

**Submission
No 16**

PROVISION OF ALCOHOL TO MINORS

Organisation: Family Voice Australia
Name: Dr David Phillips
Position: National President
Date Received: 30/07/2012

Submission

on the

Provision of Alcohol to Minors

to the

Social Policy Committee

**Legislative Assembly
Parliament House
Macquarie St
Sydney NSW 2000**

Telephone: 02 9230 2899

Facsimile: 02 9230 3052

Email: socialpolicy@parliament.nsw.gov.au

Website: <http://www.parliament.nsw.gov.au/socialpolicy>

by

FamilyVoice Australia

4th Floor, 68 Grenfell St, Adelaide SA 5000

Telephone: 1300 365 965

Facsimile: 08 8223 5850

Email: office@fava.org.au

Website: www.fava.org.au

30 July 2012

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1. Introduction

On 30 May 2012 the Legislative Assembly of the Parliament of New South Wales referred to its Social Policy Committee a reference to inquire into the provision of alcohol to minors, including the appropriateness of current laws for the provision of alcohol to minors by parents, guardians and responsible adults; community understanding of these laws; and experiences in other jurisdictions in regard to the provision of alcohol to minors.

The Committee has invited written submissions addressing these issues. Submissions are due by 30 July 2012.

2. Alcohol consumption by minors

The 2010 National Drugs Strategy Household Survey Report gives the most recent comprehensive data for alcohol consumption by minors in Australia.¹

According to this report 4.2% of males aged 16-17 were already consuming over 28 standard drinks per week and were at risk of long term harm from alcohol consumption. A higher percentage of girls aged 16-17 were at risk of long term from alcohol consumption – 8.1% were already consuming more than 14 standard drinks per week.²

Risks of short term harm from binge drinking are given using the 2001 *Australian guidelines to reduce health risks from drinking alcohol* guidelines which specified 7 standard drinks for males and 5 standard drinks for women as constituting the risk threshold.

Using these measures 1.4 % of 12-15 year old males were found to be risking short term harm (consuming 7 or more standard drinks on a single occasion) yearly; 1.9% monthly and 0.4% weekly. For 16-17 year old males the figures were 14.3% yearly; 15.7% monthly and 4.3% weekly.

For females 3.9% of 12-15 year olds were found to be risking short term harm (consuming 5 or more standard drinks on a single occasion) yearly; 5.6% monthly and 0.4% weekly. For 16-17 year old females the figures were 11.7% yearly; 17.5% monthly and 5.8% weekly.

So 34.3% of males and 35% of females aged 16 -17 were risking short term harm from excessive alcohol consumption at least once a year.³

In 2009 the National Health and Medical Research Council (NHMRC) revised its advice and recommended that *“For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury”*.⁴

This means that even more minors – especially males – would be considered at risk of short term harm according to this latest advice.

The 2009 NHMRC guidelines also recommend that:

For children and young people under 18 years of age, not drinking alcohol is the safest option.

Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible.⁵

The NHMRC's review of the evidence of harm to children and young people under 18 from alcohol consumption included the following findings:

- Drinking contributes to the three leading causes of death among adolescents – unintentional injuries, homicide and suicide;
- Alcohol consumption as an adolescent or young adult is also associated with physical injury, risky sexual behaviour, adverse behavioural patterns and academic failure;
- There is a strong dose–response relationship between ‘binge-drinking’ and risky behaviours, including riding in a car with an intoxicated driver and using illicit drugs;
- Alcohol use in adolescents, and particularly in pre-teenagers, is a strong predictor of both suicidal ideation and completed suicide for both males and females;
- Adolescents who drink alcohol are at risk of sexual coercion;
- Death by alcohol overdose in adolescents is also a risk, due to their generally smaller physique, preference for drinking spirits and lower alcohol tolerance;
- Studies have shown that significant changes in brain structure accompany heavy drinking. Alcohol-abusing adolescents tend to have smaller pre-frontal cortices and white matter volumes. White matter structural irregularities and reduced hippocampal volumes have also been observed. Hippocampal function is uniquely responsive to alcohol during adolescent development and may be more sensitive to neurotoxicity during this period;
- Adolescent drinking is associated with diminished retrieval of verbal and non-verbal material, and poorer performance on attention-based testing;
- Alcohol use, especially when initiated at a young age, elevates the risk of many mental health and social problems;
- Initiating alcohol use at an early age increases the likelihood of later adverse physical and mental health conditions;
- The later adolescents delay their first alcoholic drink, the less likely they are to become regular consumers;
- Both age of drinking onset and feeling drunk during first alcohol experience increased the odds of problem drinking into adulthood.⁶

The American Medical Association (AMA) has summarised other health problems associated with consumption of alcohol by children and young people above very moderate levels in the report, *Harmful Consequences of Alcohol Use on the Brains of Children, Adolescents, and College Students*.⁷ The report is a compilation and summary of two decades of comprehensive research on how alcohol affects young brains.

“The brain goes through dynamic change during adolescence, and alcohol can seriously damage long- and short-term growth processes. Frontal lobe development and the refinement of pathways and connections continue until age 16, and a high rate of energy is used as the brain matures until age 20. Damage from alcohol at this time can be long-term and irreversible. In addition, short-term or

moderate drinking impairs learning and memory far more in youth than adults. Adolescents need only drink half as much to suffer the same negative effects.”

Research findings reported include:

- Adolescent drinkers scored worse than non-users on vocabulary, general information, memory, memory retrieval and at least three other tests.
- Verbal and nonverbal information recall was most heavily affected, with a 10 percent performance decrease in alcohol users.
- Significant neuropsychological deficits exist in early to middle adolescents (ages 15 and 16) with histories of extensive alcohol use.
- Adolescent drinkers perform worse in school, are more likely to fall behind and have an increased risk of social problems, depression, suicidal thoughts and violence.
- Alcohol affects the sleep cycle, resulting in impaired learning and memory as well as disrupted release of hormones necessary for growth and maturation.
- Alcohol use increases risk of stroke among young drinkers.

The AMA report continues:

“Compared to students who drink moderately or not at all, frequent drinkers may never be able to catch up in adulthood, since alcohol inhibits systems crucial for storing new information as longterm memories and makes it difficult to immediately remember what was just learned.”

3. Providing alcohol to minors

The NHMRC report found some evidence that “*provision of alcohol to adolescents by their parents or adult relatives at home reduced the level of drinking. However, providing alcohol to adolescents at a party was associated with a two-fold risk of ‘binge-drinking’*”.⁸

The 2010 National Drug Strategy Household Survey Report found that 59.2% of 12-15 year olds and 72.4% of 16-17 year olds who had recently consumed alcohol, had done so at a private party.

This data suggests that the consumption of alcohol by adolescents at private parties has become the norm. This alcohol has been obtained from somewhere.

There are three possible sources: minors may buy alcohol from a liquor store; they may be given it by their parents; they may be given it by another adult.

The current provisions in the *Liquor Act 2007* impose 100 penalty points (currently equivalent to \$1100) or 12 months imprisonment for supplying liquor to a minor.⁹ New South Wales Police are currently running a campaign to reinforce community awareness that “supply means supply”.¹⁰

This provision seems to be adequate but there is clearly a need for more rigorous enforcement.

The Act provides a defence for the supply of liquor to a minor on other than licensed premises when the supply is by a parent or guardian of a minor or is authorised by a parent or guardian of a minor.¹¹

Several other jurisdictions have restricted this defence so that it only applies if the adult who supplies the liquor to a minor does so in a responsible manner.

For example, Queensland law provides that:

(2) A responsible adult for a minor must not supply liquor to the minor at a private place, unless the supply is consistent with the responsible supervision of the minor.

Maximum penalty—80 penalty units.

(3) For subsection (2), in considering whether the supply is consistent with the responsible supervision of the minor, relevant factors include the following—

- (a) whether the adult is unduly intoxicated;*
- (b) whether the minor is unduly intoxicated;*
- (c) the age of the minor;*
- (d) whether the minor is consuming the liquor supplied with food;*
- (e) whether the adult is responsibly supervising the minor's consumption of the liquor supplied;*
- (f) the quantity of liquor supplied and the period over which it was supplied.¹²*

A similar provision was incorporated into the Northern Territory *Liquor Act* in 2011.¹³

Tasmanian law also contains a similar provision.¹⁴

Nationally consistent legislation including a provision penalising irresponsible supply of alcohol to a minor, including irresponsible supply by a parent, is supported by the Alcohol Policy Coalition which consists of the Australian Drug Foundation, Cancer Council Victoria, Heart Foundation (Vic), Turning Point Alcohol and Drug Centre and VicHealth.¹⁵

This is a sensible proposal and should be implemented in New South Wales.

Recommendation 1:

The Liquor Act 2007 should be amended to penalise irresponsible supply of alcohol to a minor by any person, including a parent or guardian. Whether the supply is responsible should be subject to a consideration of the following factors:

- (a) whether the adult is unduly intoxicated;***
- (b) whether the minor is unduly intoxicated;***
- (c) the age of the minor;***
- (d) whether the minor is consuming the liquor supplied with food;***
- (e) whether the adult is responsibly supervising the minor's consumption of the liquor supplied;***
- (f) the quantity of liquor supplied and the period over which it was supplied.***

To assist in assessing these factors the latest NHMRC guidelines should be taken into account and consideration given to specifying that in regard to the age of a minor any supply to a minor under

15 years of age should be considered irresponsible and that supplying a minor aged 15-17 with more than four standard drinks on any occasion should be considered irresponsible regardless of any other factors.

Recommendation 2:

Consideration should be given to specifying that in regard to the age of a minor any supply to a minor under 15 years of age should be considered irresponsible and that supplying a minor aged 15-17 with more than four standard drinks on any occasion should be considered irresponsible regardless of any other factors.

4. Alcohol advertising and alcohol consumption

A recent review of seven international research studies concluded:

The data from these studies suggest that exposure to alcohol advertising in young people influences their subsequent drinking behaviour. The effect was consistent across studies, a temporal relationship between exposure and drinking initiation was shown, and a dose response between amount of exposure and frequency of drinking was demonstrated.¹⁶

An American study compared data on alcohol consumption from two large exhaustive studies of youth behaviour with prevalence of alcohol advertising in local markets. The economic analysis revealed that alcohol advertising - the majority of which is aimed at consumers of beer and liquor, not wine - has a positive effect on whether youth drink at all and on how much young people imbibe; that is, it encourages underage drinking. The relationship is especially pronounced for underage female drinkers.

The analysis suggested that the complete elimination of alcohol advertising could reduce adolescent monthly alcohol participation from about 25 percent to about 21 percent. For binge participation, the reduction might be from about 12 percent to about 7 percent.¹⁷

Another American study found that youth who saw more alcohol advertisements drank more on average, each additional advertisement seen increasing the number of drinks consumed by 1%.¹⁸

The study also found that youth in markets with greater alcohol advertising expenditures drank more, each additional dollar spent per capita increasing the number of drinks consumed by 3%. Youth in markets with more alcohol advertisements showed increased drinking levels into their late 20s whereas drinking plateaued in the early 20s for youth in markets with fewer advertisements. Based on the study results, a 20-year-old male who saw few alcohol ads and lived in a media market with minimal advertising expenditures per capita was predicted to have nine alcoholic drinks in the past month, compared to 16 drinks in the past month if he saw many ads. A 20-year-old male living in a media market with the highest ad spending per capita was predicted to have 15 drinks if he reported little ad exposure and 26 drinks if he saw many ads.

A recent study of the impact of alcohol advertising on teenagers in Ireland found:

- Alcohol advertisements were identified as their favourites by the majority of those surveyed
- Most of the teenagers believed that the majority of the alcohol advertisements were targeted at young people. This was because the advertisements depicted scenes – dancing, clubbing, lively music, wild activities – identified with young people
- The teenagers interpreted alcohol advertisements as suggesting that alcohol is a gateway to social and sexual success and as having mood altering and therapeutic properties.¹⁹

A UK report noted that “UK expenditure on alcohol advertising rose from £150 million to £250 million annually between 1989 and 2000, and over that period the correlation between advertising expenditure and mean weekly alcohol consumption by children aged 11-15 years was very high (R=0.995)”.²⁰

A World Health Organisation review observed that:

Exposure to repeated high-level alcohol promotion inculcates pro-drinking attitudes and increases the likelihood of heavier drinking. Alcohol advertising predisposes minors to drinking well before legal age of purchase. Indeed, advertising has been found to promote and reinforce perceptions of drinking as positive, glamorous and relatively risk-free.

Legislation restricting alcohol advertising is a well-established precaution used by governments throughout the world, despite opposition from the alcoholic beverage industry. Some bans are partial, applying only to spirits, to certain hours of television viewing or to state-owned media. These bans often operate alongside codes of self-regulation that govern permitted forms of alcohol advertising.

Although many countries have restricted alcohol advertising to various degrees, the evaluation findings suggest that while the restrictions have not achieved a major reduction in drinking and related harms in the short term, countries with greater restrictions on advertising have less drinking and fewer alcohol-related problems.

Despite industry claims that they adhere to codes of responsible advertising, the detrimental influences of marketing practices are not addressed adequately by industry self-regulation. Self-regulation tends to be fragile and largely ineffective. These codes may work best where the media, advertising and alcohol industries are all involved, and an independent body has powers to approve or veto advertisements, rule on complaints and impose sanctions.²¹

Recommendation 3:

The New South Wales government should work with the Commonwealth, other state and territory governments towards further significant restrictions on advertising of alcohol in all media.

5. Conclusion

In the light of the evidence of the harms caused by excessive alcohol consumption to young people and the prevalence of such excessive consumption in Australia among young people it is timely to take decisive action to restrict the irresponsible supply of alcohol to minors and to further restrict alcohol advertising.

6. Endnotes

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