzsimmons and Cooper-Stanbury, 2000). During 1997, there were more than 3,290 alcohol-related deaths and just under 100,000 hospital episodes in Australia. Principal among alcohol-related causes of death and hospital episodes were cirrhosis of the liver, strokes and motor vehicle accidents (Chikritzhs et al, 1999; AIHW, 1999).

Death and hospitalisation from alcohol-related physical conditions occurs among all ages. However, figures from the 1998 National Drug Strategy Household Survey indicate that young people (15 to 29 years) were more

likely to die from bouts of intoxication (acute conditions), while older people were more likely to die from conditions relating to chronic alcohol misuse (Chikritzhs et al, 1999). During 1996–97, 70 per cent of people attending hospital for an alcohol-caused condition were male and most hospitalisations were due to falls, alcohol dependence, assaults or road injuries (Chikritzhs et al, 1999). Of all causes and age groups, males are considerably more likely to die as a result of intoxication than females.

### **Cost of alcohol-related problems**

The economic cost of alcohol-related problems, including the cost of medical services, costs associated with road trauma and lost productivity, was estimated at nearly \$4.5 billion in Australia in 1992 – about 2.6 times the cost for illicit drugs (Collins and Lapsley, 1996). ‘Avoidable’ costs of alcohol – those considered

susceptible to social policy initiatives, campaigns aimed at behavioural and attitudinal change, etc – when compared with tobacco and other drug use, are considerable. Avoidable costs such as those resulting from productivity losses, road crashes, health care and treatment for dependence amounted to \$3.8 billion or about 84 per cent of the overall cost of drug misuse in Australia. Health care for alcohol misuse cost about \$97 million in 1992 and in that year total costs attributable to road accidents caused by alcohol were estimated at about \$767 million (Collins and Lapsley, 1996). On simple-per capita estimations this extrapolates to a cost to NSW at over \$1.5 billion per annum.

Social costs such as relationship breakdowns and depression associated with alcohol are more difficult to measure.

### Policy direction

Reduce the incidence of acute harms and death associated with alcohol consumption by young people

### Statement of action

Reduce alcohol consumption and frequency of intoxication among young people

While overall consumption is an important marker in the epidemiology of alcohol and informs health policy, in recent consultations about young peoples' use of alcohol, acute consumption and associated harms have proved of major concern to authorities and stakeholders. While heavy drinkers are at a higher risk of suffering harm from alcohol, it has been put that moderate drinkers account for an even larger proportion of harms, merely by dint of their higher numbers in any given population. This has been referred to as the 'prevention paradox' (Kreitman, 1986). Where, for example, 10 heavy drinkers may have 10 or so incidents of harm over a short period, the same number of incidents may befall 20 moderate or even light drinkers in the same period. While the incident rate is in fact lower for moderate drinkers, their greater number accounts for a greater absolute proportion of harms. A greater measure of harm may, by this reasoning, therefore be attributed to moderate or even low measures of relative biological risk.

On the basis of this analysis some researchers have concluded that alcohol policy could be developed and more successfully advanced on the basis of reducing episodes of acute intoxication with a view to settings and patterns of heavy consumption (Brinkman et al in Williams, 2001).

Knowledge about alcohol, its effects and associated harms in various settings, and skills in drinking safely

and managing situations in which alcohol is being used can empower young people to become aware, make healthy choices, recognise problems and seek help if needed. Knowledge and skills are equally important for parents, carers, peers and teachers involved in the day-to-day lives of young people.

Helping to develop young people's skills and knowledge about drinking, preventing harm associated with alcohol, using alcohol safely, and supporting young people who choose not to use alcohol should reduce harm to the individual young person and the broader community. Providing the young person's inner circle of people with knowledge and skills to care, support and educate young people about alcohol and to identify problems will prevent and reduce alcohol use and related harm among young people.

Parents and other carers need information on the impact of alcohol on the health and emotional and social wellbeing of young people and information on underage drinking laws. Information and skill levels need to be increased so carers feel confident in talking with young people about alcohol use in a non-threatening manner. While parents perceive themselves as key role models, they feel increasingly isolated and powerless in this role. Parents have indicated a need for support for the home environment and the family and information through schools (Shanahan et al, 1999).

Knowledge and skill development can occur through such avenues as mass media campaigns, the internet, telephone information services, peer education and support programs, schools and local community forums. All information initiatives such as public awareness campaigns need to be integrated with strategies that build the capacity of the community and young people to reduce alcohol use and alcohol-related harm.

Importantly, the community will better support legislative or policing strategies to reduce alcohol related harm and underage drinking if they have information and knowledge about alcohol.

## **Key initiatives**

### **Local long-term drug and alcohol action plans**

Area health services across the State are now required to develop long-term drug and alcohol plans for their regions. Local action plans will outline priorities and strategies developed in collaboration with young people and other agencies and which are consistent with those of the *NSW Youth Alcohol Action Plan*.

### **Western Sydney Treatment Service**

A youth rehabilitation service temporarily located at Cumberland Hospital began operation in early 2000. The service is based on the Program for Adolescent Life Management operating in Randwick. It aims to provide appropriate alcohol and other drug treatment and life management skills to young people in a sustainable and comprehensive way.

### **Additional drug and alcohol counsellors in rural area health services**

An additional eight alcohol and other drug counsellors have been funded in Area Health Services in the Northern Rivers, Mid North Coast, Mid Western, Southern, New England, Greater Murray, Macquarie and Far West regions. This is in response to the special needs faced by Rural Area Health Services due to isolation and subsequent distances from treatment services. These new counsellors will provide support services to drug users and their families and provide special assistance to young people experiencing problems with cannabis.

### **Detoxification units and multipurpose drug and alcohol services**

A new detoxification unit has opened in Lismore and two additional units will open in Wentworth and the Central Coast.

Multipurpose units are operating in New England and the Mid North Coast area health services. These facilities and services will increase access to inpatient and outpatient detoxification, counselling, methadone services and referral to other agencies for alcohol and other drug users.

### **Website for young people**

The Office of Children and Young People in The Cabinet Office has developed a website for young people providing reader-friendly information on

alcohol and other drugs and other information of interest to young people. It can be found at [www.youth.nsw.gov.au](http://www.youth.nsw.gov.au).

### **Kids Help Line**

This phone service provides information and counselling to young people between the ages of five and 18 for a range of issues including alcohol. It also has a website at [www.kidshelp.com.au](http://www.kidshelp.com.au). Phone 1800 551 800.

### **Family Drug Information Kit**

The NSW Premier's Department is developing a set of easy-to-read information resources for families that provide information on a range of drug-related issues, in particular where to access help. The kit will build upon the *National Illicit Drug Strategy Campaign*, filling identified gaps in information requested by parents. The kit will also address the varying information and education requirements of different communities, in particular people from rural and remote communities and of Aboriginal and Torres Strait Islander and non-English speaking backgrounds.

### **Customised accredited courses in TAFE training**

Funding and resources will be provided to TAFE colleges to conduct short, customised, accredited courses for generalist health workers and others needing training in alcohol and other drug issues as part of their work. These courses can be tailored to meet needs in the local area and particularly target non-metropolitan regions.

### **NSW Youth Alcohol Grants 2001-2002**

The Drug Programs is providing funding of up to \$250 000, in the form of one-off grants for local, regional or state wide primary prevention projects. These will be innovative projects developed at the local level that are consistent with the goals and principles of the *NSW Drug Summit 1999 – Government Plan of Action* and the *NSW Youth Alcohol Action Plan 2001-2005*. Grants to the value of \$50,000 are being provided for projects demonstrating effectiveness in addressing aspects of youth alcohol use by young people under 18 years, with particular emphasis on 'secondary sales to minors' and 'young girls, unwanted sex and pregnancy'.

# Section 2

## Young people, alcohol and the law

### Legislation

The NSW Government, through the *Liquor Act 1982* and the *Registered Clubs Act 1976* (the liquor laws), has established a clear framework for reducing under-18s' access to alcohol, and for responsible serving of alcohol to young people aged 18 and older.

The liquor laws prohibit the sale or supply of alcohol to young people under 18 regardless of where the sale or supply takes place. The laws also prohibit consumption of alcohol by young people of this age group in licensed venues and unlicensed restaurants.

'Second party sales' to young people under 18 years is prohibited. This is when an adult supplies alcohol to a minor, or buys liquor and then gives it to a minor. This offence carries a maximum penalty of \$5,500 or \$11,000 and/or 12 months' prison in serious breaches (e.g. when large amounts of alcohol or young children are involved).

The liquor laws also seek to minimise harm associated with alcohol use by people 18 and older by providing for the responsible service and consumption of alcohol, and the responsible management and operation of licensed venues. These provisions make the sale of alcohol to intoxicated people, and allowing intoxication on licensed premises, an offence.

The liquor laws are supported through various other initiatives including:

- the 'No more. It's the Law.' responsible serving program conducted by the Department of Gaming and Racing which promotes awareness of the intoxication provisions of the liquor laws, specifically that intoxication is not permitted in licensed venues and alcohol will not be sold to intoxicated people
- the NSW Proof of Age Card Scheme, administered by the Department of Gaming and Racing, which can be used by young people to prove they are 18 years or older to gain admission to licensed venues and/or purchase and consume alcohol

- the Licensing Court of NSW 'Harm Minimisation and Responsible Service of Alcohol' Practice Direction, which imposes a range of additional harm minimisation requirements and conditions on people and premises selling and supplying alcohol, many of which are directly relevant to young people
- Liquor Licensing Accords, a joint initiative of the local police, local liquor industry and local councils which have begun to assert influence on environments and amenities where alcohol is available or consumed. Accords involve a set of voluntarily agreed principles or standards that promote and support harm minimisation strategies – including responsible service of alcohol, responsible operation and management of licensed venues, patron care, and improved safety and security in and around licensed venues
- enforcement of the *Summary Offences Act 1988*, the *Local Government Act 1993*, the *Traffic Act 1909* and the *Intoxicated Persons Amendment Act 2000*, which further relate to young people and alcohol and contribute significantly to reducing associated harms.

### Alcohol-related crime, violence and anti-social behaviour

Alcohol is linked to a high proportion of crimes of violence and public disorder. It has been shown that alcohol-related violence is a major player in harms suffered by 'acute' drinkers, with near to half of all alcohol-related deaths in Australia due to violence (English et al, 1995).

Studies of adult offenders in NSW have shown that 34 per cent had been drinking prior to committing their most serious offence. Of these 34 per cent, 67 per cent had consumed more than 12 standard drinks. Furthermore, most offenders convicted of assault admitted to being under the influence of alcohol at the time they committed their offence (Kevin, 1992).

More recently, in the 12 months to June 2000, NSW police recorded that 13,910 assaults (23 per cent), 5,531 cases of offensive behaviour (58 per cent) and 5,903 incidents of malicious damage to property (six per cent) were alcohol-related. Assault and offensive behaviour were recorded most frequently on Friday and Saturday nights between the hours of 9pm and 3am. Malicious damage to licensed premises was also more likely to be recorded during this period. The average age of those identified as perpetrators of offensive behaviour was 25.6 years, with about 75 per cent being male (Briscoe and Donnelly, 2001).

A survey of presentations to an inner Sydney hospital emergency department found that 54 per cent of victims of violence were under the influence of alcohol and that 33 per cent of assailants were affected by alcohol. Of these cases, 78 per cent were a result of street violence, implying that alcohol is a significant factor in this form of violence (Fulde in Lander, 1995).

Surveys of adolescent school students and other studies of adolescents all suggest that alcohol use is a factor in violent behaviour in this group. The *1995 National Drug Survey* found that eight per cent of 14 to 19-year-olds physically abused someone while affected by alcohol (Commonwealth Department of Health and Family Services, 1996). In NSW, this equates to 34,000 abusive incidents involving alcohol just for this age group (Stevenson, 1996).

In a study conducted by the Bureau of Crime Statistics and Research, Jochelson (1997) examined all incidents of assault and robbery recorded by police in inner Sydney between July 1995 and June 1996. Using crime-mapping methodology, Jochelson identified a number of crime 'hot spots' for these two types of offence, including the central business district, the Rocks, Kings Cross and the Oxford Street precinct of Darlinghurst. While near to half the assaults were recorded in outdoor locations, approximately one third and one quarter respectively were recorded on licensed premises in the Kings Cross and Darlinghurst 'hot spots'. Importantly, within each 'hot spot' a very small number of licensed premises accounted for the vast majority of on-premise assaults.

Ireland and Thommeny (1993) undertook a detailed analysis of distribution of violent incidents by time of day and week. They found that the highest proportion of alcohol-related street offences in metropolitan

Sydney occurred on Friday (87 per cent) and Saturday (75 per cent) and 91 per cent of alcohol-related street offences occurred between 10pm and 2am. Of street offences occurring between 2am and 6am, 77 per cent were alcohol-related.

Alcohol is a known contributor to domestic violence. Young people in de facto relationships or married face a higher risk of being a victim or perpetrator of domestic violence when one party drinks at high levels. Research clearly illustrates a much higher risk for young people who misuse alcohol with respect to antisocial, delinquent or criminal behaviours, either as victims or perpetrators. The odds of committing an alcohol-related offence such as physical abuse, property damage, theft, public disturbance and verbal abuse all decreased with age. The 14 to 19-year age group was most likely to be involved in committing these crimes, significantly more so than the 20 to 29 and 30 to 39 year age groups. As victims of alcohol-related disorders, the 14 to 19 year age group once again figures highly (Makkai, 1997; 1998).

### **Alcohol and young offenders**

It has been variously shown that official statistics tend either to exaggerate or underestimate the extent of juvenile offending. Due to their social dynamics, including their episodic and opportunistic nature and the fact they are often related to the use of public spaces such as shopping centres and public transport, juvenile offences are usually more visible and easier to detect. Similarly, victims of juvenile offending (most often by other juveniles) are less likely to report such behaviour. It has been argued that as a result, juveniles are in fact 'over-represented' in arrest data (Cunneen and White, 1995).

Young people who commit offences have often left home and are without family support and/or have dropped out of school. They often report traumatic events during childhood. Some have experienced learning difficulties and/or school adjustment problems, with the result that many leave school before completing year eight. Because of their educational deficits and low self-esteem, many have limited employment opportunities or choices, feel powerless and are socially isolated. Many young people with these life experiences act impulsively and have difficulty managing their emotions and behaviour. Many also have higher rates of mental health problems

than other adolescents (Kosky, Sawyer & Gowland, 1990). The problems faced by this group of young people often are seriously exacerbated by the use of alcohol, with alcohol being related to most recorded offences.

The Department of Juvenile Justice has primary responsibility for services to young offenders aged ten to 18. Staff of the Department's nine Juvenile Justice Centres are responsible for the custody and wellbeing of all young offenders sentenced to detention by the courts. Most young people in custody are 16 to 17-year-old-year-old males guilty of property and theft offences.

Juvenile Justice community staff supervise young offenders serving non-custodial orders imposed by the courts. They are also responsible for reporting breaches

of these orders to the courts. Youth justice conference administrators are responsible for managing the scheme of youth justice conferences established under the *Young Offenders Act 1997*. They receive referrals for youth justice conferences from both police and courts and allocate responsibility for organising and facilitating conference to conference convenors. Administrators are responsible to young offenders, their families, victims and the wider community for ensuring that conference outcomes address the harm caused by crime; they help young offenders to take responsibility for the harm caused and to heal the hurt caused to individuals and communities by offending behaviour. Youth justice conferences are not used for first or minor offenders unless the circumstances of the offence fall within the criteria set out in the *Act*.

### Policy direction

Support legislative or policy strategies to reduce acute alcohol-related harm and underage drinking

### Statement of action

Reduce alcohol-related crime, violence, underage drinking and antisocial behaviour

Reducing alcohol-related crime, violence, underage drinking and antisocial behaviour was a key concern in the consultations and development of the *NSW Adult Alcohol Action Plan 1998-2002* and remains so today. Studies show that levels of alcohol consumption and violence are consistently higher among young people, particularly young males, than the rest of the population. While surveys of criminal violence and antisocial behaviour continue to confirm their association with intoxication, other areas of concern are community and road safety, both of which are critically affected by acute consumption of alcohol.

Reducing underage drinking through appropriate legislative and complementary measures is key in minimising alcohol-related harm for young people under the legal drinking age.

While aggregate levels of alcohol consumption continue to fall in Australia, and there are indications of less cultural acceptance of alcohol misuse, further work is needed to change cultural attitudes towards alcohol misuse and intoxication. The *1998 National Drug Strategy Household Survey* indicated high public support for enforcing licensing laws on service to intoxicated customers. Of the 10,000 Australians aged 14 and older who were interviewed, about 86 per cent supported tightening of laws against serving intoxicated people. While support for such measures increased with age, about 70 per cent of males in the 20-29 age group – the group most likely to be perpetrators of alcohol-related violence – supported stricter enforcement of responsible service legislation (Fitzsimmons and Cooper-Stanbury, 2000).

There remains high community support for anti-drink-driving programs, yet more than 50 per cent of

alcohol-related serious road injury occurs in the 15 to 24 age group. Reduced acceptance and encouragement of drinking at excessive levels should see a reduction in alcohol-related crime, though this may vary depending on the nature of the specific offences.

Considerable work has already been done in this arena in NSW. Crime prevention and community safety initiatives have involved all Government agencies, local government, non-government organisations, peak bodies and community groups and specific community ‘cultures’, such as young people.

Strategies aimed at reducing such harms must address a complex interaction of social and cultural factors, must be consistent, strategic and longitudinal. Some measures demonstrating public health gains include legislation that promotes responsible service of alcohol practices, safety audits of public places, proactive policing responses to alcohol-related violence and the use of alcohol-free zones in public places. These situational measures for dealing with alcohol-related crime and offending should be part of an overall strategy incorporating social developmental interventions. The NSW Drug Summit has further identified significant cross-agency measures for such interventions and these will be monitored over the life of this Plan.

### Key initiatives

#### **Drink-Drive Prevention Strategy**

The RTA manages the Drink-Drive Prevention Strategy. The RTA is working with NSW Health to introduce an innovative program based on standardised screening and brief intervention techniques to reduce recidivism among drink-drivers.

#### **Other RTA initiatives**

Targeted drink-driving and speeding operations; fixed speed cameras; and the Traffic Offenders Program.

#### **Public space**

The NSW Police Service will continue to work with the Youth Action Policy Association (YAPA) to identify measures to reduce problems with young peoples’ use of public space. Proactive involvement of police in addressing these problems and educating the community about the issues will help reduce inappropriate demands on police to respond to these matters.

### ***Police and Young People Working Toward a Safer Community***

This policy, developed by the NSW Police Department, will be launched in 2001 and aims to reduce and prevent youth crime, divert young people from the criminal justice system, build partnerships, and enhance effective relationships.

### ***Liquor licensing accords***

NSW Health is providing seed funding for up to ten area health services to help develop and monitor local area liquor licensing accords along the lines of the Kings Cross Licensing Accord established in 1998. These will be developed in partnership with local area police, licensees and the Department of Gaming and Racing. There are currently more than 40 local liquor accords operating in NSW.

### ***NSW Strategy to Reduce Violence Against Women***

This Statewide strategy, developed by the Violence Against Women Specialist Unit within the Crime Prevention Division of the Attorney General's Department, includes the appointment of regional violence specialists across NSW who work with agencies, businesses and the community to reduce violence against women, including young women. A Statewide outdoor advertising campaign has been running during early 2001.

### ***The Safer Communities Development Program***

The Crime Prevention Division of the Attorney General's Department manages this program. It supports and funds local and regional crime prevention projects and plans. More than 60 local councils are developing or implementing crime prevention plans. Many of these focus on issues affecting young people including harms associated with alcohol (such as drink-driving and alcohol-related violence).

### ***Juvenile Justice counsellors***

Additional Juvenile Justice counsellors will be placed at Lismore, Gosford, Bateman's Bay, Wagga Wagga, Kempsey, Tamworth, Orange, Broken Hill and Dubbo.

### ***Underage Drinking Program***

This program, conducted by the Department of Gaming and Racing, provides an integrated approach to stronger underage drinking laws and complementary strategies. Key components of the program include regular review of the liquor laws and education strategies to raise awareness within the liquor industry and the community about those laws.

### ***NSW Proof of Age Card scheme***

Administered by the Department of Gaming and Racing, this voluntary scheme provides proof-of-age documentation to young people aged 18 to 25. The NSW Proof of Age Card can be used to prove the holder is 18 or older and therefore legally able to enter licensed venues and purchase and consume alcohol. The success of the Card as an underage drinking prevention strategy resulted in it being extended for proof of age for tobacco purchases. The Proof of Age Card is available from RTA motor registries throughout NSW.

### ***Young people and the liquor laws – web page***

The Department of Gaming and Racing has developed a page on its website about the NSW underage drinking laws and supporting strategies. A competition conducted by the Department during 2001 will involve young people in the design of a youth-friendly 'look' for the new web page.

### ***Responsible Service of Alcohol Program***

This program, conducted by the Department of Gaming and Racing, has various components underpinning the harm minimisation provisions in the liquor laws. 'No More. It's The Law.' – one of the program's cornerstones – is a joint Government and industry project to raise awareness about the intoxication provisions of the law, requiring licensees and serving staff not to serve intoxicated people or allow intoxication in licensed venues. Other aspects of program include support for the development of local liquor licensing accords, liquor industry education, and ongoing consultation with the peak liquor industry associations and the NSW liquor industry.

### **Implementation of Routine Screening for Domestic Violence**

In 2001 NSW Health published *Unless They're Asked – Routine Screening for Domestic Violence in NSW*. This is an evaluation report of a screening pilot conducted in two Area Health Services in 2000. The evaluation indicated that identification of domestic violence has been improved by screening and that the simple screening tool is effective. CEO's are being encouraged to implement routine screening for domestic violence in Mental Health, Drugs and

Alcohol, Antenatal and Early Childhood Services. To assist in this process, the Department has developed an implementation package and a comprehensive Intranet site [health.nsw.gov.au/policy/hsp/domesticviolence](http://health.nsw.gov.au/policy/hsp/domesticviolence).

The NSW Health Domestic Violence Policy is expected to be finalised in early 2002. It is proposed that this policy will mandate the progressive introduction of routine screening in the identified programs over the next three years.

# Section 3

## Young people, alcohol and culture

### Cultural factors

Alcohol use plays a significant role in Australian culture. For most Australians alcohol is the drug of choice but rarely looked upon as a drug. Many young people see alcohol use as a 'rite of passage', as do some parents and other adults in the community. Many, for example, accept the existing culture of youth 'binge drinking'. In order to reduce the harm associated with alcohol it may at times be necessary to challenge cultural attitudes and values.

### Youth culture

Alcohol also plays a considerable role in adolescent youth culture and in their search for identity. Peers have a strong influence in adolescent culture and alcohol consumption remains a group activity. As highlighted in research on designer drinks, the labelled clothes young people wear and the music they like are just as important in actually producing a social identity as the drinks they choose (Brain & Parker 1997).

The role of communities and the cultural context in which drug and alcohol use occurs is an extremely important factor in determining the extent and type of harm associated with a particular drug. Young people have voiced concerns about the changing world, specifically feelings of hopelessness, despondency and uncertainty about their future. High youth unemployment rates reflected these concerns. This somewhat depressed situation acts as a backdrop to drinking behaviour (Shanahan et al, 1999). The reasons for drinking given by young people, include:

- trying new experiences
- socialising with friends
- relaxation
- peer group pressure
- drowning problems and not feeling good about yourself.

Among under-18-year-olds, alcohol consumption is very much a group activity with peer group norms.

The aim for most underage drinkers is to get drunk and to do so quickly. Drunkenness is often viewed as a goal of alcohol use. Drinking to intoxication is therefore the norm for underage drinkers and the alcohol consumed depended on the price, alcoholic volume, its taste and peer preference (Shanahan et al, 1999).

Among 18 to 24-year-olds, alcohol use is a legitimate and socially-sanctioned behaviour and its consumption becomes the catalyst for social gatherings. Young people indicated that their favoured drinking environments, such as nightclubs and pubs, tended to foster excessive alcohol consumption. The research also indicates that while their drinking is more controlled and responsible than during their underage years, they acknowledged binge drinking was common on weekend nights and that drinking to get drunk was a planned activity for this age group (Shanahan et al, 1999).

### Cultural backgrounds

Young people perceive that responsible alcohol use is a learned behaviour, that greater experience with alcohol increases their chance of control and that their drinking behaviour would become more controlled in adulthood (Shanahan et al, 1999). This view is supported by the *Australian Alcohol Guidelines* which point out that higher rates of alcohol-related problems confront adolescents in countries or cultures where alcohol consumption is proscribed for that age group. In contrast, the Guidelines indicate, "cultures that introduce young people to alcohol in a gradual and supported way within a family setting tend to avoid the acute problems experienced by many young people within Anglo-Celtic cultures when they start to drink." Further, and importantly, the Guidelines stress "learning about drinking and the effects of alcohol is crucial in fostering drinking behaviour that minimises or contains risk for young people." (NHMRC, 2001)

### **Educational attainment**

The 'NSW Health Surveys' show rates of reported regular alcohol consumption increased with levels of educational attainment. Males with university or other tertiary qualifications were 1.6 times more likely to report being regular drinkers than were those with no formal schooling. Similarly, females with tertiary qualifications were 3.8 times more likely than those with no formal schooling to report regular drinking. Female drinkers with higher school certificate or Year 12 qualifications reported the highest rates of heavy drinking days (NSW Health, 2000b).

### **Social events and alcohol**

Youth events or celebrations offer many benefits for young people and the wider community. They often ease a sense of marginalisation felt by some young people and provide opportunities for social interaction at a point in people's lives when their entertainment options are limited. Organising a safe youth event has great financial benefit for young people and the broader community.

Youth events are often the site of experimentation with drugs, of which alcohol is most common. Excessive alcohol heightens aggressive urges, disinhibits people and impairs judgement. The combination of these factors sometimes leads to young people finding themselves in dangerous situations. Evidence of this is 'Schoolies Week', an annual event where Year 12 students from all over Australia congregate in Northern NSW and on the Gold Coast, Queensland, to celebrate the end of secondary school. This event, like Christmas and New Year's Eve celebrations at Bondi Beach and Byron Bay, can be associated with dangerous alcohol-related incidents. Events such as these, where potential harm level is high, need a coordinated approach involving a range of agencies (including cooperation from the liquor industry) so the risk of alcohol-related harm is minimised.

In recent years, coordinated 'Schoolies Week' programs on the Gold Coast involving beach movies and similar alcohol-free entertainment have helped reduce alcohol-related incidents involving young people.

### **Alcohol and gender**

Gender can influence an individual's health status as well as how people relate to health issues and messages. Young males and females have different concerns over alcohol use. Young women see loss of control, unwanted or unsafe sex, travelling with a drunk driver and conflict with parents as the major harms associated with alcohol use. Young males see becoming addicted, suffering injury, getting into fights and conflict with parents as the major harms (Anderson et al, 1997).

As indicated above, concerns over unsafe sexual practices in relation to alcohol were shared, to varying degrees, by young people of both sexes (Shanahan et al, 1999). Research indicates the gap between male and female attitudes and behaviour in relation to drinking alcohol was narrowing. Females and males aged 15 to 17 appear to be drinking with similar frequency. The gap in drinking patterns between 18 to 24-year-old male and female drinkers appeared to increase, with young men in this age group drinking slightly more (Shanahan et al, 1999).

Female drinkers under 25 are far more likely than their male counterparts to drink spirits and wines, whereas males have a strong preference for beer. Pre-mixed drinks, 'alcoholic sodas' and ciders were more likely to be drunk by female drinkers aged 15 to 17. Notably, female drinkers under 17 were more likely than males to have consumed alcohol under adult supervision during their last drinking occasion. Parents were also mentioned as a more likely source of alcohol purchases for girls than boys. As well, drinking tends to be even more social for teenage girls than boys (Shanahan et al, 1999).

Another notable difference is that females generally expressed greater concern about consequences of harmful use of alcohol and how others perceive their drinking behaviour (Shanahan et al, 1999). Given these gender differentiations, it is important to recognise gender as a critical component of cultural strategies addressing youth alcohol-related harm.

## 'Designer' drinks

A great deal of attention and speculation has been given to the marketing and availability of 'ready-to-drink' (RTD) beverages – also known as 'alcopops', 'designer drinks', 'alcoholic carbonates' and 'alcoholic long drinks' – particularly in relation to young peoples' use of these products. While RTDs have been on the market for many years, these were, in the main, pre-mixed spirit drinks, such as bourbon or rum and cola. However, a variation on this product, originated Australia in the early 1990s with an alcoholic lemonade product which was picked up quickly in markets overseas, particularly the UK. A new generation of these drinks has had a significant impact on the diversification of liquor markets both in Australia and throughout the world. Industry-based research indicates that in 1998 the RTD segment of the liquor industry was valued in excess of US\$1 billion per annum in more than 40 countries worldwide (National Publishing Group, 1998a).

These products created considerable community concern, particularly in Ireland and the UK, about their appeal to young people. Concerns appear to relate to the fact that many of these products are fruit-flavoured and do not have a pronounced alcoholic taste, their advertising has more in common with soft-drink marketing and that they are potentially consumed accordingly (Health Education Authority, 1997). One UK study showed young people aged 14 and 15 years had a predilection for "strong, inexpensive, and pleasant tasting" alcoholic drinks. By contrast, the 16 to 17 year age group believed designer drinks "signal under age drinking and immaturity" and so tended to consume more conventional alcoholic beverages. The study showed these drinks were consumed in less controlled settings and tended to greater "drunkenness" (Hughes et al, 1996).

During 1997, the industry-based regulator The Portman Group upheld numerous complaints that these 'flavoured alcoholic beverages' "predominantly appealed to young people under 18 years of age". Most of the companies marketing these products either abandoned or moved to rename or 'reposition' them in the market prior to The Portman Group Complaints Panel decision (The Portman Group, 1999).

Despite these concerns, very little research has examined the level of consumption of these drinks by people under 18. The manner in which these products are packaged and promoted is another factor that may influence the appeal of RTDs to young people (Brain & Parker, 1997). These products are often aggressively marketed, with young people identifying closely with particular brands. According to market research undertaken for the liquor industry between 2000 and 2001, beer consumption for adults peaks at 25 to 29 years (for more than 50 per cent of drinkers) and wine at age 40 to 60 years (again, for more than 50 per cent) while the RTD market declines steadily from age 18 (about 46 per cent) to age 70 (about one per cent). The same research shows the volatile market share ('share of throat') of RTD beverages is only three per cent for males compared with 12 per cent for females (Roy Morgan Research as cited in National Publishing Group, 2001a).

In response to public concern about marketing of certain alcohol beverages in Australia, the National Alcohol Beverage Industries Council Incorporated (NABIC) launched a set of liquor industry guidelines as best practice covering aspects of alcohol beverage marketing not specifically addressed by existing laws, regulations, or advertising and other self-regulatory codes of practice. The *Guidelines on Naming, Packaging and Promotion of Alcohol Beverages* seek to help prevent the supply of alcohol to young people under 18 by requiring that brand names, packaging and point of sale material are specifically targeted at consumers over 18. The Guidelines also provide a mechanism for dealing with complaints about products that might contravene best practice. This is a laudable industry initiative, although its self-regulating nature makes effectiveness arguable.

Concerns about RTDs and designer drinks have also been raised in the US and the UK. According to industry sources, the UK purchases near to 50 per cent of the market share of these products, with sales of almost 200 brands and brand variants (National Publishing Group, 1998a). Further research needs to be established to examine the role of RTDs in youth alcohol culture.

## Access to alcohol

Recent research published by the Commonwealth Department of Health and Aged Care found that 88 per cent of 15 to 17-year-olds, on their last drinking occasion, did not buy the alcohol themselves (Shanahan et al, 1999). Research in NSW has shown that self-purchasing was below 10 per cent until 16 years, however at 17, 31 per cent of males and 25 per cent of females purchased their own last alcoholic drink (Schofield et al, 1998).

‘Second party sales’ are also a major consideration in addressing minors’ access to alcohol. A second party sale or supply occurs when an adult supplies alcohol to a minor, or buys liquor and then gives it to a minor. This offence carries a maximum penalty of \$5,500 or \$11,000 and/or 12 months’ prison in serious breaches (eg. when large amounts of alcohol or young children are involved). Research has shown that 22 per cent of young people received their last alcoholic drink from a friend, and a further 15 per cent got someone else to buy it for them (Schofield et al, 1998).

Alcohol has also come to be seen as more accessible due to its availability in supermarkets and other retail outlets. The production of different alcoholic drinks with what is said to be improved palatability—designer drinks—has led to alcohol having more widespread appeal. With extensive advertising, promotion and sponsorship, alcohol has maintained a high profile. In Australia in 1997, almost \$17 million was spent on spirit-based alcohol advertising alone, with more than \$12 million comprising campaigns on free-to-air television (National Publishing Group, 1998b).

In addition, young people have greater access to finance through ATMs and EFTPOS machines. Access to finance 24 hours made it easier to drink and continue to drink (Shanahan et al, 1999).

### Policy direction

Ensure that all programs, services and initiatives involve young people in the planning, delivery and evaluation of services

### Statement of action

Reorient programs to be responsive to young people

A range of strategies is needed to ensure that services are responsive to young people. Services which are responsive:

- involve young people in service planning, development and evaluation
- are physically and geographically accessible
- make young people feel comfortable
- understand issues concerning young people
- provide services about which young people feel good
- provide services that work for young people.

The two key strategies for reorienting services to become more responsive are:

1. training and development of staff working in services for young people
2. supporting participation by young people in service development, planning and evaluation.

In addition to reorienting existing services, new services can also be established that are designed to be responsive to young people. While there has been a growing commitment to involving stakeholders in the planning and delivery of services, reluctance in some quarters to involving young people as a group continues. This partially results from a perception that they are too young to be able to contribute meaningfully and a perception that young people do not have the skills or knowledge to participate.

There is now good evidence that involving recipients of services in their planning and delivery results in higher service use, increased satisfaction and ownership of resulting strategies. With some groups,

such as indigenous people and those from non-English speaking backgrounds, involvement is viewed as an essential component of services. The Commission for Children and Young People strongly advocates for agencies to involve young people and is developing initiatives to facilitate this.

The NSW Drug Summit identified the need for a comprehensive and cohesive approach to training health and community workers. Crucial to this issue was recognition that most people with alcohol or drug problems may never come into contact with specialist drug and alcohol services. This means training and education in drugs and alcohol must be provided to all frontline workers who, in the course of their work as nurses, general practitioners, youth workers and teachers need the skills and knowledge to recognise substance abuse problems and take appropriate action, including referral to specialist services.

One of the concerns raised in the Drug Summit was the current fragmentation of training in alcohol and other drugs, the need for a more coordinated approach to identifying training priorities, better targeting of resources and mechanisms for monitoring outcomes.

### Key initiatives

#### **Participation by Young People Kit**

The Commission for Children and Young People is developing a kit to help organisations increase participation by children and young people in their programs and services. The kit will be available in mid 2001.

#### **Aboriginal Youth Alcohol Awareness Campaign**

This campaign, funded by the Commonwealth Department of Health and Aged Care and managed by NSW Health, will provide one-off funding to approved proposals for programs addressing alcohol use among young Aboriginal people. Rural and remote areas will receive priority. It will begin in 2001.

#### **Piloting of peer drug education models for schools**

A school peer education model will be piloted during 2001. The Department of Education and Training will provide support materials and guidelines to help teachers develop appropriate peer education programs.

### **'Getting it Right'**

This document will be launched in 2001 and aims to enhance the quality of health services for young people. It provides a series of checklists on those aspects of a service considered best practice in delivering youth health services. The document will be available from the Australian Association for Adolescent Health by phoning (02) 9845 3079.

### **Youth Health Partnership Project**

A 'Y-Care' Youth Health Partnership Project will be piloted in Northern and Southeast Sydney. The Projects develop service networks between general practitioners, psychologists and sports medicine workers as decided by young people. The networks are to encourage young people to identify their social, cultural, health or economic needs, and to be involved in the planning and provision of their local health services. Information is available through NSW Health.

### **NSW Drug and Alcohol Training Taskforce**

The Taskforce will oversee the Drug and Alcohol Training Scheme which aims to provide incentives for agencies to participate in the 'Whole-of-Government' approach to training. It will also advise on priorities for implementing the Drug Summit recommendations on training issues. The Department of Education and Training is the lead agency for the Taskforce with support from NSW Health.

### **Department of Community Services drug and alcohol training team**

Training will be provided to Department of Community Services frontline staff to enhance their capacity to manage drug and alcohol problems in the community. An extensive needs analysis identified implementation priorities for both the Department of Community Services and its community partners and has resulted in a number of new initiatives:

- DrugNet was customised for use on the Department of Community Services Intranet
- A pilot drug and alcohol training program for the Department of Community Services and non-government organisations in Southeast Sydney was piloted in March 2001.
- Funding also has been allocated to provide in-service training to for workers in Supported Accommodation Assistance Program organisations.

### **Training for Juvenile Justice staff**

The Department of Juvenile Justice will provide training to both its custodial and community-based staff to ensure greater awareness and understanding of substance misuse problems.

### **Peer education program on polydrug use**

NSW Health has developed a peer education training manual on polydrug use which will be distributed widely in 2001. Information cards and posters on polydrug use will be made available at the same time.

### **One-stop-shop service delivery model for young people**

NSW Health and the Department of Community Services will trial and evaluate three distinct models of service to rural youth that build on local initiatives:

- a multi-purpose youth activity program in Armidale
- a mobile service working in the Greater Murray Area Health Service region
- a school-based model at Cessnock.

They will provide youth-friendly spaces, access to information on a range of health and social issues, recreation activities, and counselling and referral.

### **PLAY NOW/ACT NOW – Tertiary students' music and video project**

MusicNSW is a non-profit association set up to represent, promote and develop the music industry in NSW. INDENT (a youth component) came out of the Drug Summit and is supported by the Premier's Department and the NSW Ministry of the Arts. A one-off grant is to be provided to MusicNSW to organise an innovative music event across NSW campuses called PLAY NOW/ACT NOW CD. An information pack will also be produced, targeting event organisers on campus on responsible serving practices; alcohol and other drug guidelines and liquor licensing issues.

The PLAY NOW/ACT NOW project will also comprise a video competition on young people, alcohol and related social issues aimed at students doing media and communication or similar studies. This initiative would culminate in a selection of judges deciding on the winning film/video. A special screening will be organised at a major Sydney cinema complex.

### **The National Alcohol Campaign**

This was developed by the Commonwealth Department of Health and Aged Care with input from all states and territories in Australia through the Inter-governmental Committee on Drugs, and was launched in February 2000. It consists of a national cinema and television campaign – Drinking. Where are your Choices Taking You? – providing information on alcohol for parents, service providers and students and

stakeholders. A website for teenagers presenting important information with interactive features is available at [www.drinkingchoices.com](http://www.drinkingchoices.com).

Comprehensive information is available at [www.nationalalcoholcampaign.health.gov.au](http://www.nationalalcoholcampaign.health.gov.au).

Further information and resources for the campaign are also available by phoning the information line on 1800 010 125.

# Section 4

## Young people, alcohol and communities

*It should be recognised that the attitudes and behaviour of parents and the community significantly influence the health choices of young people.*

NSW Drug Summit Government Plan of Action  
1999

### **Disadvantaged and vulnerable young people**

A report by the National Research Council (USA) on high-risk adolescents concluded that research should focus on those who most at risk of not making the successful transition to young adulthood. This includes those who grow up in poor communities, attend underfunded schools, and live in families lacking the social and economic resources to support their children's socialisation process.

Other factors contributing to risk emerge specifically from the family and include poor role modelling resulting from parental drinking and drinking by older siblings, unstable and/or chaotic family life, disrupted or inadequate parenting, child physical and sexual abuse and neglect and domestic violence.

The Commonwealth's National Crime Prevention initiative, Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia (National Crime Prevention, 1999), proposes a developmental approach to preventing crime, substance abuse and other social problems. The developmental approach identifies a broad range of contributing risk factors as well as protective factors. These are grouped around the child, her or his family, the child's school experience, major life events and the community and cultural context. The approach is based on identifying critical transition points at which services can intervene to minimise the impact of risk factors and maximise the potential for protective factors.

Critical transition points include the preschool years, the start of school, the transition from primary to high school and the transition from high school to higher education or employment. Young people of non-English-speaking backgrounds, especially those born

overseas, experience an additional critical transition point in the early settlement period, where issues of torture and war trauma and adapting to a new home, language and way of life must be addressed. Transition periods during adolescence may act as triggers for self-destructive or self-harming behaviours such as harmful drinking, illicit drug use or antisocial behaviours. There are a number of other factors which studies suggest may relate to alcohol. These include depression, anxiety, feelings of alienation and poor self-confidence. Young people of non-English-speaking backgrounds, indigenous and gay and lesbian young people subjected to ongoing discrimination may be especially vulnerable.

Mental health and behavioural problems also create higher risk. Young people with mental health problems are three times more likely to misuse alcohol and other drugs.

### **Indigenous young people and alcohol**

While data indicate that a higher proportion of the Aboriginal and Torres Strait Islander community abstains from alcohol than is the case for the non-indigenous population, alcohol misuse in Aboriginal and Torres Strait Islander communities around Australia remains a major and critical public health issue. The contribution of alcohol to a range of acute social problems, including violence and particularly domestic violence, has gained considerable media attention and generated much debate in recent times. Alcohol and substance misuse is now a recognised crisis in Aboriginal and Torres Strait Islander communities.

In the Urban Aboriginal and Torres Strait Islander Peoples Supplement of the National Drug Household Survey conducted in 1994, approximately 60 per cent of all Aboriginal people surveyed (aged 13 years and over) perceived alcohol to be one of the main problems in their area. Other drugs were the second most frequently reported health problem. Of those surveyed, 68 per cent of current drinkers reported consuming 'harmful' quantities compared to 11 per

cent of the general population. Indigenous males aged 25 to 34 tended to have 'hazardous' patterns of drinking in contrast to the general population where younger males aged 14 to 24 displayed more hazardous drinking patterns (Commonwealth Department of Human Services and Health, 1994).

The results of the Aboriginal and Torres Strait Islander component of the National Health Survey conducted in 1995 show that 21 per cent of indigenous males were at a high level of risk with respect to alcohol compared to eight per cent of non-indigenous males. Among indigenous females, nine per cent were in the high-risk category compared to three per cent of non-indigenous female recent drinkers (Australian Bureau of Statistics, 1999).

The survey also found general support for measures to reduce the damage caused by alcohol, with emphasis on stricter enforcement on underage alcohol sales, more education about the effects of alcohol and greater support services for those affected by alcohol (Commonwealth Department of Human Services and Health, 1994).

While indigenous people under-use health, social and related services, they are over-represented in both the juvenile justice and criminal justice systems, often because of alcohol-related offences.

### **Young parents who misuse alcohol**

US studies indicate that young people (adolescents in particular) who carry their pregnancies to term are more likely to be of lower socioeconomic status, to come from difficult family backgrounds, to have been poor performers academically and to have lower aspirations and to be at high risk of alcohol and other substance abuse than those who terminate a pregnancy.

Teenage pregnancy is a known risk factor for low birthweight babies, postnatal depression, anxiety and poor parenting. Importantly, low birthweight babies will place additional demands on the young parent/s, thereby further placing at risk the parent/s capacity to cope and care effectively for the baby. If the young mother has been drinking to excess during the pregnancy, there are risks of birth defects, including growth retardation either prenatally or postnatally, and neurological abnormality or intellectual impairment.

Again, this will place additional demands on the young parent/s and place the baby's health and welfare at risk. Alcohol use following the birth of a baby may risk the capacity of the parent/s to care for the baby, potentially resulting in child abuse and neglect.

The demands of parenthood on a young person have the potential to exacerbate her or his alcohol use and entrench a behaviour pattern of drinking alcohol as a means of 'coping'. While many young parents drink socially only and care appropriately for their child, the available research indicates they are at higher risk, as are their infants/children. The birth of a child to alcohol-using young people provides a window of opportunity for successful intervention. The parents' motivation to care appropriately for the child may make them more receptive to intervention and changing drinking behaviours.

Services to young parents who drink alcohol need to include services for the child. Effective intervention involves services which:

- ensure that the child is being appropriately cared for
- support young parents to care appropriately for the child
- support young parents to reduce their alcohol use
- support the young parents to develop life opportunities such as continuing their education.

### **Young people in rural NSW**

*If young people are to grow up with the desire and opportunity to stay in rural, regional and remote Australia they need attention and support in their early years.*

Healthy Horizons: A Framework for  
Improving the Health of Rural Regional  
and Remote Australians

In 1997 and 1998, reported rates of hazardous or harmful alcohol use varied widely among the 17 Area Health Services in NSW. In men, rates of hazardous or harmful alcohol use varied from 15 per cent in the Northern Sydney Area to 32 per cent in the Far West Area. In women, rates of hazardous or harmful alcohol use ranged from 17 per cent in the South Western Sydney Area to 25 per cent in the Far West Area. Overall, respondents from rural areas (about 55 per cent) were more likely than those from urban areas (at

about 53 per cent) to report being regular drinkers. Similarly, respondents from rural areas were less likely to report being non-drinkers than their metropolitan counterparts (about 22 per cent compared with about 24 per cent). Drinkers living in 'very remote' areas were 1.4 times more likely to report a risk behaviour than those living in 'highly accessible' areas (NSW Health, 2000b). Variations in rates of alcohol use among the area health services reflect the distribution of underlying social determinants of health.

High-risk drinking is more prevalent among NSW adults who are single (rather than married), have not finished high school, live in rural areas and who are Australian-born (rather than overseas-born). The most disadvantaged males and females were more likely to consume alcohol at hazardous or harmful levels than

those in less disadvantaged groups. This was particularly shown for males compared to females (Harris et al, 1999).

While this information is not specifically about young people, it clearly reflects variations in alcohol consumption between metropolitan areas and rural areas and the relationship between socio-economic status and alcohol consumption. Young people living in rural NSW have comparatively lower access to recreational, educational, health and social resources. They also have less access to employment opportunities. This, together with higher rates of alcohol consumption in the adult population, indicates the likelihood of higher rates of alcohol misuse among young people in rural NSW.

### Policy direction

Work with existing programs and services to support children and young people during transition periods

### Statement of action

Develop supportive communities for young people

Young people have voiced concerns about the changing world, specifically feelings of hopelessness, despondency and uncertainty about their future. High youth unemployment rates were viewed as a reflection of these concerns. This somewhat depressed situation can serve as a backdrop to their drinking behaviour (Shanahan et al, 1999).

The social, cultural, and emotional environments of young people can strongly contribute to the development of risk or protective factors for self-harm or harm to others. Such harms include harmful alcohol use, illicit drug use, suicide attempts, school avoidance or failure, juvenile crime or criminal activities or other high-risk behaviours.

There is now an extensive body of research suggesting the need for improved support for children as a way to reduce the incidence of risk-taking behaviours in later years. Childhood is now widely agreed as a crucial period for building resilience and diminishing the risk of problems that may emerge in adolescence, young adulthood and in later life.

While much of the research focuses on family life and the impact of adverse family experiences on the child – the impact of inadequate parenting, parents who misuse alcohol or other drugs, and lack of opportunity for the child's attachment – the role of the child's broader social experiences is also important. These include the broader circle of family and family friends, school, peers and the community. The family, school and community environments all have important roles in minimising the risks of alcohol misuse and other self-harming behaviours among young people.

Supporting children and young people, families and carers; conducting programs to promote mental health and prevent development of mental health problems; extending the role of schools to teach children and young people life skills; and providing safe, risk-free entertainment for young people are important components of preventing harm associated with alcohol, preventing crime and providing positive options for young people.

### Key initiatives

#### **Short course on substance-using parents and child protection**

The Education Centre Against Violence conducts this three-day course three or four times per year. It is designed for health, community and related workers from government agencies and the non-government sector. The course examines the impact of substance misuse on parents and children, and facilitates development of skills and knowledge among participants to work with parents who misuse substances.

#### **A mentoring project for students who may be at risk**

A pilot mentoring project has been developed to help vulnerable young people make a successful transition to high school. At rural and city schools such programs have been established to support students through years six and seven. The programs support all students in making the transition to high school and provide extra support for those identified as at risk of disengaging from schooling. The project began in 2000 and is being extended throughout 2001. It is proposed that this program will be rolled out across the state.

#### **Joint forum of staff working in child protection and alcohol and other drugs**

Department of Community Services conducted the forum in April 2001 to provide an opportunity for staff working in alcohol and other drug services and in child protection to identify areas of work for collaboration on the needs of parents who misuse alcohol and other drugs, and supporting children. An information package based on the forum is being developed and is to be distributed to its frontline staff later in 2001.

### **Access to information and services for young people and carers**

The Department of Community Services will develop a tool to assist local government to develop accurate, locality-based youth databases that identify services that young people can use to assist with substance abuse and other related problems, such as homelessness and mental health. This will encourage the development of local databases that also cater for young people from Indigenous and diverse cultural and linguistic backgrounds. In addition, Department of Community Services will develop a resource kit to assist service providers to design best-practice youth services.

### **Program to support transition from primary to secondary school**

A joint initiative between Department of Community Services and the Department of Education and Training, this pilot project will target students in Years 5 and 6 who have been identified by their schools as 'at risk of disconnection in the transition from primary to high school. The project will focus on youth development and community building to not only increase the support young people receive as they move through critical transitional periods at school, but also increase the range of positive activities available and accessible to young people during non-school hours.

### **School-Link**

This is a collaborative initiative between NSW Health and the Department of Education and Training, which links schools with child and adolescent mental health services. A mental health worker in each area health service coordinates local School-Link programs. School counsellors, child and adolescent mental health workers and generalist health workers receive training to identify and support adolescents with depression and related disorders.

### **NSW parenting program for mental health**

Statewide coordination over the next five years will help area health services to implement and evaluate evidence-based parenting programs. This will provide the infrastructure for a coordinated approach that is responsive to local needs, to help families prevent mental health problems. The NSW Parenting Program includes accredited Triple P (Positive Parenting Program) training for NSW Health staff to provide skills in Triple P program delivery and evaluation. A resource library is also being established to allow area health services to review a range of programs and support nurturing parenting practices. The program is being developed in partnership with the primary care sector, non-government organisations and the Families First initiative.

### **Piloting of peer drug education models for schools**

A school peer education model will be piloted during 2001. The Department of Education and Training will provide support materials and guidelines to help teachers develop appropriate peer education programs.

### **NSW Parenting Campaign**

This campaign, conducted by the Department of Community Services, provides information on child development from babies to teenage children to parents and carers in an easy-to-read format. The campaign provides practical information on parenting and includes fact sheets and a series of four magazines for different audiences. *Parenting: The teenage years*, was recently launched and focuses on the special problems faced by adolescents. The magazine provides practical and accessible information, ideas and suggestions to help parents support their children through the teenage years.

### **Getting It Together Scheme**

Funded under the NSW Drug Summit, this scheme provides funding to 12 community organisations to develop specialised case management and brokerage services to enable them to secure a range of services for vulnerable young people who are unwilling or unable to access conventional youth services. These services assist vulnerable young people to address the underlying factors contributing to their homelessness, including drug and alcohol misuse, to achieve a stable living environment.

### **Youth entertainment program**

A youth entertainment program has been launched by MusicNSW to encourage the provision of safe, drug and alcohol-free entertainment for young people, with a focus on regional and rural NSW. Subsidies will be available for groups to run dance parties, concerts or band competitions. Funding will be available to help with costs such as transport for young people to attend these events. Further information is available at [www.indent.net.au](http://www.indent.net.au).

### **Enhancement of specialist support services**

Enhancing specialist counselling services to work with young offenders and their families will enable delivery of treatment and provide case management services to diverted offenders from the Youth Justice Conferencing and the Youth Drug Court pilot project. This is anticipated to reduce criminal activity and violence resulting from alcohol and other drug misuse and increase the ability of young offenders to function socially and with improved health. Additional counselling and group programs for drug-using young offenders will be provided as part of the Department of Juvenile Justice's Rural-Based Intensive Programs Unit scheme, in areas such as Lismore, Gosford, Bateman's Bay, and Dubbo.

### **A YWCA Big Sister/Big Brother mentoring project**

This project has been introduced for young offenders who receive a caution or are referred for a youth justice conference under the *Young Offenders Act 1997*. It is being trialed at Parramatta and Coffs Harbour/Grafton. The project is designed to provide positive adult guidance, support and friendship to young people, particularly where there such relationships are absent in their lives.

### **Culturally-specific mentoring programs**

The Department of Juvenile Justice is conducting a needs analysis which will result in recommendations to improve culturally-specific mentoring for young offenders to improve outcomes and to help in school retention rates.

### **One-stop-shop service delivery model for young people**

NSW Health and the Department of Community Services will trial and evaluate three distinct models of service to rural youth that build on local initiatives:

- a multi-purpose youth activity program in Armidale
- a mobile service working in the Greater Murray Area Health Service region
- a school-based model at Cessnock.

They will provide youth-friendly spaces, access to information on a range of health and social issues, recreation activities, and counselling and referral.

### **Life skills and accredited employment skills training**

The Government will provide additional life skills and accredited marketplace employment skills training for clients of the Department of Juvenile Justice, under community supervision and in custody and detention centres, thus enhancing the future chances of employment for these young people.

### **Liquor licensing accords**

NSW Health is providing seed funding to assist Area Health Services develop and monitor local area liquor licensing accords along the lines of the Kings Cross Licensing Accord established in 1998. These will be developed in partnership with local area police, licensees and the Department of Gaming and Racing. There are currently more than 40 local liquor accords operating in NSW.

### **NSW Universities Drug and Alcohol Survey 2001**

In response to limited current information on drug and alcohol use by university students, NSW Health will be conducting a survey amongst university students aged 18 to 24. The survey is an adaptation of the survey specifically designed by the Core Institute at Southern Illinois University to collect data on alcohol and drug use patterns in university students. Five universities across NSW will be participating. It is anticipated that the survey will provide valuable information on current alcohol and drug use amongst university students in NSW. A major benefit of this project is that the findings will inform and guide public health care policies within a university setting.

# Section 5 Implementation – an overview

## Inter-agency and local area policy action

Consistent with the whole of government approach adopted in the NSW Drug Summit Government Plan of Action, implementation of the NSW Youth Alcohol Action Plan 2001-2005 Plan will occur across agencies and at local area level. While some agencies have lead responsibility, given particular expertise or administrative facility, implementation of programs and projects remains a Whole-of-Government responsibility.

The Youth Alcohol Advisory Committee will advise on implementation of the Plan and represented agencies will continue to report to Government on progress of their programs through the Senior Officers' Coordinating Committee on Drugs.

An overview of Government actions to date follows the implementation plan.

## Summary of key activities

### 1. Young people, alcohol & health

<b>Policy direction</b>	Reduce the incidence of acute harms and death associated with alcohol
<b>Statement of action</b>	Reduce alcohol consumption and frequency of intoxication among young people

<b>Initiatives</b>	<b>Agency responsible</b>	<b>Timeframe</b>
NSW Youth Alcohol Grants	NSW Health	2001-2002
Family Drug Information Kit	Premier's Department	2001-2002
Local Long Term Drug & Alcohol Action Plans	NSW Health – Area Health Services	Ongoing
Additional D&A Counsellors within rural Area Health Services	NSW Health	Commenced 2000
Western Sydney Treatment Service	NSW Health & Department of Juvenile Justice	Commenced July 2000/Ongoing
Detoxification units and multipurpose drug and alcohol services	NSW Health	2001-2005
Customised Accredited Courses in TAFE	Department of Education and Training	Ongoing
Training for Juvenile Justice Staff	Department of Juvenile Justice	Ongoing

## 2. Young people, alcohol and the law

<b>Policy direction</b>	Support legislative or policy strategies to reduce acute alcohol-related harm and underage drinking
<b>Statement of action</b>	Reduce alcohol-related crime, violence, underage drinking and antisocial behaviour

<b>Initiatives</b>	<b>Agency responsible</b>	<b>Timeframe</b>
Drink Drive Prevention Strategy	Roads and Traffic Authority & NSW Health	2001
Other Roads and Traffic Authority Initiatives – targeted drink driving and speeding operations; fixed speed cameras; and the Traffic Offenders Program	Roads and Traffic Authority	Ongoing
Juvenile Justice Counsellors (10)	Department of Juvenile Justice	Dec 2000- Jun 2003
Enhancement of Specialist Support Services	Department of Juvenile Justice	Jul 2001 - Jun 2003
Parent Line – 132055	Department of Community Services	Commenced 1994
Website for Families <a href="http://www.community.nsw.gov.au/document/parent/title.htm">www.community.nsw.gov.au/document/parent/title.htm</a>	Department of Community Services	Commenced 1999 – ongoing updating
YWCA Big Brother/Big Sister Mentoring Project	Attorney General's & Department of Juvenile Justice	Commenced 1999
Culturally-Specific Mentoring Programs	Department of Juvenile Justice	Ongoing
Public Space	NSW Police & Youth Action Policy Association	2001- 2002
'Police and Young People Working Toward a Safer Community'	NSW Police	2001
Youth Drug Court	Attorney General's, NSW Health, Department of Juvenile Justice, Department of Community Services, Department of Education and Training	2000/01 - 2001/02
NSW Strategy to Reduce Violence Against Women	Attorney General's	Ongoing
The Safer Communities Development Program	Crime Prevention Division - Attorney General's	Ongoing
NSW Proof of Age Cards Scheme	Department of Gaming and Racing	Ongoing
Underage Drinking Program	Department of Gaming and Racing	Ongoing
Responsible Service of Alcohol Program	Department of Gaming and Racing	Ongoing
Young People and the Liquor Laws – Webpage	Department of Gaming and Racing	Ongoing
Implementation of Routine Screening for Domestic Violence	NSW Health	Ongoing

### 3. Young people, alcohol and culture

<b>Policy direction</b>	Ensure that all programs, services and initiatives involve young people in the planning, delivery and evaluation of services
<b>Statement of action</b>	Reorient programs to be responsive to young people

<b>Initiatives</b>	<b>Agency responsible</b>	<b>Timeframe</b>
PLAY NOW/ACT NOW cd	NSW Health & MusicNSW	2002
PLAY NOW/ACT NOW video	NSW Health & MetroScreen	2002
NSW Drug and Alcohol Training Taskforce	Department of Education and Training & NSW Health	2002
Department of Community Services Drug and Alcohol Training Team	Department of Community Services	Commenced 2000
Participation by Young People Kit	The Commission for Children and Young People	Released July 2001
Peer Education Program on Polydrug Use	NSW Health	Early 2001
School-Link	Department of Education and Training	Ongoing
One-Stop-Shop service delivery model for young people in rural and remote areas	NSW Health & Department of Community Services	2000/01 - 2002/03
Getting it Right	The Australian Association for Adolescent Health	Early 2001
Youth Health Partnership Project (pilot)	NSW Health (Northern & South Eastern Sydney)	Completed 1999/2000
INDENT	MusicNSW	2001 - 2003

#### 4. Young people, alcohol and communities

<b>Policy direction</b>	Work with existing programs and services to support children and young people through transition periods
<b>Statement of action</b>	Develop supportive communities for young people

<b>Initiatives</b>	<b>Agency responsible</b>	<b>Timeframe</b>
One-Stop-Shop service delivery model for young people in rural and remote areas	NSW Health and Department of Community Services	2000/01 - 2002/03
Program to Support Transition from Primary to Secondary School	Department of Education and Training and Department of Community Services	2001 - 2004
Piloting of Peer Drug Education Models for Schools	Department of Education and Training and Department of Community Services	2001 - 2002
Access to information and support services for young people and carers	Department of Community Services	Commenced April 2000
Website for young people <a href="http://www.youth.nsw.gov.au">www.youth.nsw.gov.au</a>	Office of Children and Young People	Ongoing
Getting It Together Projects	Department of Community Services	Commenced July 2000
Kids Help Line	NSW Health	Until 2004
Licensing Accords funding	NSW Health	2001/02
NSW Parenting Campaign	Department of Community Services	Commenced 1999
Joint Forum of Staff working in Child Protection and Alcohol and Other Drugs	Department of Community Services	April 2001
Short Course on Substance Using Parents and Child Protection	Education Centre Against Violence	Ongoing
The NSW Government's Youth Partnerships Initiative	Premier's Department	1999/2000 – 2000/01
Community Drug Action Teams	NSW Premier's Department	Ongoing
NSW Universities Drug and Alcohol Survey 2001	NSW Health	2001/2002

## **Actions to date**

### **NSW Drug Treatment Services Plan**

This five-year Plan launched in 2000 identifies services needed to address needs of people affected by drug and alcohol misuse, incorporating the roles of generalist service providers, specialist services, and residential rehabilitation services.

### **NSW Committee on Underage Drinking**

The Minister for Gaming and Racing established the NSW Committee on Underage Drinking in 1995. It advises the Minister on underage drinking issues and strategies to minimise harm caused by underage drinking. The members of the Committee represent young people, welfare organisations, peak liquor industry associations and relevant Government agencies including health, police, and education.

### **The NSW Government's Youth Partnerships Initiative**

This initiative, driven by the Premier's Department, will focus on preparing young people for work, providing them with a safe living environment and access to community space and facilities. The initiative works with young people in their local communities. It is designed to tap into their aspirations and creative ideas, and involve them in addressing their problems. It will facilitate collaboration between State and Commonwealth Government agencies, local government, business, philanthropic groups and community organisations in addressing youth issues. This project will continue throughout 2001. The website can be located at [www.communitybuilders.nsw.gov.au](http://www.communitybuilders.nsw.gov.au)

### **School drug education**

The NSW Department of Education and Training provides education about alcohol issues through its mandatory Personal Development, Health and Physical Education course. All students study this course, conducted from kindergarten through to year 10. Alcohol issues are also addressed in *Crossroads: a Personal Development and Health Education Course for Stage 6*. This course is mandatory in Government schools for all year 11 and 12 students.

### **School support for young people through transition periods**

The Department of Education and Training booklet, *Guidelines for Mentoring*, was distributed to all NSW schools in 2000. The guidelines aim to support students in the transition from primary to high school and provide a training program for mentors. To date, many schools have developed mentoring programs based on this booklet.

### **Youth Customer Reference Group**

The Youth Customer Reference Group comprises five young people and comes under the auspices of the NSW Youth Advisory Council. It advises Government agencies on how to improve services to young people. Contact this Group through the Office for Children and Young People.

### **Culturally-appropriate education on alcohol and other drugs**

The Department of Education and Training has developed *Healing Time*, a culturally appropriate education resource on alcohol and other drugs for indigenous students in junior secondary school. Training for schools to implement the resource in consultation with their Aboriginal community is being provided.

### **Families First Program**

This program is designed to provide support to, and strengthen parenting skills of, parents with children under eight. The program includes access to childhood health services, information kits on parenting skills, networks for parents and the provision of priority services for families with higher needs.

### **Better Futures: An Action Framework for Vulnerable Young People in NSW**

The Office of Children and Young People developed this strategic framework for meeting the needs of vulnerable young people during 2000. The framework document outlines the NSW Government's response to youth issues addressed in the NSW Drug Summit in 1999 and serves as a guide for inter-agency collaboration in relevant policy development.

### **Youth health services in NSW**

There are 17 youth health centres offering innovative and specialised health services for young people. These services provide high-level clinical and case management services. They include:

- High Street Youth Health Service (Western Sydney)
- Western Area Adolescent Team (Western Sydney)
- Penrith Streetwork Project (Western Sydney)
- Cellblock Youth Health Service (Camperdown)
- Adolescent Antenatal Clinic at King George V Hospital (Camperdown)
- Canterbury Youth Health Service
- Community Health for Adolescents in Need (Illawarra)
- Traxside Youth Health Service (Campbelltown)
- Corner Youth Health Service (Bankstown)
- The Warehouse (Penrith)
- The Chain Youth Health Service (Wollongong)
- Fairfield/Liverpool Youth Health Team
- Kirketon Road Centre (Darlinghurst)
- Youth Health Outreach (Gosford)
- Shoalhaven Crossroads Youth Health Service (Nowra)
- Coffs Harbour Outreach Youth Health Service
- Muralappi Youth Health program (Chippendale)

### **Website for young people**

The Office of Children and Young People in The Cabinet Office has developed a website for young people providing reader-friendly information on alcohol and other drugs and other information of interest to young people. It can be found at [www.youth.nsw.gov.au](http://www.youth.nsw.gov.au).

### **Kids Help Line**

This is an information and counselling service for young people between the ages of five and 18 on a range of issues including alcohol. It also has a website at [www.kidshelp.com.au](http://www.kidshelp.com.au). Phone 1800 551 800.

### **Family Help Kit**

This Kit, developed by NSW Health, is available on the internet and includes information on a range of child and adolescent issues including mental health problems, challenging behaviours, grief and loss, suicide prevention and eating disorders. The Kit has been printed in English and seven other languages. Audiotapes from an SBS radio program were translated into English and 15 other languages with the Transcultural Mental Health Centre. The Kit is available on NSW Health website at [www.health.nsw.gov.au/health-publicaffairs/familyhelpkit](http://www.health.nsw.gov.au/health-publicaffairs/familyhelpkit).

### **Community Drug Action Teams**

The NSW Government is supporting a combined government and community effort to respond to local drug programs through the Community Drug Action Teams (CDATs). The CDATs are teams of people from the community, Government agencies including community services, health, education and police, local government and local non-government organisations. Each CDAT develops a Local Drug Action Plan outlining activities to lessen the impact of drugs in their local community. The Plan encourages the partnerships with CDATs wherever practicable throughout the State. Visit the website [www.communitybuilders.nsw.gov.au](http://www.communitybuilders.nsw.gov.au) for CDAT contacts and activities.

### **Peer education program on polydrug use**

NSW Health has developed a peer education training manual on polydrug use which will be distributed widely in early 2001. Information cards and posters on polydrug use will be made available at the same time.

### **NSW Parenting Campaign**

This campaign, conducted by the Department of Community Services, provides information on child development from babies to teenage children to parents and carers in an easy-to-read format. The campaign provides practical information on parenting and includes fact sheets and a series of four magazines for different audiences. Parenting: The teenage years, was recently launched and focuses on the special problems faced by adolescents. The magazine provides practical and accessible information, ideas and suggestions to help parents support their children through the teenage years.

### **Parent Line**

This telephone information service advises and supports parents on a range of parenting issues. The phone number is 132055.

### **Website for families**

This initiative is part of the 'Practical Parenting Campaign', and was completed in 1999. It provides helpful, reader-friendly information on raising children. It can be found at [www.community.nsw.gov.au/document/parent/title.htm](http://www.community.nsw.gov.au/document/parent/title.htm)

### **The National Alcohol Campaign**

This Commonwealth initiative was developed with input from all States and Territories in Australia through the Inter-governmental Committee on Drugs and was launched in February 2000. It consists of a national cinema and television campaign – 'Drinking. Where are your Choices Taking You?' providing information on alcohol for parents, service providers and students and stakeholders. A website for teenagers presenting important information with interactive features can be accessed at [www.drinkingchoices.com](http://www.drinkingchoices.com). Comprehensive information is available at [www.nationalalcoholcampaign.health.gov.au](http://www.nationalalcoholcampaign.health.gov.au). Further information and resources for the campaign are also available from the information line by phoning 1800 010 125.

### **School Road Safety Education**

The RTA in consultation with the education sector in NSW has developed a curriculum-based road safety education program targeting young people from early childhood to year 12. This is delivered by teachers and covers the road use behaviours relevant to each age group. The Young Driver Education program targets students in years 10 to 12 and covers factors such as risk taking, alcohol misuse, peer influence, speeding, driver fatigue and use of seat belts.

### **Graduated Licensing scheme**

In July 2000, the Government introduced the revised Graduated Licensing Scheme (GLS) for all novice drivers. Under the new scheme, novice drivers are required to pass through three licensing stages before obtaining an unrestricted driver license. These stages are: Learner license; Provisional P1 license; and Provisional P2 license. This progression through the

new stages means new drivers will be at least 20 before obtaining an unrestricted license instead of at 18 as was previously the case.

The GLS aims to increase the amount and range of on-road driving experience of all novice drivers. Importantly, all Learner, P1 and P2 license-holders under 25 years of age are restricted by a prescribed concentration of alcohol set at 0.02 BAC.

### **Resource for isolated students**

The Department of Education and Training has developed 'Let's Look at Drugs', a resource on alcohol and other drugs for geographically isolated students and small schools. It was distributed in 1999, and includes a students' manual, facilitator's guide and an audio tape for years five and six. For years seven and eight, the resource contains a students' manual and facilitator's guide.

### **Schools as Community Centres**

This program uses school facilities to provide advice and support to families with children aged up to eight, to prevent disadvantage at school entry. The program has resulted in increased literacy and immunisation, better preparation of children for school, better nutrition and reduced absenteeism. It also aims to reduce child abuse and neglect. This program has operated successfully at a number of schools and will continue to expand as part of the extension of the Families First program.

### **Service delivery guidelines for people with mental health and substance use disorders**

NSW Health, with other agencies under the auspices of the Senior Officers' Coordinating Committee on Drugs, has developed a set of guidelines for managing people with a coexisting mental health and substance use disorder. The guidelines are available from the Better Health Centre by phoning (02) 9816 0452.

### **Social community plans**

As of June 1999, all local councils are required to develop social community plans to help ensure their services and programs are responsive to the needs of all people, but particularly children and young people, living and working in their local government area.

### **'Big hART' Hurt video**

A non-profit community-based arts organisation working with marginalised youth in rural and regional Australia, Big hART was provided with \$85,000 funding by the Ministry for the Arts to produce the AFI Award-winning Hurt video. The video tells the story of young people from Tamworth, Armidale, Walgett, Moree and Narrabri, with a focus on the effects of domestic violence.

### **Urban design guidelines with young people in mind**

These Guidelines, launched in 1999 by the Department of Urban Affairs and Planning, help organisations make young people welcome in places such as shopping centres and transport interchanges, and minimise the potential for conflict. Copies are available on the web at [www.duap.nsw.gov.au](http://www.duap.nsw.gov.au).

### **Alternative education programs for young people with behavioural problems**

Two alternative education programs have been established by the Department of Education and Training at Maitland and Port Macquarie for young people with behavioural problems. The programs are designed to ensure that young people continue to have the opportunities afforded to all young people through education.

### **Young People at Risk Program**

TAFE has established a Young People at Risk program. The program provides individual support, vocational planning and TAFE training. It provides young people with options to undertake TAFE classes in vocational skills, the school certificate or the higher school certificate.

### **Local indigenous initiatives**

Local projects aimed at preventing and reducing crime and other acute alcohol-related harms among young people in indigenous communities include the South Sydney Youth Service Koori Justice Program, the Streetbeat projects in Ballina, Redfern, Walgett and Moree, four pilot Aboriginal Night Patrols, the Streetwise It's Legit comic and the Macarthur Drug and Alcohol Youth project, 'Koori Koorana Aboriginal youth alcohol forum'.

### **Aboriginal youth crime prevention**

The Attorney General's Department's Crime Prevention Division supports Aboriginal Night Patrols projects in Narranderra, Dareton, Kempsey, Moree and Forster. These projects provide transport and support services to young people in these communities. More broadly, the Crime Prevention Division provides Aboriginal Youth Crime Prevention Project Grants under its Safer Communities Development Program.

### **Designated youth liaison officers at police local area commands**

Youth liaison officers work closely with relevant police to monitor and respond to juvenile crime and develop crime reduction/prevention strategies. They also establish networks with other service providers and work in schools and with young people at risk of offending to reduce juvenile offending. There are approximately 80 youth liaison officers trained in drug and alcohol issues. Youth liaison officers may be involved in a broad range of strategies including liquor licensing accords, health promotion, education and enforcement of legislation.

### **Research on alcohol-related violence and crime**

In June 2000, NSW Health established a research fellowship with the Bureau of Crime Statistics and Research and the National Drug Research Institute at Curtin University, Western Australia. The project will run for three years and provide significant and up-to-date research and intelligence-gathering capacity for the Government, supporting strategic policy development on alcohol-related violence and crime. The NSW Police Service is also collating information on the nature and extent of alcohol-related incidents across NSW. The collection of this information will assist in the development of a strategic response to alcohol-related incidents.

### **Police and Community Youth Clubs (PCYC)**

Police and Community Youth Clubs (PCYC) are a Statewide partnership between young people, the community and the NSW Police Service aimed at helping young people develop the qualities to be responsible citizens and leaders and to avoid becoming offenders or victims of crime. Police attached to the PCYC provide programs focusing on youth crime

issues identified by the Local Area Command Crime Management Unit as well as crime prevention through the provision of services at-risk young people.

As part of a whole of government approach to reducing offending behavior, the Department of Juvenile Justice has formed a strategic partnership with Police and Community Youth Clubs (PCYC) to assist in the development of 'Targeted Programming'. This partnership involved the provision of specialist training to 48 PCYC staff across NSW at the Goulburn Police Academy in July and August 2001 in the management of adolescent offenders and the development of appropriate programs. This specialist training for PCYC staff will be completed in September 2001.

### **The NSW Government suicide prevention strategy**

We Can All Make a Difference: NSW Suicide Prevention Strategy was released in 1999, setting out a Whole-of-Government approach to suicide prevention. The strategy is coordinated by the Centre for Mental Health at NSW Health in consultation with 16 other NSW Government departments, area health services, non-government organisations, community leaders and others. The Strategy addresses suicide prevention for all age groups. It embraces a public health approach, emphasising the importance of promoting mental health and wellbeing and prevention, early intervention and follow-up for a range of suicidal and related behaviours and disorders. Strong emphasis is also placed on the use of evidence-based practice, involvement of consumers, meeting the needs of local communities, and having objectives consistent with national and international goals.

### **End of Year Celebration Kit**

The Department of Education and Training has produced the End of Year Celebration Kit. This kit, with the themes of 'Survive, Stay Alive, Play it Safe, Have Fun' provides advice on liquor laws, drink-driving and driver fatigue for senior secondary students. The kit includes a HELP card containing emergency numbers and a pamphlet on cannabis for senior secondary school students.

### **Under 18s alcohol-free events**

The Department of Gaming and Racing has produced a fact sheet on staging alcohol-free, supervised under-18s events in hotels, nightclubs and registered clubs. '10 Hints on How to Make Your Under 18s Functions A Success' explains the legal requirements for underage functions in licensed venues, provides hints on how to organise a function, and promotes the involvement of local agencies and community groups in conducting alcohol-free functions. The '10 Hints' fact sheet is an initiative of the NSW Committee on Underage Drinking.

### **Blue Light**

NSW Blue Light is an interactive partnership between young people, NSW Blue Light Inc., the NSW Police Service and the community, which provides entertainment and educational activities. Through these activities, Blue Light aims to reduce youth crime, enhance relationships between young people and police and to promote alcohol- and drug-free entertainment.

### **Information on underage drinking**

More information has been given to young people and the broader community about underage drinking laws. The Department of Gaming and Racing has produced the 'Young People and the NSW Liquor Laws' brochure distributed to schools and parents through an information kit from the Department of Education and Training. Information on underage drinking and responsible serving laws is also regularly distributed to the liquor industry by the Department of Gaming and Racing.

### **Retaining involvement in education**

During 1999, a program supporting young people leaving Juvenile Justice Centres to retain involvement in community-based education and training options was extended to include young people referred for youth conferencing.

### **Additional alcohol and other drug counsellors**

Ten new alcohol and other drug counsellor positions were established in 1999 throughout NSW, specifically to help young offenders address their alcohol and other drug problems. These rural counsellors received five days induction training in AOD assessment and treatment of substance using adolescents in October 2000. A further five day intensive training program was delivered in May 2001 to 25 new and existing AOD counsellors. Further training will be provided in November 2001. Using a harm minimisation approach, rural counsellors provide both individual and group treatment programs addressing drug and alcohol education, relapse prevention and heavy drinking.

### **Reducing alcohol-related crime among young Aboriginal males**

A program called 'No More' ('no more hurt, no more pain, no more grog, no more shame') was successfully piloted by the Department of Juvenile Justice in 1998 and is now being extended across parts of NSW. Every alcohol and other drug counsellor from the Department of Juvenile Justice has received training on the program. In November 2000, 25 Aboriginal staff from government and non-government departments in western NSW were provided with four days training in the 'No More' Program at Orana Juvenile Justice Centre. Staff came from such agencies as Aboriginal Medical, Community and Area Health Services, Department of Community Services, Dept of Education and Training and Centacare from locations as far afield as Bourke, Brewarrina, Broken Hill, Gillandra, Orange, Dubbo and Wellington. This program is now reported to be running successfully in Wellington, Gilgandra and Dubbo with plans for future programs being developed. Training for Aboriginal staff in Metropolitan Sydney is planned for September 2001 and in the Northern and Southern areas of NSW in 2002.

### **Screening and assessment**

In October 2000, all Department of Juvenile Justice alcohol and other drug counsellors received training in alcohol and other drug screening and assessment tools. In May 2001 the same counsellors received advanced training in Brief Solution Focused Therapy, Advanced Integrated Cognitive Therapy and Reducing the Risk of Overdose in the Community. Further training will be provided in November 2001.

### **Education for young offenders**

An education program for young offenders has been developed by the Department of Juvenile Justice. It covers alcohol, tolerance, dependency, safe drinking, naming standard drinks, and the dangers of mixing drinks.

### **Specialist youth officers**

Specialist youth officers (SYO) were established under the *Young Offenders Act 1997*. Matters deemed inappropriate for a warning or caution must be referred to the SYO for determination in all cases, whether or not the young person has admitted the offence. SYOs have been identified and trained in every Local Area Command to support implementation of the *Young Offenders Act*. Further SYOs will be identified and trained according to local needs.

### **Review of programs for young Aboriginal people**

Funding was provided to research the cultural effectiveness of the Department of Juvenile Justice's rehabilitation programs for Aboriginal young people, in partnership with agencies such as the Aboriginal Justice Advisory Council.

### **Youth Drug Court**

The Youth Drug Court (YDC) program, which commenced operation in July 2000, was developed as a result of the NSW Drug Summit Government Plan of Action. This two year pilot program operates in two Children's Courts, Campbelltown and Cobham, covering a primary catchment area of Western and South Western Sydney. A limited number of referrals are accepted for courts that operate outside of this region. This program involves the provision of six months intensive judicial supervision and case management for 120 young people per year who have been charged with serious criminal offences relating to high-level drug use, including alcohol. The aim of the program is to reduce drug and alcohol misuse which may lead to criminal behavior

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# Appendix I

## Alcohol consumption

### **1996 Australian Schools Students' Alcohol and Drugs Survey**

The 1996 ASSAD sampled 10,631 of the 453,482 (2.2 per cent) secondary school students aged between 12 and 17 in a random sample of 143 schools in NSW. The survey provided information on the extent of reported alcohol use by both government and non-government school-attending young people, their access to alcohol and patterns of consumption. On the basis of this survey, consumption by young people has been measured as follows:

- across all age groups, 88 per cent of male students and 86 per cent female students aged 12 to 17 years reported ever drinking at least part of an alcoholic drink; although 30 per cent of the male and 34 per cent of the female students who had drunk alcohol had drunk only a 'few sips'
- in the seven days prior to the survey, 34 per cent of males and 29 per cent of females had drunk alcohol
- 46 per cent of young males and 51 per cent of young females consider themselves 'non-drinkers'
- overall, just under 50 per cent consider themselves to be non-drinkers
- 31 per cent of males and 27 per cent of females as 'light' or 'occasional drinkers'
- 21 per cent of males and 22 per cent females consider themselves as 'party' drinkers
- three per cent of males and less than one per cent of females perceive themselves as 'heavy' drinkers
- 83 per cent of males and 79 per cent of females at 17 years old see themselves as drinkers of alcohol
- at age 17, 53 per cent of males and 50 per cent of females reported hazardous drinking (five or more drinks for males; three or more for females) during the two weeks prior to being surveyed.

Based on the 1996 survey findings it is estimated that 129,600 NSW school students drank alcohol during the week preceding the survey. The 1996 Survey further found that:

- 46 per cent of young males and 51 per cent of young females consider themselves 'non-drinkers'
- 31 per cent of males and 27 per cent of females see themselves as 'light or occasional drinkers'
- 21 per cent of males and 22 per cent females consider themselves as 'party' drinkers
- 3 per cent of males and less than 1 per cent of females perceive themselves as 'heavy' drinkers
- 83 per cent of males and 79 per cent of females at 17 years old see themselves as drinkers of alcohol.

This survey also estimated that more than 32,900 NSW students aged 16 and 17 years engaged in heavy drinking two or more times in the fortnight preceding the survey. When the results for the 1996 Survey were compared with the surveys conducted in previous years (1983, 1986, 1989, 1992), it was found that there was a higher prevalence of recent drinkers in 1996 than in 1992, for both sexes and for every age group (Schofield et al, 1998).

### **Self-reported behaviours of secondary school students. NSW 1999. Statistical Bulletin – Alcohol: the 1999 Australian Schools Students' Alcohol and Drugs Survey**

The 1999 ASSAD surveyed 7,475 secondary school students aged between 12 and 17 (Years 7 to 11) in a random sample of 122 schools in NSW. Like the 1996 ASSAD, the survey provides information on the extent of reported alcohol use by both Government and non-Government school-attending young people. Instruments for this survey allowed for a greater range of timeframes within which students were able to

report on their drinking behaviour. In summary, results of the survey found:

- Across all age groups, 89 per cent of males and 85 per cent of females reported ever drinking at least part of an alcoholic drink, although for 32 per cent of males and 35 per cent of females this was only 'a few sips'.
- In the seven days prior to the survey, 34 per cent of males and 29 per cent of females had drunk alcohol.
- In the last four weeks, overall, 50 per cent of males and 44 per cent of females had an alcoholic drink. Up to 15 years old, males appear a little more likely to have drunk in the last four weeks than do females. From 16 years this difference is no longer apparent.
- In the last 12 months, overall, 74 per cent of males and 70 per cent of females had an alcoholic drink.
- 45 per cent of young males and 51 per cent of young females consider themselves 'non-drinkers'; overall, again just under 50 per cent of students described themselves as non-drinkers.
- 33 per cent of both males and females consider themselves as 'light' or 'occasional drinkers'; 21 per cent of males and 24 per cent females consider themselves as 'party' drinkers; 25 per cent of males and 21 per cent of females said they were 'occasional drinkers' and 2 per cent of males and 1 per cent females said they were 'heavy drinkers'.
- 80 per cent of males and 74 per cent of females at 17 years old see themselves as drinkers of alcohol.
- At age 17, 50 per cent of both males and females reported hazardous drinking (five or more drinks for males; three or more for females) during the two weeks prior to being surveyed.

In the two youngest age groups, a smaller percentage of females compared to males have ever drunk. However in the 14 to 17 year age groups, males and females show very similar proportions. The majority of 12 to 13-year-olds who have ever drunk appear to be experimenting and have had only 'a few sips'. In contrast most 16 to 17-year-olds have drunk 'more than 10' alcoholic drinks, with this proportion higher for males. Substantial age differences are represented in these figures. Approximately 13 per cent of 12-year-olds reported 'recent' drinking compared to about 50 per cent of 17-year-olds (Lovelace et al, 2001)

### **Sources of alcohol for young people**

These reported sources are again broadly consistent with figures from the Statistical Bulletin – Alcohol of the 1999 ASSAD. There is a slight increase in students who said they received their alcohol from parents and siblings. Overall:

- 44 per cent of males and 40 per cent of females reported receiving their last alcoholic drink from their parents (again, these figures were higher for the 12 to 14-year age group)
- eight per cent of both males and females reported getting it from their brother or sister
- again, less than six per cent took alcohol from home without permission.

Self-purchasing was again reported to be below 10 per cent until age 16 years, but by age 17 this percentage increases to about 40 per cent. According to those who had attempted to purchase alcohol, 37 per cent of males and 50 per cent of females said they had not been refused. Of those who were refused service, the majority reported this occurring at a bottle shop – 72 per cent of males and 77 per cent of females (Lovelace et al, 2001).

### **Types of alcohol consumed**

In 1996, beer was the most usual drink for 52 per cent of males and 23 per cent of females. A spirit was the most usual drink for 18 per cent of males and 24 per cent of females. Wine was drunk by more females (16 per cent) than males (eight per cent) and this was also the case for alcoholic soda or pre-mixed drinks (12 per cent females, four per cent males) (Schofield et al, 1998). It should be noted, the 'ready-to-drink' and pre-mixed spirit market, including 'wine coolers' and ciders, has been expanding considerably since the mid-90s.

In 1999, beer remains the drink of choice for young males at 43 per cent. By far, the favoured drink by females was alcoholic sodas and spirits, 27 per cent and 29 per cent respectively. This figure for alcoholic sodas represents a marked increase on 1996 data. At 30 per cent, the second drink of choice for males was spirits at 30 per cent, representing more than a 30 per cent increase on 1996 figures. The data suggests beer and spirits are more likely to be drunk by older students where younger students report low strength beer and wine as their preference (Lovelace et al, 2001)

### **Changes in consumption levels**

When the results for the 1996 ASSAD survey were compared with the surveys conducted in previous years (1983, 1986, 1989, 1992), it was found there was a higher prevalence of recent drinkers in 1996 than in 1992, for both sexes and for every age group.

Furthermore, in 1996, there was an increase in 'hazardous' drinking for males. The 1998 National Drug Strategy Household Survey found that more than 66 per cent of young people aged between 14 to 19 years were recent drinkers which confirms the finding of the 1996 survey and suggests the prevalence is increasing (Fitzsimmons and Cooper-Stanbury, 2000; AIHW, 1999).

A comparison of 1999 results with the previous 1996 Survey suggests stability in most indicators of self-reported alcohol consumption. The proportion of students who had ever drunk has remained at the 1996 levels of 80–85 per cent. Incidence by age and sex also appears to have remained stable. About 50 per cent of surveyed students identify themselves 'non-drinkers' with a slight increase seen in 1999 for 17-year-olds calling themselves 'non-drinkers'. For the 17 years age group there is in fact a slight reduction (five per cent) in those who had ever had a drink. Overall, 34 per cent of males and 29 per cent of females were recent drinkers in both the 1996 and 1999 surveys.

Consistent with other surveys, males reported a greater number of drinks than did females and the overall increase from 12 to 17 years is greater for males than females. Significantly, the incidence of hazardous drinking appears to increase with age with roughly half of all 17-year-olds drinking hazardously in the two weeks preceding both the 1996 and 1999 surveys.

### **'Binge' drinking**

The definition of 'binge' drinking used in Australian surveys (five or more drinks on one occasion for males; three or more for females) follows the 1992 NHMRC guidelines which refer to what is considered biologically 'hazardous' drinking, and not to other hazards which may meet the drinker in any given social context.

As a pattern of drinking behaviour, 'binge' drinking, or drinking to intoxication on one occasion, has been variously associated with numerous adverse social and

medical consequences. Studies on whole of population morbidity and mortality have shown an increased likelihood of acute harms such as accident and injury when drinking in this manner. Emergency room admissions data show a strong statistical correlation between binge drinking and traumatic injury and violent death (ICAP, 1997).

According to the definition of 'hazardous' drinking adopted for the 1996 ASSAD Survey (an occasion on which a male student had five or more drinks and a female had three or more drinks):

- 34 per cent of males and 35 per cent of females had been 'hazardous' drinkers during the two weeks preceding the survey
- about 27 per cent of females and 32 per cent of males aged 17 years reported hazardous drinking two or more times in the fortnight preceding the survey.

The results were almost as high for 16-year-olds (26 per cent for both males and females). From these results it has been estimated that more than 32,900 NSW students aged 16 to 17 engaged in hazardous drinking two or more times in the fortnight preceding the survey. Approximately 94 per cent of males and 78 per cent of females who reported recently drinking more than 12 standard drinks for males and eight standard drinks for females within one drinking session did so with the stated intention of becoming drunk.

Based on analysis of figures from the National Drug Strategy Household Survey Technical Report 1998, the *National Alcohol Indicators Bulletin* found that at least two-thirds of people under 25 years who consume alcohol do so at a risk of acute health consequences (Heal, P. et al, 2000).

Of all the potential risks associated with binge drinking, young people clearly see alcohol-related violence as the greatest harm. A tracking survey commissioned by NSW Health of the NSW Youth Alcohol Campaign ('Drink Drunk – The Difference is U') found that 49 per cent of young people perceive one of the risks of alcohol consumption as becoming 'violent or abusive'. Some 40 per cent of young people said that binge drinking leads to 'getting into a fight' (Market Attitude Research Services, 1997).

# Appendix 2

## Alcohol and road trauma

A blood alcohol concentration (BAC) of 0.02 is the legal limit for drivers with provisional licenses in NSW. (A BAC of 20 mg [0.02 grams] of alcohol in 100 mLs of blood equates to 20mg per cent or 0.02 per cent, or 0.02 BAC.) In July 2000, the NSW Government introduced a revised Graduated Licensing Scheme. This means new drivers will be required to pass through three stages of license - Learner's licence, provisional 'P1' licence, provisional 'P2' licence - before obtaining an unrestricted driver's licence. This further means new drivers will be restricted to 0.02 BAC until at least 20 years of age.

The laws restrict 'L' and 'P1' licence holders to being under 0.02 BAC. 'P2' licence holders are restricted to being under 0.02 BAC for the first three years of driving while under 25 years of age. (A measure of 0.05 BAC remains the legal limit for unrestricted drivers of rigid vehicles of up to eight tonnes in NSW.)

The decision to drive while under the influence of alcohol is motivated by a range of factors including peer pressure, previous drink driving experience, perception of sobriety; availability of alternative transport and alcohol-induced confidence and aggression.

Alcohol is also highly associated with pedestrian accident deaths among young people. In 1996, 69 per cent of male and 50 per cent of female pedestrian accident deaths among young people aged between 16 to 19 years had a BAC of greater than or equal to 0.10 (Moon et al, 1999). Among drivers involved in serious casualty crashes, young drivers and riders are more likely to be speeding (22 per cent of 17 to 20-year-olds, 19 per cent of 21 to 25-year-olds compared with 14 per cent of all drivers and riders), drink driving (11 per cent of 17 to 20-year-olds, 14 per cent of 21 to 25-year-olds compared with 9 per cent of all drivers and riders) or driving fatigued (11 per cent of

17 to 20-year-olds, 12 per cent of 21 to 25-year-olds compared with 9 per cent of all drivers and riders).

A study of the incidence of road accidents by time of day and day of the week identified that among youth-aged serious casualties there is a higher percentage occurring during the traditional late-night socialising times of the week, Thursday to Saturday, 9pm to 3am [following day]. More than one in six youth-aged serious casualties occur during this period compared with only 11 per cent of all serious casualties. There is also a disproportionately higher number of youth-aged serious casualties during weekend early mornings with around eight to nine per cent of youth-aged serious casualties occurring at this time compared with five per cent for all ages. In contrast, youth-aged serious casualties are under-represented during weekdays 9am to 3pm (ARRB Transport Research, 1999).

When compared to drivers and motorcycle riders aged between 26 years and 59 years, young drivers/motorcycle riders were:

- nearly twice as likely to be driving unlicensed or to have had their license disqualified or cancelled
- twice as likely to be speeding or fatigued
- twice as likely to be distracted by something inside the vehicle, as a factor attributed to the accident
- twice as likely to have lost control of the vehicle or to be avoiding an animal as an error factor in the accident
- more likely to have an error when overtaking on the right
- less likely to be wearing seat belts
- more likely to have an illegal blood alcohol concentration
- twice as likely not to wear helmets (Moon et al, 1999).