

Preventing alcohol harms in young people: family-based interventions



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A resource for workers

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THIS RESOURCE HAS BEEN COMMISSIONED by New South Wales (NSW) Health to provide information about the family's role in preventing alcohol-related harm in young people. The resource is designed to inform the practice of drug and alcohol workers, mental health workers, outreach workers, psychologists, counsellors, health promotion and prevention project managers/officers, social workers, special population workers and Community Drug Action Team (CDAT) project officers.

The resource includes both information and practical tips. The two objectives of this resource are:

- ▶ to improve workers' understanding of the current research-based findings about how families, in particular parents, can prevent alcohol-related harm among young people; and
- ▶ to provide 'best practice' examples of effective actions, programs and strategies that can be used in professional practice to enhance services to families.

The authors were asked to identify, from the research literature, any actions, programs and strategies that have been shown to be effective in preventing alcohol-related harm in young people. The authors also sought the views of NSW Health's Mental Health and Drug and Alcohol Office (MHDAO) staff and five key informants with expertise in drug and alcohol-related areas, Aboriginal issues, culturally and linguistically diverse (CALD) communities and family and parenting programs. The key informants were interviewed about their experiences working with parents or families and commented on current practices and programs. The NSW MHDAO provided case studies of programs that highlight innovative practice.

Behavioural targets for preventing alcohol-related harm

The Australian guidelines to reduce health risks from drinking alcohol published by the National Health and Medical Research Council (NHMRC 2009) recommend that young people aged under 18 years should not consume alcohol (Table 1). The guideline is based on an assessment of the potential harms to young people, as well as a range of epidemiological research (NHMRC 2009). This poses challenges for parents as many young people under the age of 15 years have already tried alcohol. Similarly, the recommendation that adults should drink

no more than four standard drinks in any one session may be challenging for some parents, as it will require reductions in their own consumption patterns.

Table 1 contrasts the NHMRC guidelines with current patterns of alcohol use in NSW. The table reveals that there are considerable numbers of people within different populations in NSW that use alcohol in patterns that increase their risk of harm. It should be noted that the table provides only brief detail and does not examine issues such as how regularly children, young people and parents engage in risky drinking.



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WORKING WITH FAMILIES AND PARENTS IS ONE AREA THAT MAY BE EFFECTIVE WITHIN BROADER COORDINATED DRUG AND ALCOHOL PREVENTION STRATEGIES.

Workers should be familiar with the NHMRC guidelines so they can communicate the key health risks to parents, families, carers and young people. Table 1 identifies population groups that workers should consider when planning their activities and the behaviours that should be encouraged in efforts to reduce harmful alcohol use.

The remaining sections of this resource provide examples of actions, programs and strategies that workers can implement to enhance services to parents and young people.

Strategies that might effectively reduce alcohol-related harm

Evidence suggests that using a mix of national, state and community approaches, rather than any single action or service has the greatest chance of reducing alcohol-related harms. The range of strategies available makes it possible to tailor the mix of investment to the specific needs of particular communities (Loxley et al. 2004). Working with families and parents is one area that may be effective within broader coordinated drug and alcohol prevention strategies.

Table 1. The challenge of reducing alcohol use in New South Wales

National Health and Medical Research Council guidelines for alcohol consumption (NHMRC 2009)	Estimated population in NSW exceeding the recommended levels for safe alcohol consumption
1. For healthy men and women, no more than two standard drinks on any day.	Ten per cent of both men and women in NSW drink more than two standard drinks on any day (AIHW 2008a).
2. For healthy men and women, no more than four standard drinks on a single occasion.	Thirty-five per cent of men and 29 per cent of women in NSW drink more than four standard drinks on a single occasion; for all persons it is 32 per cent (AIHW 2008a).
3a. For children under the age of 15, not drinking is especially important.	Data from the NSW School Students Health Behaviours Survey show that 72 per cent of 12–15 years olds have ever had a drink of alcohol (i.e. 72 per cent of male and 73 per cent of female adolescents (Centre for Epidemiology and Research 2009).
3b. For young people between the age of 15 to 17, the safest option is to delay initiation of drinking for as long as possible.	Average onset of drinking in adolescence is 16.9 years (AIHW 2008b).* McAllister (2003) reported that although the median age of initiation is 16 or 17 years, significant numbers of young people initiate alcohol use at the ages of 14 or 15 or younger (approximately 25 per cent).*
4. Not drinking is the safest option for women who are pregnant, planning a pregnancy, or breastfeeding.	Forty-seven per cent of women consume alcohol while pregnant and/or breastfeeding (Wallace et al. 2007).*

* Australian data reported as recent and representative NSW data not available.

Figure 1. A summary of recommended prevention strategies to reduce alcohol-and drug-related harm (modified from Loxley et al. 2004)

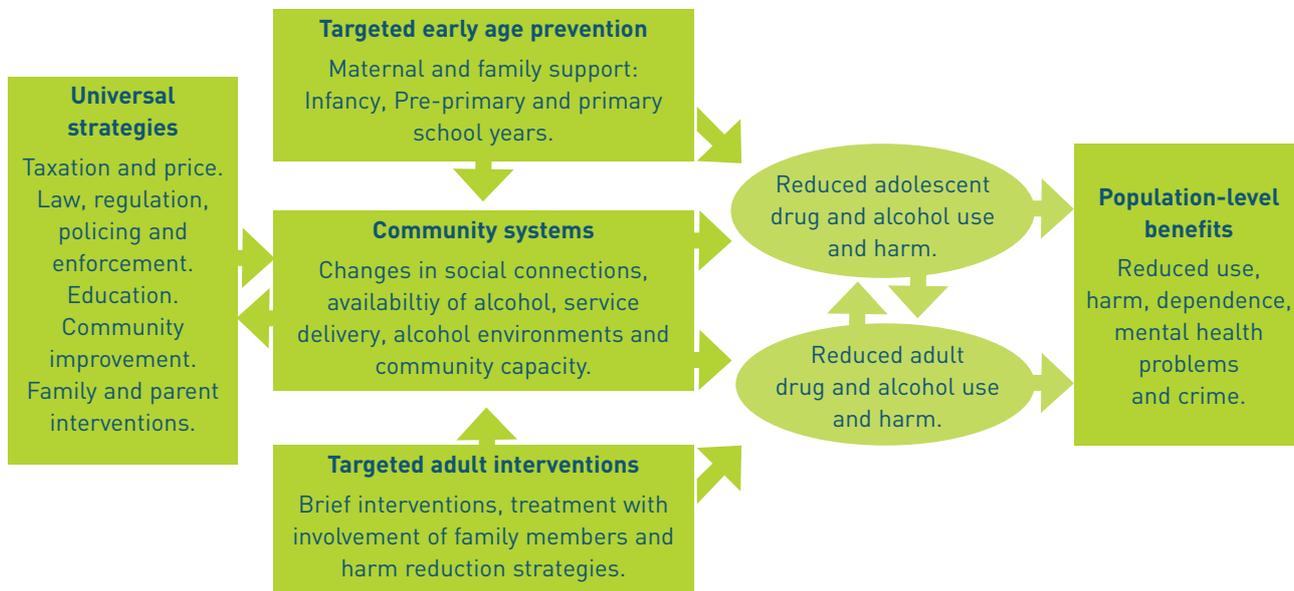


Figure 1 highlights specific strategies that involve families including universal, targeted early age prevention and targeted adult interventions. When implemented together, these three broad prevention strategies have shown that they can prevent and reduce alcohol-related harm (Loxley et al. 2004):

1. **Universal family, parent and carer interventions** aim to improve parenting skills and family functioning. There is evidence that these interventions can effectively reduce problems associated with legal drugs such as alcohol and tobacco.
2. **Targeted early age prevention strategies** include providing maternal and family support to vulnerable parents and families to ensure healthy child development through infancy, pre-primary and primary school.
3. **Targeted adult interventions** include treatment for parents and family members and harm reduction strategies in order to improve health and treatment outcomes. A number of interventions in this area have relevance to illicit drug use problems.

Many programs operate across a number of these broad strategies. Where they are well-coordinated at the community level, universal and targeted strategies can effectively improve community health outcomes.

While not all programs outlined in this resource have been evaluated with respect to their impact on substance use behaviour, early results suggest that future evaluation may be warranted to determine any specific impact on drug and alcohol use. Grant programs, such as the NSW Health Drug and Alcohol Research Grants Program (www.health.nsw.gov.au/mhdao) may provide funding for evaluation work.

UNIVERSAL AND TARGETED STRATEGIES CAN EFFECTIVELY IMPROVE COMMUNITY HEALTH OUTCOMES.

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The evidence for universal family, parent and carer strategies

The universal interventions that involve parents include:

- ▶ community improvement strategies;
- ▶ family intervention;
- ▶ parent education; and
- ▶ law, regulation, policing and enforcement.

Community improvement strategies

Definition: Coordinated action aiming to promote healthy community environments. Parents often form a component.

While evaluation evidence for these strategies is limited, many benefits can flow from a well-coordinated set of community prevention strategies. For example, it may be advantageous to integrate parent and family interventions in community drug and alcohol prevention strategies with those from other sectors including education, mental health and crime prevention (Figure 1).

At a community level efforts to assist families have included community mobilisation (e.g. Kalgoorlie Alcohol Action Project, www.ndri.curtin.edu.au/research/kaap) and community initiatives (e.g. Good Sports, www.goodsports.com.au; community events that provide alternative activities to alcohol), but there has not been extensive research on their effectiveness. The Kalgoorlie Alcohol Action Project consists of multiple components including community mobilisation (working with community coalitions), school alcohol education and efforts to change local community behaviours and attitudes.

A similar community program run in the United States of America (USA) included a parent education component and showed a delay in the initiation of drinking by young people (Perry et al. 1996).

A useful community mobilisation resource is the Australian Drug Foundation's Community Alcohol Action Network

(CAAN, www.caan.adf.org.au). It aims to mobilise the community to take action on alcohol issues such as marketing, promotion, products and supply. There is a page on the CAAN website that details the action that concerned members of the community can take. A community resource available in NSW is the CDATs (www.communitybuilders.nsw.gov.au/drugs_action). These are community groups supported by NSW Health to increase and improve general community awareness about drugs and alcohol and to help communities develop their own responses to local drug problems.

Family interventions

Definition: One or more parents, children and other family members receiving information and/or a course of instruction together aimed at encouraging healthy family development.

There is evidence for efficacy of family interventions from controlled studies.

Most of the large-scale prevention studies using family interventions have been carried out in the USA (Foxcroft et al. 2003). The Strengthening Families Program (SFP) was developed in the USA based on the principles of behavioural family therapy. The program is made up of modules of varying length that are designed to address different levels of risk and family problems. The program is for families with young children through to children in their mid-teens and contains a mixture of parent-focused, child-focused and family-focused strategies. Modules generally focus on developing positive family interactions, family communication and effective discipline.

Parent sessions focus on:

- ▶ the appropriate use of reinforcement;
- ▶ encouraging initiative and creativity;
- ▶ reducing destructive interactions;
- ▶ increasing closeness;
- ▶ consistent discipline; and
- ▶ family meetings to pre-empt problems.

Child sessions focus on:

- ▶ building communication skills;
- ▶ fostering healthy goals;
- ▶ resilience and problem-solving;
- ▶ resisting peer pressure; and
- ▶ anger management.

The Iowa Strengthening Families Program (ISFP) adapted the SFP to provide a briefer version suitable for universal (whole population) delivery in contexts such as primary schools. The SFP has been widely used in the USA and United Kingdom, but we are unaware of universal programs such as this in Australia.

Evidence from well-conducted evaluations indicates that ISFP reduces alcohol involvement and alcohol misuse by young people in the medium term (2–4 years; Spoth, Redmond & Shin 2001) and reduces the frequency of intoxication (Spoth et al. 2009). The ISFP also has positive effects on more general behavioural issues such as aggression and depression and it improves the quality of interactions in families. The ISFP is resource intensive but appears cost-effective (Spoth, Gyll & Day 2002).

Practical tip 1

The Family Alcohol and Drug Network: for professionals interested in working with families

The Family Alcohol and Drug Network (FADNET) was formed in Victoria in 2001 as a network of practitioners in the drug and alcohol service system who shared a common vision of promoting family inclusive practice. Since then, FADNET has hosted a number of national conferences and practice forums to raise awareness, advocate for policy change, and enhance the capacity of workers around family inclusive practice. Organising training events in NSW is a practical way to build local capacity. NSW practitioners are encouraged to participate (www.fadnet.org.au).

Parent education

Definition: One or more parents receiving information and/or a course of instruction aimed at encouraging healthy family development.

There is evidence for efficacy of parent education from controlled studies. Interventions involving parent education range in intensity from the distribution of one-off messages using social marketing strategies through to training courses that involve professional contact over multiple sessions. Hayes et al. (2004) provide a literature review and recommendations for interventions to assist parents to manage adolescent alcohol use (www.aifs.gov.au/institute/pubs/resreport10/main.html).

The *Preparing for the Drug Free Years* (PDFY) program (Spoth, Redmond & Shin 2001) is a program that has been developed in the USA to help parents reduce the risk of substance use by strengthening family protective factors (e.g. strengthening bonds, establishing clear standards for behaviour). The PDFY program involves a series of structured sessions aimed at parents of children in grades four to eight. Sessions focus on skills such as establishing family rules on drugs, enhancing family communication and reinforcing refusal skills.

The effectiveness of PDFY is evident in:

- ▶ positive changes in parenting behaviour;
- ▶ lowered aggression and defiance;
- ▶ improved school performance;
- ▶ closer bonds to positive social groups; and
- ▶ fewer drug-related events at school.

Preparing for the Drug Free Years can produce sustained reductions in alcohol use by young people in the medium term (Spoth, Redmond & Shin 2001). The work of developing and trialling an Australian version has not yet been undertaken.

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The Australian program *Parenting Adolescents, a Creative Experience* (PACE; Toumbourou & Gregg 2002) has some parallels with PDFY in that it is a seven-week group-based program for parents focusing on communication, conflict management and adolescent development. In a matched comparison study (using usual practice in schools as the comparison) of 577 families with three-month follow-up, the delivery of PACE groups in schools resulted in reductions in family conflict, less delinquency and less poly-drug use. The PACE groups are facilitated by a range of people including drug and alcohol workers, school staff and family professionals. A manual outlining the program (*Parenting Adolescents, A Creative Experience! (PACE)*, Jenkin & Bretherton, <http://shop.acer.edu.au/acer-shop/group/LC/34>) is available and training programs can be organised through Jesuit Social Services in Victoria. The *Resilient Families* program was developed in Australia to provide a model for integrating drug and alcohol focused parent education into schools

(parent workbook and brief and extended PACE-group parent education sessions delivered by trained professionals). The program produces short-term (1–2 year) improvements in factors that influence the risk of alcohol use (i.e. school adjustment problems and family attachment problems) and family involvement was associated with reduced adolescent alcohol use (Shortt et al. 2007).

Key informants consulted for this resource emphasised the importance of parents being positive role models with respect to alcohol consumption. Loxley et al. (2004) support this notion by highlighting the relationship between adolescent drug and alcohol use and that modelled by adults including parents (Figure 1). This emphasises the importance of simultaneously addressing drug or alcohol use in both young people and their adult role models.

While information about drugs and alcohol was highlighted as important, all key informants thought parents needed more than information about drugs and alcohol. The following were also highlighted as important:

- ▶ information about how to communicate effectively with adolescents;
- ▶ general parenting information; and
- ▶ information about adolescence and adolescents' mental health.

Key informants discussed what they regarded as effective ways to communicate information to parents that may help them prevent or reduce the likelihood of their children developing problems with drug and alcohol use. These are:

- ▶ training parents to be peer educators about drugs and alcohol, and how to communicate with adolescents (information about a peer education program for parents run by Manly Drug Education and Counselling Centre (MDECC) is provided in Case Study Example 1);
- ▶ discussion forums in local communities; and
- ▶ drug and alcohol information and education programs in schools.

Practical tip 2

Drug and alcohol professionals assisting parent education in schools

Drug and alcohol workers are sometimes invited into schools to provide drug education to parents and students. When workers are assisting schools it is important to provide credible information and education strategies. One-off information sessions provide little benefit and can be counter-productive if they increase children's interest in drug and alcohol use. To overcome these difficulties an agency in a country town that had high rates of youth alcohol problems gave their worker the opportunity to network with local school staff to carefully plan a parent education event. It is generally difficult to attract parents to attend school events, but attendance often improves when the children are involved. In this town the primary school students were supported to develop drama, music and video presentations for their parents under the supervision of their teachers. The presentations addressed issues associated with youth alcohol use. The evening presentation event was well-attended and created the opportunity to provide parents with alcohol education information and invitations to additional parent education events.

Law, regulation, policing and enforcement

Definition: *The use of law, regulation, policing and enforcement strategies to reduce the supply of alcohol and for intervening with offenders to prevent youth alcohol misuse and related problems.*

There is evidence for the effectiveness of policies such as increasing the legal age for the supply and possession of alcohol from 18 to 21 years. It has been found that parents are less likely to supply alcohol to adolescents if the law prohibits young people from drinking until they are 21 years old (Yu 1998). However, the implementation of such policies can be unpopular.

A range of policies in Australian states attempt to influence parent behaviours. In NSW it is illegal to supply alcohol to minors, the exception being when parents supply alcohol to their own children at home. The 'Supply Means Supply' campaign was launched in NSW with the aim of reducing underage drinking and young people's access to alcohol by raising awareness of the offences and penalties relating to the supply of alcohol to minors. New legislation has recently been enacted in Queensland and Tasmania to regulate the supply of alcohol

to minors more strictly. Other states have fewer prohibitions for supply to minors. There is currently no evidence on the effectiveness of such legislation.

Laws that set legal limits on driver blood alcohol levels together with policing strategies such as roadside drug and alcohol testing have been effective in reducing road deaths and injuries. In NSW and other states, parents of young drivers are provided with educational material urging them to support and reinforce probationary driver safety and harm reduction policies.

Practical tip 3

Your Choice: drug and alcohol professionals and police working together to reduce underage drinking

Police are often faced with a dilemma when they find adolescents using alcohol in that they may be reluctant to proceed with a formal arrest given the potential negative consequences to the young person. *Your Choice* is a NSW program that targets underage drinkers who have been found to be in possession of and/or consuming alcohol in a public space. They are offered the choice of either being issued with a fine or attending an education session with their parent or guardian. *Your Choice* education sessions are designed and run by expert drug and alcohol workers and police. The program is being trialled in a number of areas and will be evaluated before being rolled out across the state.

Manly Drug Education and Counselling Centre's (MDECC) Parents Prepared program

The Parents Prepared program provides parents with up-to-date information about both licit and illicit drug use, mental health, and tips and strategies for maintaining/achieving good communication with adolescents. In total, parents receive approximately 15 hours of training. They are encouraged to act as peer educators, and spread the knowledge they gain from Parents Prepared throughout their community. The Manly Drug Education and Counselling Centre has found that each parent group (approximately 15 parents) passes on information to around 400 to 600 people.

Evaluation of Parents Prepared suggests that the program can increase participants':

- knowledge of drug and alcohol issues and harm reduction strategies;
- sense of competence and confidence in discussing drug and alcohol issues;
- knowledge of techniques for communicating with adolescents;
- understanding of adolescence and issues that can arise between parents and teenagers; and
- awareness of opportunities to network with other parents in local communities.

For more information tel. 02 9977 0711 or visit www.mdecc.org.au.

Case study 1



The evidence for targeted early age prevention strategies

Targeted early age prevention can be provided through targeted versions of the *Positive Parenting Program* (Triple P) and SFP.

Developed in Australia and now implemented internationally Triple P is the best-evaluated parent education program. The program is not specific to drug and alcohol prevention but focuses on reducing behaviour problems in children, an important risk factor for adolescent drug and alcohol problems. A multi-level set of strategies are available to address the varying information needs of parents seeking assistance (Sanders 2008):

- ▶ Level 1 is a universal program and delivers psycho-educational information (e.g. information on motivations for child behaviour, parent stress management techniques) in a group format.
- ▶ Levels 2 to 4 address progressively higher levels of risk and are offered in individual, group or self-help formats.

- ▶ Level 5 is a behavioural family intervention program that addresses complex problems, such as marital distress and parental depression.

The program emphasises the behavioural management of children, including the use of appropriate and consistent disciplinary strategies, and promotion of rewarding family exchanges. There is evidence that the program was effective in reducing child injury and abuse across whole populations when it was implemented in North Carolina in the USA.

In NSW, two programs currently being run within targeted populations are:

- ▶ *Safe Start*, identifying and supporting women with social and emotional issues before and after the birth of an infant; and
- ▶ *School-Link*, promoting mental health and improving prevention, treatment and support of adolescents with mental health problems (see www.health.nsw.gov.au/mhdao/programs_initiatives.asp).

Case study 2 *Behaviour Exchange Systems Training: A framework for assisting families where parents are concerned by adolescent substance use*



Some parents become concerned and seek professional assistance around the point when they become aware that their child is using drugs. The *Behaviour Exchange Systems Training* program was developed in Victoria to assist parents in this situation. The eight program sessions are structured to emphasise that adolescence is a time of increased consequential learning. Parents are gradually encouraged to become more assertive in their requirements for responsible behaviour and discouraged from actions such as paying fines that enable misbehaviour. A manual outlining the approach is available and training programs can be organised. Many professionals who complete the training comment that the program gives them a model they can use when advising parents who are attempting to manage their children's behaviour. For a copy of the manual *BEST: Behaviour Exchange Systems Training-A Program for Parents Stressed by Adolescent Substance Abuse* by Blyth, Bamberg and Toumbourou visit <http://shop.acer.edu.au/acer-shop/product/A990BEST>.

An evaluation of the impact of this program on drug and alcohol behaviour is currently in progress.

Case study 3

Holyoake's *Parents of Adolescents that Use* (PAUSE) program

Holyoake has a range of health promotion programs that target parents, children and adolescents. Holyoake's *Parents of Adolescents that Use* (PAUSE) program is a 12-week program for parents who are concerned, confused or curious about adolescent drug and alcohol use.

It aims to help parents:

- understand the effects of alcohol, drugs and other dependent behaviour, and the impact that these can have on families;
- develop practical skills and strategies to facilitate positive change in terms of the problems experienced; and
- facilitate positive change in their relationships with their children and other family members.

Evaluative research with parents who have completed the program, suggests that it can help:

- reduce parents' stress, and thus improve their ability to effectively cope;
- improve relationships (and thus reduce conflict) within the family, particularly parents' relationship with the child whose behaviour led them to seek help; and
- reduce levels of substance use, with a large percentage of parents reporting their children had reduced their substance use.

For more information tel. 02 9904 2700 or visit www.holyoake.org.au.



The evidence for targeted adult prevention strategies

Targeted adult interventions incorporating treatment for parents include the Parents Under Pressure and Behavioural Exchange Systems Training programs. Parents Under Pressure has been developed as a structured therapeutic program to guide accredited practitioners to help parents in drug treatment. The Behaviour Exchange Systems Training program (Toumbourou & Bamberg 2008) provides a structured format to assist parents concerned by adolescent drug use (see Case Study 2). Dawe et al. (2006) provide a literature review and recommendations for assisting parents who experience drug use problems. Frye et al. (2008) review interventions to assist family members who seek help for another family member's drug use.

A number of innovative parent-focused programs and services for drug and alcohol use are available in NSW (e.g. the Parents of Adolescents that Use (PAUSE) program, see Case Study 3).

Family-orientated prevention programs have great potential for adaptation to the unique challenges and cultural needs of Aboriginal people. Culturally specific versions of SFP have been shown to be effective with indigenous populations of the USA, Alaska and Canada.

The Community Services Intensive Family Based Service (IFBS) is a child protection intervention program primarily for Aboriginal families in NSW. The IFBS aims to protect children, prevent potential out-of-home care placement and build on family skills by working in partnership with the family and community. A 2008 evaluation of the program demonstrated a significant

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impact on reported issues of carer drug and alcohol use, carer mental health problems and neglect. Families receiving IFBS received significantly fewer reports on average in the three, six and 12 month post-intervention periods than in the three, six and 12 month pre-intervention periods (NSW Department of Justice and Attorney General 2008).

A key informant who spoke about Aboriginal-specific issues indicated that while providing parents with information and parenting advice might help, the reasons behind young Aboriginal people’s drug and alcohol use were deep-rooted and complex. Drug and alcohol problems have a long history in a mix of mental health, sexual abuse, chronic disease, domestic violence, dispossession and inter generational violence—in fact, a whole range of things. He suggested that societal shifts and the coordinated delivery of multiple strategies would be required to bring about change.

A key informant with significant experience working with CALD communities highlighted the importance of tailoring programs and information.

He noted that it is important to recognise that knowledge about drugs and alcohol can be quite low in CALD communities and that shame and stigma attached to substance use problems can be very high. The key informant noted that community talkback radio can be a very effective medium for communicating information about drugs and alcohol to adults in CALD communities, including parents. In the past, his organisation had organised for bilingual general practitioners to be involved in talkback radio sessions about drug and alcohol issues. Such sessions allow members of CALD communities to have questions about drugs and alcohol answered without having to identify themselves, thus avoiding issues of shame and stigma.

In summary, family- and parent-based prevention programs show promise and represent new and exciting approaches that may be cost-effective and complementary to existing prevention programs such as classroom drug and alcohol prevention programs.



Practical tips for workers to pass on to parents

As discussed previously, the evidence base for advising parents regarding young people and alcohol use is limited and lags behind areas such as the evidence for managing child behaviour. However, parents do play an important role in their children's development, particularly with regard to preventing/delaying/reducing their children's use of drugs and alcohol.

The following tips for parents emerge from practices that have been used in evaluated interventions and that appear promising based on longitudinal research.

To prevent or delay their children's use of drugs and alcohol, parents can:

- ▶ Monitor their own alcohol consumption patterns, and the values communicated to their adolescents by these patterns (Hayes et al. 2004; Shortt et al. 2007).
- ▶ Actively listen and support their children through involvement in the school community. Schedule healthy family activities and encourage alternatives to alcohol use (Shortt et al. 2007). One key informant indicated that he thought it was important that families encourage their children to be linked in with their communities through sports and other recreational activities from a young age.
- ▶ Discuss and communicate clear expectations about alcohol use (Kosterman et al. 2000) and risky situations involving alcohol. The evidence indicates that delaying the onset of drinking until age 18 or for as long as possible reduces the risk of alcohol-related harm.
- ▶ Agree on appropriate consequences for breaking family rules/expectations (Toumbourou & Bamberg 2008). A few of the key informants commented that they thought general parenting information about setting boundaries with adolescents, and how to be flexible with these where appropriate, can be effective and helpful.
- ▶ Rehearse how they will communicate these expectations and consequences. Schedule to meet and talk at a time when there is minimal pressure/stress and explain clearly and directly the reasons for these rules (Toumbourou & Gregg 2002).
- ▶ Avoid trying to communicate during times when emotions such as anger and frustration are running high. One of the key informants spoke of the importance of encouraging families to avoid trying to get their point across during a heated argument.

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Practical tips for workers to pass on to parents

continued...

- ▶ Keep in contact with teachers, learn about their child's strengths and weaknesses, and encourage/build skills that maximise rewards at school and connectedness to school. These do not have to be specifically academic but could be sporting or arts related achievements (Shortt et al. 2007).
- ▶ Routinely contact party hosts to check the level of supervision, availability of alcohol, emergency contacts, curfew and means of returning home. If arrangements are not suitable, parents should consider not allowing attendance and explain the basis for this. A number of the key informants commented that establishing a good relationship (where possible) with parents of children's friends is advisable and desirable.

Despite best efforts, young people may start using alcohol. Once adolescents have started using alcohol parents should talk to them about practices that can reduce harm. (Hayes et al. 2004). Some tips for parents include:

- ▶ Indicating that while they do not support their child's use of alcohol, if they choose to drink that a low alcohol alternative is the safest option.
- ▶ Many parents select to buy quantities of alcohol in an effort to encourage adolescents toward moderate consumption; however, it is unclear whether such practices reduce alcohol use or harm. An alternative strategy that receives reasonable support from longitudinal research is to negotiate for adolescents to use alcohol less often. Adolescents are at a reduced risk for alcohol problems later in life if they use alcohol less than once a week by the age of 17 (Toumbourou et al. 2004).
- ▶ Appropriate medical assistance should be sought for alcohol poisoning especially where a young person is unconscious due to alcohol intoxication. A young person may also need to be monitored to reduce the risk of asphyxiation through vomiting. Parents should be encouraged to remain calm and take the steps necessary to ensure young people's safety.

Challenges

One key challenge of parent-focused programs for adolescent drug use has been the recruitment and retention of parents. Spoth et al. (2005) found that of 900 eligible families less than 30 per cent took up invitations to participate in parent-focussed SFP/PDFY interventions. It seemed likely that attending multiple group sessions was difficult for families (e.g. transportation, managing child care) and this had a detrimental effect on recruitment and engagement. The challenges of recruiting parents are not unique to the USA. The PACE program, which is of similar intensity to SFP/PDFY, successfully recruited 10 per cent of eligible parents.

When PACE results are combined with more rigorous international research studies, it is clear that family prevention strategies are effective, but there is room for improving the availability of these types of programs. Parent programs that involve the provision of short, sharp, and engaging information are likely to reach more high-risk parents than interventions that require travel and considerable time. In Australia, there has been some investment in home-based brief parent prevention programs, for example, Project SHIELD, developed by Associate Professor Adrian Kelly and currently under evaluation at the University of Queensland, provides parents with a single session of practical support and skills training with continuing follow-up and telephone support (Kelly 2009; for further information email projectshield@uq.edu.au).

Conclusion

There is emerging evidence that family-based interventions and parent education are effective strategies in preventing alcohol-related harms among young people. This resource outlines specific strategies that involve families including community mobilisation, family intervention, parent education and partnerships with police, schools and community organisations. It also provides a range of practical examples that workers can use to help families and parents prevent youth alcohol problems.

Health professionals in NSW can play a valuable role through working collaboratively with families to address alcohol problems and by joining professional networks such as FADNET (www.fadnet.org.au) to organise and participate in training events. Health professionals interested in designing or implementing family interventions should form relationships with universities and other institutions to evaluate their interventions.

A number of targeted parent education programs are available in NSW and Australia. NSW Health's Mental Health and Drug and Alcohol Office encourages the NSW drug and alcohol workforce to consider incorporating some of the promising strategies described in this document into their practice.

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PARENT
PROGRAMS THAT
INVOLVE THE
PROVISION OF
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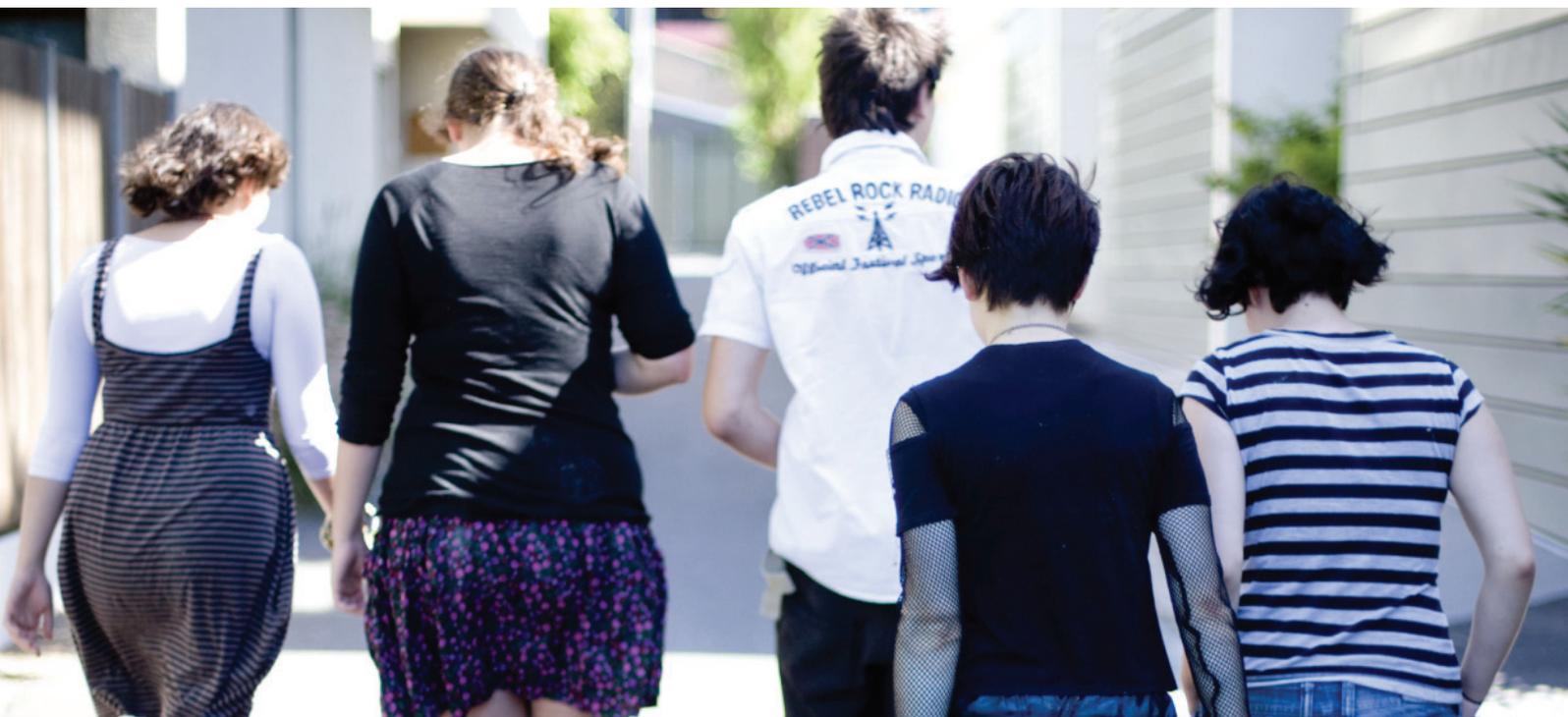
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References and resources for families

Resources

General family resources

→ NSW Families and Carers Training Project (FACT; translations available)
www.health.nsw.gov.au/pubs/2004/drugs_families.html

→ Tools for Change: A new way of working with families and carers
www.nada.org.au

→ Your Guide to Dealing with Teenagers and Alcohol

→ Family Matters: how to approach drug issues with your family (translations available)

www.communitybuilders.nsw.gov.au/download/campaigns_index.html

Aboriginal resources

→ Aboriginal Information and Support Needs Assessment for Families and Carers

→ Aboriginal Carers and Training (AFACT)—No Shame, No Blame! Family Comic

→ Aboriginal Carers and Training (AFACT)—No Shame, No Blame! Workers Guide

www.health.nsw.gov.au/pubs/a-z/a.asp

→ Your Guide to Dealing with Teenagers and Grog

→ Your Guide to Dealing With Grog
drugeducation@doh.health.nsw.gov.au
02 9424 5946

www.communitybuilders.nsw.gov.au/drugs_action/aboriginalguide.html

Support services

Holyoake
02 9904 2700

Al-Anon Family Groups
02 9570 3400
www.al-anon.alateen.org/australia

ARAFMI NSW
1800 655 198
www.arafmi.org

Carers NSW
1800 242 636
www.carersnsw.asn.au

Carers NSW Aboriginal and Torres Strait Islander Carer Program
1800 242 636

Support services for children and young people

Kids Helpline
1800 551 800
www.kidshelpline.com.au

Headspace
www.headspace.org.au

Young Carers
1800 242 636
www.youngcarersnsw.asn.au

Youth Drug Support
www.yds.org.au

Reach Out!
www.reachout.com.au

Youth Solutions
02 4628 2319

Other information and support services

Network of Alcohol and other Drugs Agencies (NADA)
02 9698 8669
www.nada.org.au

Mental Health Coordinating Council
02 9555 8388
www.mhcc.org.au

FamS (NSW Family Services Inc)
02 9692 9999
www.nswfamilyservices.asn.au

Community Services
132 111
www.community.nsw.gov.au

NSW Users and AIDS Association Inc (NUAA)
1800 644 413
www.nuaa.org.au

Drug and Alcohol Multicultural Education Centre (DAMEC, CALD service)
02 9699 3552
www.damec.org.au

Druginfo (NSW Department of Health)
www.druginfo.nsw.gov.au

Australian Drug Foundation
www.adf.org.au

Telephone support lines

Family Drug Support
24 hour: 02 9818 6166 or 1300 368 186

Co-Exist NSW (CALD line)
1800 648 911

Lifeline
13 11 14

Parent Line
132 055

Alcohol and Drug Information Services (ADIS)

ADIS is a 24 hour, centralised intake line for public drug and alcohol services. ADIS also provides information, counselling, referral and advice to anyone concerned about their own or another's alcohol or other drug use.
1800 422 599 or 02 9361 8000

Mental Health Information Service (MHIS)

The MHIS is an information line provided by the Mental Health Association NSW. The MHIS provides referrals to mental health services, information and telephone support.
1300 794 991

Other relevant numbers

HealthDirect Australia
1800 022 222

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