

**Submission
No 4**

PROVISION OF ALCOHOL TO MINORS

Organisation: Broken Hill Community Drug Action Team & Barrier Liquor
Accord

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INQUIRY INTO THE PROVISION OF ALCOHOL TO MINORS

The Broken Hill Community Drug Action Team (CDAT) and Barrier Liquor Accord (BLA)

The CDAT and the BLA think the current Liquor Act presents mixed messages and clarification and consideration of the following is needed (and these would not arise if there were no exceptions to supplying alcohol to a minor):

- Different rules apply if alcohol is consumed at home, BYO venues, licensed venues etc;
- What is the link to child protection and the duty of care, when should DOCS be involved, mandatory reporting of children at harm;
- What is a reasonable amount of alcohol to supply (given anecdote and CDAT & police data has parents supplying high strength alcohol like spirits. In the CDAT data attached youth do not stop at 1 or 2, and may be drinking weekly (especially Yr 11)).

The NHMRC 2009 *Australian Guidelines To Reduce Health Risks from Drinking Alcohol* while not advocating young people drink or adults supply them with alcohol have stated if drinking does occur it should be at a low-risk level and in a safe environment, supervised by adults.

There is also an emphasis on the law but the other impacts and consequences of consuming or supplying alcohol to minors are not given due weight. The focus should be on the broader consequences that could arise from alcohol supply and consumption and staying safe.

The two organisations believe the Liquor Act should be unambiguous about supplying alcohol no matter where or who supplies, including parents and guardians. That is it would be illegal for any person to sell or supply alcohol to people under the age of 18 years, including in homes, parks, halls and public places generally.

This is in line with the advice from the NHMRC 2009 *Australian Guidelines*, Guideline 3 Children and young people under 18 years of age which states for young people under 18, not drinking alcohol is the safest option. In addition:

- A) Parents and carers are advised that children under 15 are at greatest risk of harm and especially important for them not to drink alcohol
- B) For those aged 15-17 the safest option is to delay initiation of alcohol as long as possible

The CDAT data (attached) shows clearly that Yr 10 students are delaying initiation of alcohol and we believe this may be in part because of the Broken Hill Drink Safe Initiative run since 2009. Even Year 11 is decreasing their frequency of drinking and more reporting never drinking.

TOR (d)

The data attached suggest in Broken Hill that the broad community understanding of responsibilities of parents and guardians regarding the provision of alcohol to minors is one that may be at odds with the intention of the Liquor Act as well as the NHMRC Australian Guidelines. Students could report more than one source of alcohol. Almost a third (range 13% to 46%) of alcohol sources were parents. The responses did not vary much by the school year of the student. Around 10% of responses mentioned other family members however in 2011 and 2012 almost a quarter of Yr 10 female students' responses indicated their alcohol source was other family.

While parents (and other family members) provided alcohol it did not follow that this alcohol was consumed under their supervision. A greater proportion of students reported being provided with alcohol from parents and other family members than reported drinking alcohol at home under supervision. The proportion of students drinking at friends parties was approximately twice the proportion drinking at home.

Anecdotally bottle shop managers have reported adults wanting to buy alcohol for their children, who are present, some possibly as young as 12. The parent asks the child what they want at which point the sale is refused.

A reason parents give alcohol to their underage children is to keep them safe. They know there will be alcohol at friend's parties and by supplying the alcohol trust that this is the only alcohol that their child will drink. Broken Hill parties, even 18th and 21st, often attract a wide age range from 15-40, not all of whom may have been invited. With this age range alcohol is sure to be legally present.

CDAT feels young people in Broken Hill region are more aware of responsibilities of supplying alcohol to minors than their parents as at the forums the rules about supplying alcohol are always raised by students.

In 2012 *Your Choice* program was started by police in Broken Hill for minors found in possession of or consuming alcohol in a public place. Minors and parents attend a one hour session. So far 3 different sessions with around 21 minors, of whom one was a repeat offender. While some parents did not know their child was drinking others admitted they had given them alcohol, one parent giving a full bottle of spirits to share with friends.

There is also the historical importance of alcohol in this community and acceptance, perhaps even encouragement, of excess behaviour. Parents may feel that Yr 11 students are old enough to drink as this was normal when they were the same age. A cultural change is needed.

Leadership by the government to the provision of alcohol to minors could direct a community response as seen with the requirement to wear seatbelts. Now people belt up not because of the threat of a fine but because it's a positive - safety.

A suggestion from the CDAT is a TV ad/ use of social media of a party with a “choose your own ending” either a police officer taking home an intoxicated under age drinker (which may be shameful for teen and parent) or police officers turning up to say sorry your child is severely injured/ dead.

The age students attend the Youth Forums, 15-17, is also when they are learning to drive and gaining their licence. They will then have their L’s or P’s and will want to drive. This means also zero blood alcohol and consumption. Either there may be terrible consequences of combining alcohol and driving or it can be viewed as a positive reason to not drink, to be responsible.

Addressing (binge) drinking by youth should also include programs that address parents and guardians/ adults. They are not only role models (and changing attitude to excessive drinking needs to target not only youth but parents, families and wider community who may be accepting of excess as they also did this when young) but also suppliers of alcohol.

Author: Margaret Lesjak

on behalf of the Broken Hill Community Drug Action Team and Barrier Liquor Accord Executive

Data from Yrs 10 and 11 Alcohol & Other Drugs Forums 2008-2012

During National Drug Action Week the BH CDAT holds Alcohol and Other Drug forums for students in Yrs 10 and 11. At the beginning of the forum students complete a survey about their current drinking behaviours including the source(s) of alcohol and where they consume alcohol. Data has been collected since 2008.

Table 1 Who supplied alcohol to Year 11 Students between 2008 and 2012

	2008*	2009	2010	2011	2012
Yr 11 male					
Parents	34	30	20	13	46
Other family	13	14	7	8	12
Friends	35	39	25	51	56
Hotels	1	4	3	1	2
Bottle shop	17	13	15	10	5
Yr 11 female					
Parents		32	27	14	45
Other family		12	9	10	15
Friends		47	30	64	60
Hotels		0	0	0	0
Bottle shop		9	5	12	2

*2008 data was not available by sex

Table 2 Who supplied alcohol to Year 10 Students between 2009 and 2012

	2009	2010	2011	2012
Yr 10 male				
Parents	31	13	42	33
Other family	9	10	12	13
Friends	42	43	44	46
Hotels	2	2	0	2
Bottle shop	16	16	2	7
Yr 10 female				
Parents	29	20	36	20
Other family	10	14	23	23
Friends	56	51	44	50
Hotels	0	0	2	2
Bottle shop	5	6	3	5

Students could report more than one source of alcohol. Almost a third (range 13% to 46%) of alcohol sources were parents. Fewer responses, 10% (range 7% -23%) mentioned other family members. Only the proportion of friends as suppliers of alcohol was consistently higher, approximately 43% (range 26%-64%). About 15% of male drinkers reported obtaining alcohol from bottle shops (either themselves or by others) but the proportion has decreased over time.

The proportion of parents as suppliers of alcohol did not vary much by school year. Supply by other family members also did not vary, except for Year 10 females in 2011 and 2012. Alcohol obtained from bottle shops was reported more by Year 11 students.

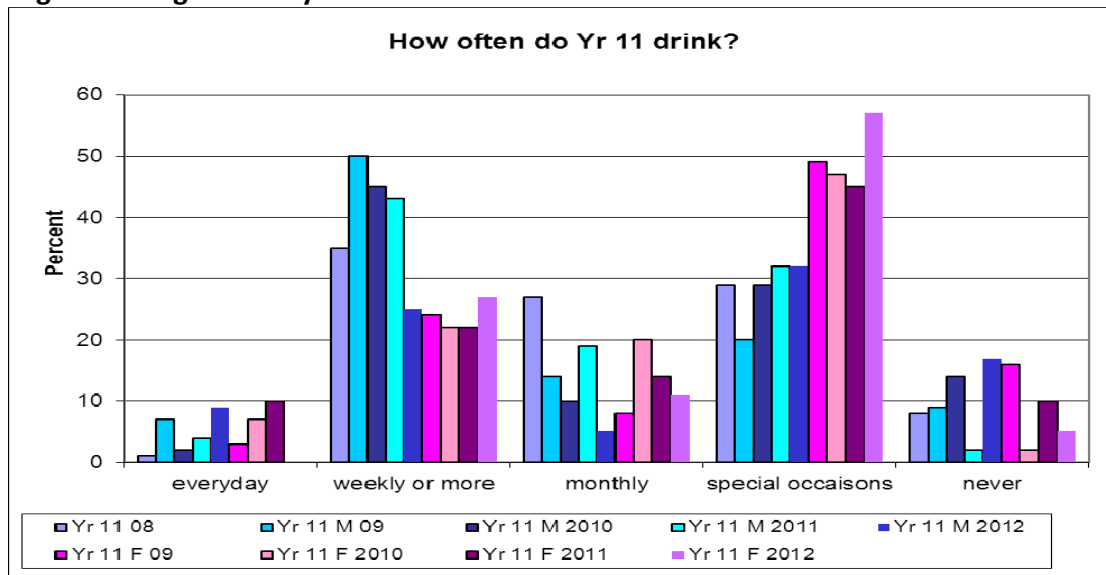
Trend data (2009-2012) for Year 10 students show a rise in the proportion of parents supplying alcohol to 2011 and dropped in 2012. Supply from other family members also rose, with Yr 10 females in 2011 reporting a big increase to 23% with a similar response in 2012. Friends are still the biggest suppliers, increasing slightly each year for male students but varying more for females between 45-55%.

Reported supply by parents for Year 11 students declined between 2008 from 30% to 14% but rose considerably in 2012. Both supply by other family members and supply by friends both increased.

Students could also report multiple places where they consumed alcohol. A quarter to a third of all responses report drinking at home supervised by their parents, increasing over time for Yr 10. The CDAT survey data however indicates much of the alcohol supplied by parents is drunk elsewhere – mostly at friends’ homes or parties.

The type of alcohol students obtained from parents and other family was similar to that from friends – spirits, premixed spirits, mid strength beer. This represents a change from past generations where beer was the drink of choice.

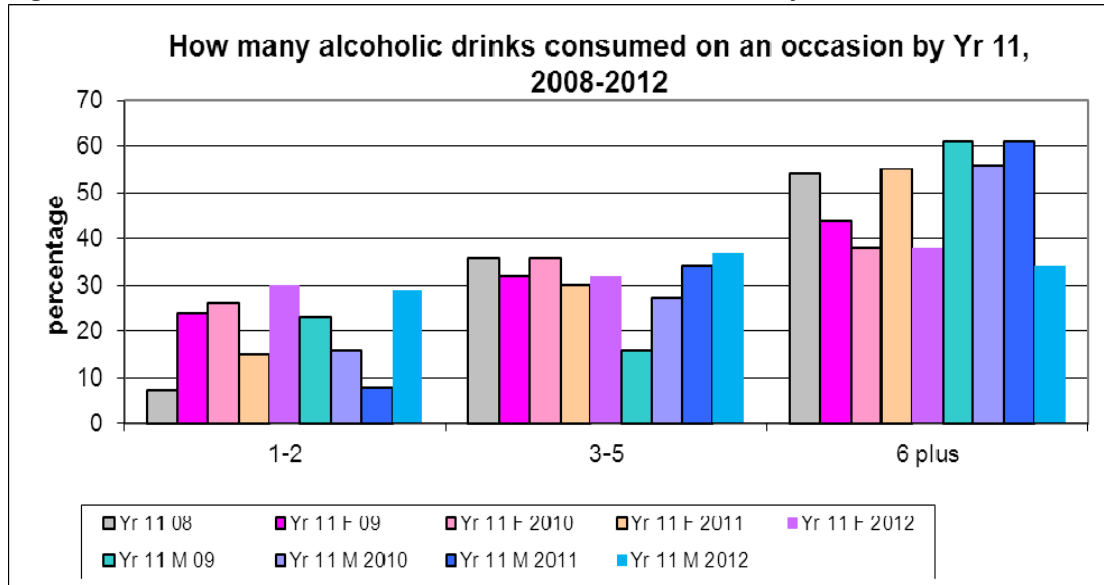
Fig 1 Drinking trends by Yr 11 students 2008-2012



Males are more likely to report drinking weekly or more (Fig 1). The proportion has declined over time with a parallel increase in drinking on special occasions and everyday. The proportion of males who never drank has increased while fewer females report never drinking. Yr 11 females reported a slight decrease in drinking on special occasions and increase (from a small base) in daily drinking to 2011 but 2012 has fewer drinking daily.

Drinking 6 drinks or more on an occasion for males remained steady to 2011 (Fig 2) but dropped in 2012, 3-5 drinks on an occasion increased as did 1-2 in 2012. Females showed an overall decline in consuming 3-5 and 6+ drinks and an increase in 1-2 drinks.

Fig 2 How much do Year 11 students who drink alcohol usually consume 2008-2012



Yr 10 males and females decreased drinking weekly or more to either drinking on special occasions and a big increase in 'never drinking' (Fig 3). Trends from 2009-2012 (Fig 4) for both males and females show an increase in reporting drinking 1-2 drinks and decrease reporting of both 3-5 and 6+ drinks. Females are more likely to report drinking 3-5 and males 6+ plus drinks.

Fig 3 Drinking trends Yr 10 students 2009-2012

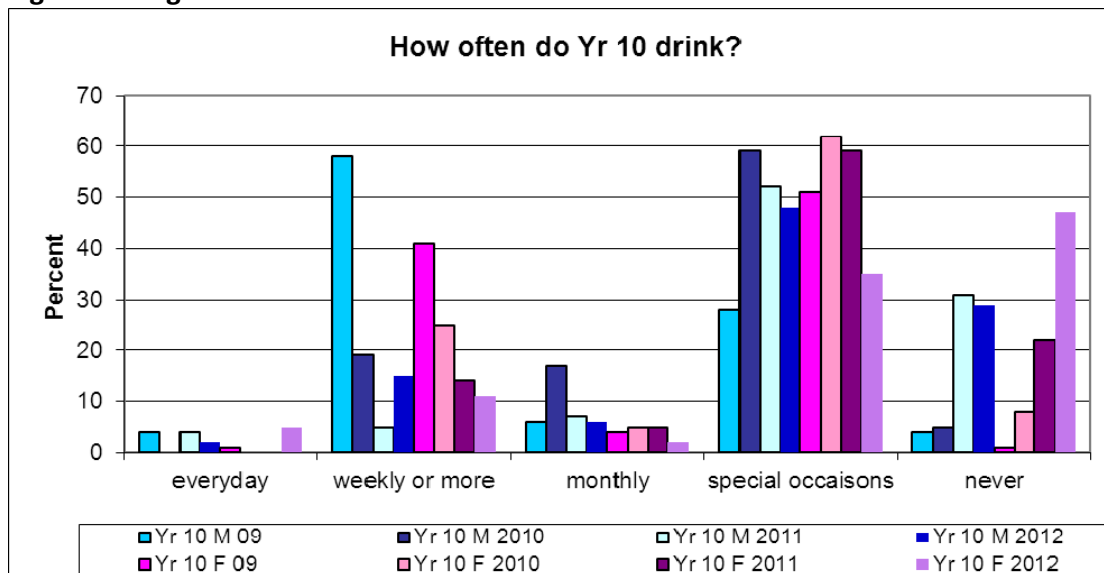
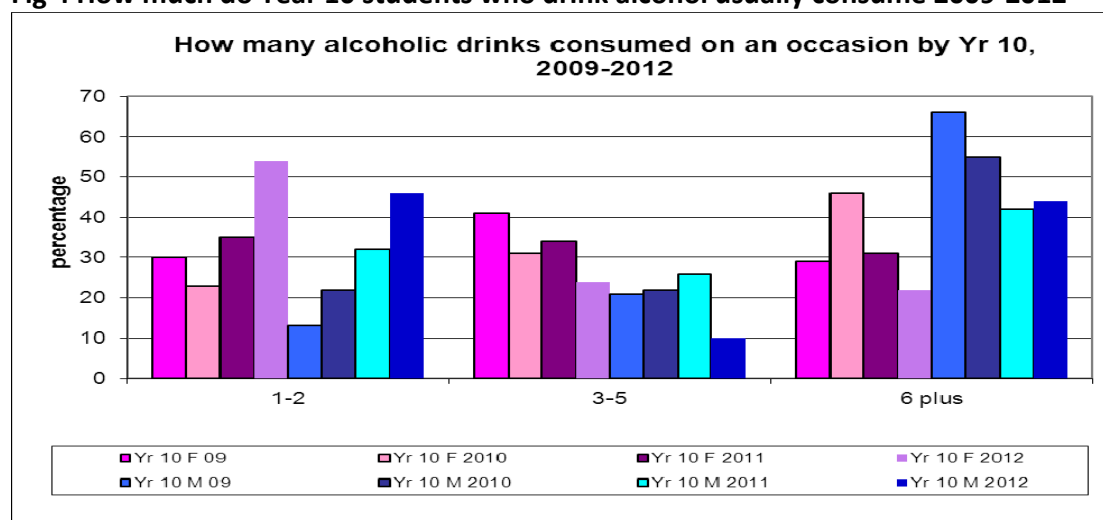


Fig 4 How much do Year 10 students who drink alcohol usually consume 2009-2012



The Broken Hill Drink Safe Initiative from 2009- 2011 was funded to address youth (ages 12-24 years) binge drinking. The main goal of the Drink Safe Initiative was to reduce youth binge drinking and the data suggest that three of the key performance indicators have been met:

- Decreased reported youth alcohol related crime collected from police statistics
- Decreased reported youth alcohol related injury via documented presentations to hospital emergency department
- Decreased numbers of young people binge drinking measured from surveys at the youth drug and alcohol forum

The decrease in acute alcohol presentations, the reported amount of alcohol consumed by students at one time and decrease in youth alcohol related crime suggest that while young people, especially underage, have not stopped drinking the Drink Safe Initiative may have encouraged them to modify their behaviour. By reducing the amount of alcohol consumed and thus the acute effects such as intoxication and unwelcome contact with police, the potential harm from alcohol has been reduced.

Drink Safe programs suggested ways to control their drinking, what danger signs to watch out for in themselves and others and that to celebrate without alcohol was also possible. Though a high proportion of students reported drinking spirits/ premixed, with these types of drink supplied by family and friends.

Drink Safe has been around for 3 years and changing a community's culture can take considerable time. The Initiative included, besides annual AOD Forums, provision of safe party packs for Yr 12, promotion of the MyNite website, a safe parenting program including alcohol, running the Save A Mate program in schools and TV and radio ads including 'Supply means Supply'. Signage was installed around the town promoting Broken Hill as a Drink Safe community, including bar runners in licensed premises and mobile signage used at events such as the football finals, AgFair promoting safe drinking. Alcohol free music events and a 2 day Community Drink Safe festival were also held.

In conjunction with the Liquor Accord there is a DES program offering free soft drinks to a declared designated driver and taxi cards, so that people can get home safely even if they have spent all their money.

This Good Sports program will begin this year working with sporting clubs in Broken Hill to manage alcohol and ensure sport and family come first.

Alcohol related presentations were analysed from 2007, before the Drink safe Initiative began. The number of alcohol related presentations to Broken Hill Hospital emergency department by 12-17 year olds dropped dramatically, from a high in 2008, but there was an increase in the number by 18-24 year olds. This is reflected in overall 12-24 rate. The number of presentations in the age groups 25-39 and 40-64 also increased in 2011. Yearly rates show that the yearly rates for all ages, except 12-17 years, were similar or only slightly more than 2010.

Terms of reference

(a) provisions in the *Liquor Act 2007*, which make it illegal for persons to sell or supply alcohol to people under the age of 18 years, including in homes, parks, halls and public places generally, are sufficient;

(b) provisions in the *Liquor Act 2007*, which provide that a person must not supply liquor to a minor on any premises other than licensed premises unless the person is a parent or guardian of the minor, remain appropriate;

(c) the defence against prosecution for an offence of providing liquor to a minor if it is proved that the defendant was authorised by the minor's parent or guardian to supply liquor to the minor, remains appropriate;

(d) there is broad community understanding of the rights and responsibilities of parents, guardians and responsible adults regarding the provision of alcohol to minors;

(e) New South Wales can benefit from experiences in other jurisdictions in relation to the provision of alcohol to minors by parents, guardians or responsible adults; and

(f) any other related matters.

DRINK SAFE MODEL
NATIONAL BINGE DRINKING STRATEGY
COMMUNITY LEVEL INITIATIVE

‘Drink Safe Community Initiative’

Broken Hill Community Drug Action Team

Financial Assistance Provided:

- \$236,000 (plus \$23,000 GST): Commonwealth of Australia as represented by the Department of Health and Ageing

The participant Broken Hill Community Drug Action Team, (and not the Minister, the Parliamentary Secretary, the Commonwealth or the Department), is solely responsible for the content of, and views expressed in, any Report and any Materials using, based on or related to those Reports it publishes, communicates, distributes or disseminates unless the content and views have been formally approved in writing by the Department. The department may not give approval at all or grant approval subject to conditions it deems fit.

DRINK SAFE MODEL

A Strategy for cities and communities to become a Drink Safe Town.

Scope

A multifaceted approach to address binge drinking and alcohol in communities through community education, harm minimisation, health promotion and social marketing implemented over a minimum of two years with a long term view.

The Model increases community awareness of the harmful effects of alcohol, roles and responsibilities, making healthier choices and promotes acceptance of drinking responsibly. The Model is community driven allowing community ownership of alcohol issues by establishing partnerships to identify and develop targeted programs.

Phases

The model is designed to be introduced in two phases. The first phase requires researching the community and implementing a targeted whole of community approach. The 'initiative phase' is followed by the 'Project phase' aimed at long term sustainability.

'New Initiative' phase

- *Community mapping*
- *Employment of Project staff*
- *Needs analysis (identify gaps)*
- *Collection of available community data (eg Police, emergency, community drinking trends)*
- *Existing available resources, including human resources*
- *Existing community and School programs*
- *Pilot new targeted programs*
- *Establish community partnerships*
- *Research and apply for Funding Grants*
- *Develop marketing material*
- *Work towards branding a multifaceted initiative*
- *Evaluation and reach of programs and resources*

'Project' phase

- *Assess capacity*
- *Periodic Community Data collection*
- *Identify and continue successful projects*
- *Further needs analysis*
- *Assets maintenance plan*
- *Inclusive of new partners, programs and media*
- *Strengthening existing partnerships*

- Consolidate branding and work towards raising the project profile in the community
- Continued valuation and assessment
- Develop sustainable strategies
- Data collection: Information gathered pre and post individual programs throughout the duration of the project by community feedback, surveys and focus groups. Overall evaluation of the Project to be completed by an independent assessor, utilising emergency and police data.

Funding

Funds will need to be sourced through Federal and State Government, Health Departments and Drug and Alcohol specific grants. Financial contributions will be required from local businesses, organisations along with the utilisation of existing resources (In-kind support).

Branding

The Drink Safe Model has its own 'Branding' this identity is visual through logos, specific colours and slogans. Marketing templates will be supplied and can be modified to individual communities. The Drink Safe Logo represents working together towards a Drink Safe Community and needs to be on all produced material items, advertising and administrative documents. Branding will enable all Drink Safe programs and materials to be identified within the multifaceted project.

Project Coordination

The capacity of communities to deliver the model in its form will vary from town to town. It is recommended to appoint a Project Manager to support the 'initiative' and implement the 'Project'. Additional support may also be required from an employed Project Officer.

A steering committee is required to oversee the Drink Safe Project – this preferably would include representation from key stakeholders, community and youth. Regular committee meetings with the Project Manager are recommended.

Community Partnerships and Engagement

This is a community model, it is essential to establish quality partnerships and wide community support. Partners work collaboratively to deliver the Drink Safe project, involvement of Liquor accord, Police, Schools, City Council and Health Department is necessary.

Strengthening of existing partnerships is encouraged along with identifying potential partners and key stakeholders to support the model. Community needs analysis and community mapping may assist in identifying new partners. Encourage existing Drug and Alcohol program providers to be included in Drink Safe.

It is also important to build on existing relationship with schools to get programs into the Education Departments local curriculum to ensure they are sustainable. Utilise young people in developing programs, evaluations and marketing material and continually consult with both young people and the wider community.

In kind support:

Suggested areas where in-kind support will enhance success

- *Human Resources*
- *Venue hire discounts*
- *Media advertising*
- *Materials: free Promotion items*
- *Funding partnerships*
- *Sponsorship*

Programs:

Evidenced based Programs need to be implemented in all sectors of the local community. This ensures a comprehensive model that engages all aspects of the wider community.

Programs need to be flexible and culturally appropriate to address needs of individual communities.

General Program areas:

- *Community Drink Safe celebration (eg Bi-annual Drink Safe Festival)*
- *Sporting and leisure (eg. Good Sports Program)*
- *National Drug Action Week Promotion*
- *Social Marketing Campaign*
- *Community Information resources (eg VMS Message Trailer, Pull out banners, brochures)*
- *Health education program (eg Brain Spectrum)*
- *Safe Transport options (eg Designated Driver Program)*
- *Community harm minimisation program (eg Save a Mate Program)*
- *Drug & alcohol free entertainment Events*
- *Parent education (eg Safe Passage Program)*
- *Licensed venues*

School Programs:

It is necessary to implement programs suitable for each Education Stage (curriculum year levels) and sequentially build on previous knowledge learnt. Introduce early intervention with Primary Schools, identifying the effects of alcohol on the most important organ of the human body the brain. High School programs should be harm minimisation focussed.

- *Brain Spectrum Yr 5/6*
- *Save a Mate Program yr 9*
- *Service Information Strategy (Expo) yr 7 – yr10*
- *National Drug Action Week Poster competition Yr 9*
- *Yr 10/11 Drug and Alcohol Forums*
- *Yr 12 Schoolies Party Safe Packs*