Submission
No 11

PROVISION OF ALCOHOL TO MINORS

Organisation: National Drug Research Institute

Name: Professor Steve Allsop

Date Received: 30/07/2012

INQUIRY INTO THE PROVISION OF ALCOHOL TO MINORS: A submission from the National Drug Research Institute

About the Institute

The National Drug Research Institute's (NDRI) mission is to conduct and disseminate high quality research that contributes to the primary prevention of harmful drug use and the reduction of drug related harm in Australia.

Since its inception in 1986, the Institute has grown to employ about 30 research staff, making it one of the largest centres of drug research and public health expertise in Australia. It is a designated World Health Organization Collaborating Centre for Alcohol and Drug Abuse and a Curtin University Tier 1 Research Centre.

Staff at the Tier 1 Research Centre have completed more than 500 research projects, resulting in a range of positive outcomes for policy, practice and the community.

NDRI welcomes the invitation to provide a submission to the New South Wales Parliament's Inquiry into the provision of alcohol to minors by parents and guardians.

Responding to alcohol-related harm

Apart from caffeine, alcohol is the most widely used psychoactive recreational drug in Australia. The 2010 National Drug Strategy Household Survey estimated that 20.1% of the Australian population aged 14 years and over drank alcohol at levels that put them at risk of harm over their lifetime and 28.4% at risk of harm from a single drinking occasion at least once a month. About 7.2% consume alcohol daily (Australian Institute of Health and Welfare, 2011).

Between 1992 and 2001, more than 31,000 Australians died from alcohol-attributable injury and disease, and in the eight years between 1993/94 and 2000/01 more than half a million hospitalisations in Australia were attributable to alcohol (Chikritzhs, Catalano, Stockwell, Donath, Ngo, Young, and Matthews 2003).

Among young people, alcohol plays a role in a range of physical, mental and social harms. In the short term, alcohol consumption has been found to increase the risk of adolescent mortality and morbidity from violence, depression, suicide, homicide, substance abuse and reckless driving. In the long term, there is emerging evidence that suggests that adolescents have a greater risk of physiological harm from alcohol use than mature adults. Alcohol is a major contributing cause of death and hospitalisation for young Australians, with the majority

of alcohol-related harms experienced by young people due to episodes of drinking to intoxication. NDRI research has shown that:

- In the ten years from 1993 to 2002, an estimated 2,643 young Australians aged 15-24 died from alcohol-attributable injury and disease due to risky/high risk drinking – about 15% of all deaths in that age group.
- From 1993/94 to 2001/02 there were an estimated 101,165 alcohol-attributable hospitalisations for young people, accounting for one-in-five (about 22%) of all hospitalisations in that age group.
- Among under-aged drinkers, those in the 14-17 year age group, more than 80% of all alcohol is consumed at risky/high risk levels for acute harm.
- Over the ten years from 1993 to 2002, an estimated 501 under-aged drinkers (aged 14-17) died from alcohol-attributable injury and disease caused by risky/high risk drinking in Australia, and another 3,300 were hospitalised for alcohol-attributable injury and disease in 1999.

Governments have implemented a range of strategies to reduce alcohol-related harm, from random breath testing and regulatory liquor licensing laws, price controls and controls of hours and days of sale, to hypothecated taxation to fund prevention and treatment initiatives. International and national evidence supports multi-faceted approaches, indicating that initiatives implemented as part of a package of measures are more likely to be effective than single measures implemented in isolation. Briefly, the strategies that are effective to address alcohol-related harm (Babor et al, 2010) include:

- Tax/Price: Alcohol taxation influences the price of alcohol over and above market forces and changes in taxation and other price changes (even small changes) have an effect on alcohol consumption;
- Physical availability: The ease or difficulty of accessing alcohol affects consumption;
- Drinking context: Overcrowded venues with poor crowd control techniques have higher risk of a range of adverse outcomes, such as violence, than venues with well-trained staff who comply with responsible server practices;
- Drink-driving: Random breath testing reduces drink driving if there is a perceived high probability of detection;
- Alcohol promotions: Greater exposure to alcohol promotions has been associated with increased product recognition, more positive attitudes to alcohol and drinking and, in some studies, heavy drinking; and
- Education and persuasion: These include mass media communication, communicating guidelines on low-risk drinking and school- and university-based programs (e.g. information about the risks of alcohol; resistance skills).

While, on the face of it, these strategies are not directly related to the issue of provision of alcohol to minors, the research evidence suggests that this question should not be considered in isolation. Any response to the issue will be more effective if it is accompanied by approaches that address the influence of other factors – such as alcohol availability, enforcement of drinking laws, alcohol promotion and parenting skills – on young people's drinking behaviour.

PROVISION OF ALCOHOL TO MINORS

According to results of the most recent ASSAD survey, parents are the most common source (34%) of respondents' last alcoholic drink. Most did not buy their last alcoholic drink, but had it supplied to them. Friends were the next most common source (22%), 'someone else bought' (20%), siblings (9%) and took from home (5%). The survey does not ask about whether they received alcohol from friend's parents.

Of 12-17 year olds that drank in the last week, 56% were supplied their last alcoholic drink from sources other than their parents.

Just as parental supply of alcohol is a vexed question in the community, the research around the provision of alcohol by parents or guardians to their children is limited and unclear. Literature around secondary supply of alcohol to minors is even more scarce.

Some suggest it's best to introduce children to small amounts of alcohol in the presence of parents so that by the time they turn 18, they have learnt some 'drinking skills'. But there's no evidence to support this contention, and indeed there is emerging evidence that early parental supply of alcohol is associated with increased risks.

Evidence is emerging about the impact of alcohol on developing brains however from a scientific point of view, the jury is still out but it is a risk that should be considered and taken seriously in the supply of alcohol.

What is evident however is that, contrary to a common misconception among parents, parental attitudes towards alcohol – both their own use and their expectations surrounding their children's use – are a powerful influence on children's drinking behaviour and the level of alcohol-related harm experienced.

Parental alcohol supply

Australian and New Zealand studies on parental alcohol supply outlined below suggest that the context of consumption is important in the issue of parental supply. There is some argument that drinking under parental supervision may be lower risk than drinking without such supervision.

In 2008, 41% of WA 17 year old students who used alcohol in the past week obtained their last alcoholic beverage from their parents. Fifty-six per cent of 17 year old drinkers also consumed their last alcoholic beverage under the supervision of an adult (DAO WA, 2010a). Also, 16-17 year old current drinkers drank significantly less alcohol per week if they consumed alcohol at home than at a friend's place or at a party (White & Hayman, 2009).

Similarly, in a sample of 388 Australian parents of 14-16 year olds, of the 70% of parents who believed their child drank alcohol, 37% of the parents reported supplying their child with more than a sip of alcohol in the past three months. Unsurprisingly, this supply percentage rose with adolescent age to 42% of parents supplying for their drinking 16 year olds (Ward & Snow, 2010). Ward and Snow found that parents who monitored their child were 1.44 times more likely to report supplying alcohol.

Another study by King and colleagues found that one-fifth of Australian parents of 15-16 year olds reported having provided their children with alcohol to take to a supervised party in the past three months (King, et al., 2005b). The lower supply percentage may reflect parental

recognition that the party environment is a higher risk situation for risky drinking (King, Taylor, & Carroll, 2005a).

Consistent with the Australian studies, New Zealand parents identified adult supervision to be the most important factor they considered when deciding whether or not to provide their child with alcohol (Kypri, Dean, & Stojanovski, 2007). Differences between adolescents and parental reports around the issue of alcohol supply have also been identified.

It appears that when parental rules about alcohol use are more lenient, there is a positive correlation between adolescent alcohol-related problems and the availability of alcohol within the household (van den Eijnden, van de Mheen, Vet, & Vermulst, 2011). However, it seems the more specific context of parentally-supplied alcohol consumption remains an area for exploration. It is usually unknown what the exact quantities of alcohol supplied by parents are, and whether the supplied alcohol contributes to intoxication (Kypri, et al., 2007; Ward & Snow, 2010). For the most part though, it appears parents are more likely to supply alcohol if there is adult supervision when the alcohol is consumed, though the extent of supply may be underestimated by parents with use occurring in situations that may not be as closely monitored as the parent believes. Furthermore, this supervised use may implicitly signify pro-alcohol adult attitudes and potentially have unintended longer term effects on drinking patterns and related harms (Reimuller, Hussong, & Ennett, 2011).

Case study: Parental supply at school leaver celebrations

Preliminary findings from yet-to-be published Western Australian research on the use of alcohol and other drugs at school leaver celebrations reinforces the notion that parents' attitudes towards alcohol have a significant effect on their children's alcohol consumption.

It showed that parental attitudes towards alcohol use, whether they supply alcohol to their child, and if they talk to their child about ways to stay safe can all influence how much young people drink at school leaver celebrations.

Children whose parents had permissive attitudes towards their child's drinking were more likely to drink heavily at leaver celebrations. Leavers who had obtained alcohol from their parents were also more likely to drink at risky levels than leavers who did not obtain alcohol from their parents.

On the other hand the survey, which examined alcohol use at leaver celebrations on Rottnest Island off Perth, revealed that children whose parents discussed strategies to keep safe drank less at leavers.

Parents' attitudes towards alcohol consumption at leavers, outlining their expectations to their child and discussing ways to reduce the risk – such as having a plan before they go, knowing where to seek help and looking after their friends – all contributed to reducing the the proportion of leavers who drink at risky levels.

The Queensland Sunday Mail newspaper investigated the reasons behind parental supply of alcohol to underage school leavers in 2008 (Vogler, 2008). Of 142 parents surveyed, one-third intended to supply alcohol to their teenager for leaver celebrations (51% did not and 14% were unsure). Similarly, at Rottnest Island the previous year, 30% of 121 respondents sourced at least some of their leavers' alcohol through their parents (Summerfield, 2007a). The most common reasons parents gave for providing alcohol was because the parent

trusted their teenager to be ‘sensible’ (61%), that parents would know how much alcohol their child had (58%) and to stop them from buying it from someone else (58%). More than a third (38%) intended to supply as ‘all of their friends will be taking alcohol’; 22% supplied so their children would not spend the money reserved for food on alcohol, and 22% reasoned their children deserved a celebration. This reason could be interpreted as implicit endorsement of the link between alcohol and celebration.

Parental attitudes and the family environment

National Health and Medical Research Council (NHMRC) guidelines emphasise that there is no clear evidence to guide decisions about ‘safe’ or ‘no-risk’ drinking among young people. The NHMRC concludes that for those under the age of 15, not drinking is important. And for those aged 15 to 17, the safest option is to not drink and to delay starting drinking. “If drinking does occur it should be at a low-risk level and in a safe environment, supervised by adults,” the guidelines say.

Parents may believe that they no longer influence their teen’s behaviour and the choices they make about using alcohol. But the evidence tells us that what parents do, how they communicate their expectations to their children and whether they supply alcohol does influence their children’s choices.

Australian children live in a world where alcohol is regularly promoted and consumed, so it’s useful for them to discuss alcohol from an early age and understand what their parents expect of them.

Parents who decide to allow their child to drink some alcohol should be aware that the younger they commence risky drinking, the greater the downstream threats. Parents should discuss how the risks can be reduced by only drinking in the presence of responsible adults, never drinking more than one or two drinks or on an empty stomach, and never drinking and driving.

Parents should consider their own behaviour: how we use alcohol can be a powerful influence on our children.

Most importantly, parents should focus on creating a safe, loving and functional environment for your children. Teens who live in a secure family with good two-way communication have lower risk of alcohol-related harm.

Evidence shows that of the interventions that aim to reduce adolescent risky drinking, the ones based on the family unit have the greatest efficacy. Subsequent to enhancement of family bonding and relationships, effects on child alcohol use are longer term and have effect sizes 2-9 times greater compared to school, peer or individual based approaches. These family-inclusive approaches reinforce that the role of family remains an important influence in adolescent drinking behaviour (Velleman, 2009).

Of course, while there might be some debate about parental supply of alcohol to young people, the same cannot be said in relation to other adults supplying alcohol to people under the age of 18 outside of parental/guardian approval.