

**Submission
No 25**

PROVISION OF ALCOHOL TO MINORS

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Commission for Children and Young People Submission to the Inquiry into the Provision of Alcohol to Minors

About the Commission

The NSW Government supports the well-being of children and young people through the work of the NSW Commission for Children and Young People (the Commission). The Commission was established in 1999 as an independent statutory authority within Government under the *Commission for Children and Young People Act 1998*.

The Commission works with NSW Government and non-government agencies providing policy advice, undertaking research, supporting the development of child-safe organisations and monitoring the NSW Working with Children Check. The Commission reports to a Parliamentary Joint Committee.

Further information about the work of the Commission can be found at: www.kids.nsw.gov.au.

Background

The purpose of this Inquiry is to inquire into and report on matters relating to the provision of alcohol to minors by parents or guardians in NSW. The Inquiry is to examine the sufficiency of provisions of the *Liquor Act 2007* with regard to persons selling or supplying alcohol to people under the age of 18 years, including in homes, parks, halls and public places. It will also examine the appropriateness of provisions that ensure 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. The Inquiry will consider proposals on how to address community understanding of the rights and responsibilities of parents, guardians and responsible adults regarding the provision of alcohol to minors and how NSW could benefit from experiences in other jurisdictions. Any other related matters will also be considered by the Inquiry.

Key Issues

The Terms of Reference (ToR) of this Inquiry into the provision of alcohol to minors are primarily restricted to consideration of legislative frameworks dealing with secondary supply of alcohol to minors by parents/ guardians and/or other authorised persons. Comments under these ToR on provisions in the *NSW Liquor Act 2007* (the Act), and comparable legislation in other Australian jurisdictions are provided below.

However in considering the rationale for any legislative change that would result in further restriction of secondary supply to minors by these persons, a number of broader matters need to be examined. These include the extent of secondary supply by parents/ guardians, the impact of secondary supply on children, the extent to which children and young people experience alcohol related harm and how this can best be prevented. In examining these issues, the Commission has undertaken a limited review of literature, with an emphasis on studies of parental supply and its impacts, (**Appendix A**), and consulted with its Expert Advisory Group and Young People Advisory Group.

On this basis, the Commission recognises that it is in the best interests of children not to consume alcohol, and that consumption of alcohol in risky ways is an

important health and social issue for a significant minority of NSW children, particularly those who report drinking regularly and to excess. A number of Australian and international data sources indicate that many children who use alcohol do so through secondary supply by parents, peers and siblings and that they consume alcohol outside of licensed premises, including in the family home, in the homes of friends (with and without adults present) and in public spaces. Parents are a significant source of secondary supply to children, particularly to younger adolescents in the 12-15 year age range. As adolescents age they are more likely to obtain alcohol from other sources.

The literature suggests that parental supply of alcohol to children to drink under supervision in the home may result in less heavy drinking on these occasions than drinking outside the home, including with peers. However longitudinal studies suggest that parents allowing their adolescents to drink at home/ supplying them with alcohol is associated with harmful consequences for children over time. It is clear from the literature that early onset of alcohol use in particular is associated with significant alcohol related harm to children including risky drinking and higher levels of lifetime use.

For these reasons, the Commission supports appropriate measures, including appropriate legislation, intended to restrict or limit children's access to alcohol and minimise the harm associated with this, including through secondary supply. The Commission sees merit in introducing provisions into the *NSW Liquor Act* which might influence parents who wish to supply alcohol to their children to do so in a manner that is consistent with responsible supervision of the child. As discussed below, provisions exist to this effect in other Australian jurisdictions such as Queensland and Tasmania. Although such legislation would be difficult to enforce as consumption mainly occurs in private premises, it would support police intervention where children are at risk. Given the difficulties associated with enforcement, it is possible that the greatest merit of such legislation would be in any contribution it might make to raising parental and community awareness of the harmful impact of alcohol consumption on children, including through secondary supply. To achieve this any legislative change would need to be accompanied by a public awareness campaign explaining the rationale.

However in changing existing NSW legislation in this way, it would be important to avoid any unintended negative consequences. For example, in addition to parents, children obtain alcohol from peers, older siblings and other adults in the vicinity of licensed premises. It is possible that measures to reduce supply by parents could result in children increasingly obtaining alcohol from other sources. Obtaining alcohol from peers has been found to be associated with negative outcomes such as binge drinking. The Commission is also concerned that the imposition of financial or custodial penalties upon parents could have negative consequences on children arising from loss of financial resources and/ or removal of a parent from the home.

While the Commission considers that there is some merit in the legislative changes outlined, it is clear that the complex issue of preventing alcohol related harm to children requires strategies on a number of levels to address harmful drinking by children. Legislative measures dealing with parental secondary supply alone are unlikely to have a significant impact on reducing harm.

The Commission considers that there is a need for improved community awareness of the harmful impacts of alcohol consumption on children and the factors that contribute to it. Parents should be made aware of the National Health and Medical Research Council (NHMRC) Guideline that recommends that children under 18 years should not drink and of the harms associated with early onset alcohol consumption and binge drinking. Parents should also be aware that their attitude to alcohol, including personal consumption, boundary setting around alcohol consumption and their relationship with their child may significantly influence their child's drinking. Further, parents and children need to better understand the developmental changes that occur through adolescence and the negative impacts alcohol can have on healthy brain development.

However, it is important to note that educational measures which target both parents and children, including measures targeting children in the school context, have been found to have limited impact in reducing harmful alcohol consumption over time. On the other hand there is some research that indicates that family based interventions such as parenting programs which reduce family conflict and improve parent child relationships have a positive effect over time on harmful alcohol consumption by children. Notwithstanding, targeted programs of this nature have limited reach and could not be expected to influence a broad population base.

Taking this into consideration, there are a range of other important measures to prevent and address the harm to children arising from alcohol use. A Technical Paper on preventing alcohol related harm in Australia produced for the National Drug Strategy (NDS) identifies increasing price through higher taxation of alcohol as one lever, albeit an unpopular one, and beyond the control of the NSW Government. Pricing is identified in the literature as a measure with a particularly strong impact on alcohol consumption by children. A recent evaluation of the impact of the Australian government's increased excise on ready-to-drink-spirit-based beverages (RTDs) also referred to as 'alcopops', found that there was a significant reduction in sales in the first full year following the tax.

A review of measures to reduce alcohol related harm undertaken for the NDS, identified universal measures such as regulating physical availability (for example minimum legal purchase age¹, hours and days of sale restrictions, restrictions on density of outlets, staggered closing time for bars and clubs and restricting

¹ It is noted that legal drinking age may be associated with age of drinking initiation, levels of consumption and willingness of parents to supply alcohol to children (Yu: 1998). Following the reduction of the legal drinking age from 20 to 18 years in New Zealand in 1999, a flow down effect occurred whereby risky consumption patterns of younger age groups increased (Habgood et al: 2001; Kypri et al: 2007).

A cross national study of youth alcohol and drug behaviour between Washington State, USA and Victoria, Australia reported higher prevalence of using alcohol in the past year, binge drinking, loss-of-control of alcohol use and injuries related to alcohol use in the Australian sample of schools students. Legal drinking age in Washington State is 21 years in comparison with 18 years in Victoria (Toumbourou et al: 2009).

availability by alcohol strength) in addition to taxation and pricing, drink-driving countermeasures and treatment and early intervention² as most effective.

The Commission is aware that the NSW Government is currently considering development of a strategic framework for a whole of government approach to drug and alcohol policy in NSW. The Commission supports this approach and considers it an appropriate vehicle for addressing the issue of alcohol related harm to children in a holistic way. This strategic framework provides an avenue to include the development of a range of approaches to address the harmful consumption of alcohol by children, which prioritise regulating physical availability, but also encompass effective family based interventions, educative measures targeting parents and children (where evidence exists that these are effective), and a range of early intervention, treatment and rehabilitation measures for children who use alcohol harmfully. It is also suggested that this strategy be mindful of the influence of alcohol advertising, including the involvement of public role models whose association with alcohol may influence children and the competition of these influences with public health messages. *Without a broad strategic approach dealing with issues of this nature legislative measures targeting secondary supply by parents/ guardians alone may have limited impact.*

Response to Inquiry Terms of Reference

ToR a) asks whether 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.

- It is the Commission's view that provisions in the Act dealing with secondary supply by a parent/ guardian or other responsible person are generally sufficient.

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

- In the Commission's view it would be impractical to legislate to completely prohibit secondary supply of alcohol by parents to their children in the family home. At the same time it is important that parents are made aware of the potential harm to children associated with alcohol consumption, including through secondary supply by parents, and as a result of early alcohol initiation.

The Commission notes that the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (Guideline 3, Children and young people under 18 years of age), states that for children and young people under the age of 18 years of age, not drinking alcohol is the safest option. The Guideline notes that "parents and carers should be advised that children under the age of 15 years of age are at the

² *Early intervention in regard to adolescent substance use refers to programs that set out to reduce the number of young people who progress to regular or problem use and encourage current users to minimise or reduce risky patterns of use. For example preventative screening and health promotion are early intervention strategies that can be applied in a primary care or other health setting. Once substance use is identified, brief interventions can be delivered in a variety of settings by a range of health professionals, (Lubman et al: 2007).*

greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important” and that for “young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible”.

The Commission is of the view that parents should be advised of the content of this Guideline. Parents should also be advised of the risk factors that can contribute to children drinking, particularly those they may have some control over such as quality of the parent/ child relationship, parental monitoring and behaviour management.

- The current provisions in the Act described above serve to allow a parent or guardian of a minor to supply alcohol to that child on a private premises without setting out the manner in which alcohol can be supplied. In the light of provisions in the *Queensland Liquor Act 1992*, which attempt to ensure that where alcohol is supplied to a child by a responsible adult, supply is consistent with the responsible supervision of the minor, the current provisions in the NSW Act could be improved.

The *Queensland Liquor Act 1992* states:

*“(1) An adult must not supply liquor to a minor at a private place, unless the adult is a responsible adult for the minor.
Maximum penalty—80 penalty units.*

*“(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
(s156A Irresponsible supply of liquor to a minor at a private place etc) .”*

Tasmania has very similar provisions (s 26, Division V- Sale or supply of liquor to youths, *Police Offences Act 1935*).

The factors set out in cl (3) provide guidance to parents and will assist police in determining if alcohol is being supplied in a responsible way. In addition to the above, the addition of a further factor regarding the strength of the alcohol supplied could be considered if similar legislation were to be adopted in NSW.

- The Commission would support the inclusion of provisions of a similar nature in the NSW Act in principle, however has concerns as to the extent to which they are able to be enforced. The experience of Queensland and Tasmania in this

regard would be informative. The Commission does not necessarily propose mirroring other jurisdictions' legislation without due consideration and questions whether a significant financial penalty is appropriate, as under the Queensland Act. The issue for the Commission is the potential unintended consequences on the child of imposing a financial penalty on a parent.

- If provisions similar to those that apply in Queensland were to be adopted in NSW it would be important for these changes to be accompanied by a social marketing campaign to explain them to the public. This would also present an opportunity to convey information to parents about alcohol related harm to children, including through parental supply.

ToR (c), asks whether “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.”

- In the Commission's view this provision is not appropriate, as it may be interpreted as absolving an adult who may have temporary responsibility for the care of a child from the requirement to limit and monitor the provision of alcohol to that child. The defence that a parent has authorised supply appears to lessen the need for an adult to provide appropriate care and supervision for a child in this circumstance.
- The Queensland Act makes it clear that alcohol can only be supplied to a minor at a private place by a responsible adult for a minor, and that supply must be consistent with the responsible supervision of the minor. The Tasmanian legislation is similar. There is no defence against prosecution similar to that in NSW under these Acts.
- The Tasmanian Act includes a definition of a responsible adult for the purposes of the supply of alcohol: an adult authorised to supply liquor to the youth by a parent, step-parent or guardian is included in this definition (s26 Div V (4) (c)). Such persons are thus clearly covered under legislation which states that provision of alcohol to a youth by a responsible adult must be consistent with responsible supervision of the youth.
- However it is noted that the s156A in the *Queensland Liquor Act* refers to the supply of alcohol to a minor in a private place only, and thus does not cover supply in a public place. It is conceivable that secondary supply by a responsible adult could also occur in a public place, and any similar legislation adopted in NSW may wish to take this into account.

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

- Although the Commission is unaware of any study of community/ parental awareness of this issue, it seems unlikely that there is broad community understanding of provisions in the *NSW Liquor Act* regarding supply of alcohol to minors by parents, guardians and authorised adults. It is probable that provisions related to the prohibition against supplying alcohol to children in a licensed

premises are more widely known, especially among staff of licensed premises, due to the requirement that they undergo training in the responsible service of alcohol.

- Persons who are not the parent or guardian of a minor may also be unaware that they are prohibited from supplying that minor with alcohol, without the permission of a parent/ guardian. The public may also be unaware that it is an offence to do so and that there is potential for a significant fine and/ or imprisonment as a penalty.
- The literature on the secondary supply of alcohol to minors by parents suggests that some parents are unsure of the age at which they should allow their child to consume alcohol, (although most would be aware that the legal drinking age in NSW is 18 years), and how to manage their child's drinking. For example, some parents may supply alcohol to their child to take to parties at a friend's home so their child can avoid drink-spiking, and in the hope that they will limit their consumption to what has been provided.
- The Commission is of the view that parents and the community in general are unlikely to be fully aware of the potential harm to children arising from consumption of alcohol, including through secondary supply. The Commission considers that parents should be made aware of this, particularly of the NHMRC recommendation that children, especially those below 15 years, should not drink.

ToR (e) asks whether NSW can benefit from experiences in other jurisdictions in relation to the provision of alcohol to minors by parents, guardians or responsible adults.

- It is considered that NSW could benefit from learning of the experiences of other Australian jurisdictions and experience internationally in regard to the secondary supply of alcohol to minors by parents, guardians or responsible adults.

As discussed above, provisions exist in Queensland and Tasmania in regard to the irresponsible supply of alcohol to a minor in a private place. The intention of these provisions is clearly to reduce any harm to children associated with the secondary supply of alcohol to minors by a parent/ guardian or other responsible person by attempting to ensure that supply is consistent with the responsible supervision of the minor.

- The *Queensland Liquor Act* is dated 1992, while the *Police Offences Act 1935* was amended in 2009 to introduce a similar provision (s 26, *Division V- Sale or supply of liquor to youths*). In considering whether to adopt similar legislation in NSW, it would be useful to know whether the public in these jurisdictions is generally aware of these provisions, how often they have been used and what the outcome of any prosecution has been.

It would also be useful to know whether introduction of these provisions was accompanied by a public awareness campaign, and whether the impact of this was evaluated. In addition, it would be useful to know whether in the view of authorities who deal with this issue, such as the Queensland and Tasmanian police, this legislation has assisted them to deal with the problem of irresponsible secondary supply by a responsible person, any difficulties associated with

enforcement and whether it has raised parental and community awareness of the importance of responsible supply of alcohol to minors.

- It would also be useful for the Inquiry to ascertain whether there has been any change in secondary supply to a minor by parents following the introduction of this legislation in these jurisdictions, although it would be difficult to attribute any change to this cause alone with any measure of certainty.

ToR (f) any other related matters

The Commission would like to raise a number of additional points as set out below:

Penalties for large corporate licensees

- Provisions in Part 7 of the Act prohibit the sale or supply of liquor to a minor, including on a licensed premises, and generally prohibit a minor to be present on a licensed premises without a responsible adult, and a maximum penalty of \$11,000 and/ or 12 months imprisonment applies.

In regard to the sale of liquor to a minor on a licensed premises, this penalty amount may represent a deterrent to an individual licensee, but may not represent a sufficient deterrent to a large corporate licensee who owns a number of premises. The Inquiry may wish to consider whether a higher maximum penalty amount should apply in this case. In addition it is suggested that sentencing guidelines should take into account whether repeated breaches have occurred in regard to the provision of alcohol to a minor on a licensed premises (if this is not already the case).

Cross-jurisdictional review of legislation

- The Commission has briefly surveyed existing liquor legislation relating to the sale or supply of liquor to minors in other Australian jurisdictions, including secondary supply by parents, and this has revealed considerable variation in the ways that this issue is dealt with. For example the relevant Western Australian and South Australian Acts are silent on the issue of the supply of alcohol to minors by parents or authorised persons on private premises and/ or other unlicensed areas. While NSW and Victoria prohibit unauthorised secondary supply to a minor, only Queensland and Tasmania have provisions dealing with the responsible supply of alcohol to a minor by a parent or guardian or other responsible person. The ACT also has provisions designed to prohibit children or young people supplying alcohol to other children or young people in a public place and penalties apply³.
- The issue of the design of liquor products specifically intended to appeal to children and young people and their marketing and promotion is also an important area. While the NSW Act and Regulations contain provisions to prohibit the sale of a product deemed an undesirable liquor product on this basis, provisions in s156B of the *Queensland Liquor Act* appear superior. For example under clause (3) (b) a product may be considered an undesirable liquor product

³ The Commission does not support the imposition of financial or custodial penalties on children for the supply of liquor to other children.

and its sale prohibited, if it “is likely to be confused with soft drinks or confectionary”, however NSW has no similar provision. The Queensland legislation also allows for a prohibition on sale of ‘a liquor product or a class of liquor products”, while the NSW legislation only refers to the former.

- Given the variation in legislation dealing with the marketing, promotion, sale or supply of alcohol to a minor across Australian jurisdictions, it is suggested that there may be value in a review of provisions in the *NSW Liquor Act* and *Regulation* in this area. The purpose of this review would be to consider incorporating any reasonable additional provisions from other Australian jurisdictions into NSW legislation to further restrict the marketing, promotion, sale or supply of alcohol to a minor and minimise harm associated with this.

It is noted that the Australian Drug Foundation and the Alcohol Policy Coalition⁴ have recommended the adoption of nationally consistent secondary supply legislation in all Australian states and territories.

- If a decision is made to alter NSW legislation in the area of marketing, promotion sale or supply of alcohol to minors, it is recommended that the success of these measures be evaluated. It is also suggested that research be undertaken prior to and following the introduction of such reforms to establish any change in children and parents’ awareness of the law, good practice and attitudes. The Commission may be able to play a role in this.

⁴ Comprises Australian Drug Foundation, Cancer Council (Victoria), Heart Foundation (Victoria), Turning Point Alcohol and Drug centre and the Victorian Department of Health.

Appendix 1. Supporting material

1. National policy approach to drug and alcohol use

The aim of Australia's *National Drug Strategy* is to 'prevent the uptake and minimise the harmful effects of drug use in Australian society'. Known as 'harm minimisation', this approach has been defined as encompassing:

- § Supply reduction strategies designed to restrict the harmful supply of drugs
- § Demand reduction strategies designed to prevent the uptake of harmful drug use
- § Harm reduction strategies to reduce drug-related harm for individuals and communities (Australian Government: 2008: 17).

2. Position of the National Health and Medical Research Council on alcohol use by children

The Australian Government's key health advisory body, the National Health and Medical Research Council (NHMRC) publish the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*⁵. These guidelines aim to establish the evidence base for future policies and community materials on reducing the health risks that arise from drinking alcohol. The guidelines "communicate evidence concerning these risks to the Australian community to allow individuals to make informed decisions regarding the amount of alcohol that they choose to drink" (NHMRC: 2009: 1). *Guideline 3, Children and young people under 18 years of age*, recommends that the onset of drinking alcohol be delayed as long as possible. This Guideline states that for children and young people under 18 years of age, not drinking alcohol is the safest option.

The Guideline notes that "parents and carers should be advised that children under the age of 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" and that for "young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible". At the same time the Guideline notes that the evidence on the harms of alcohol to this age group, including impacts on brain development and alcohol problems later in life "is not conclusive enough to allow definitive statements to be made about the risks of drinking for young people".

This Guideline is based on an assessment of the potential harms of alcohol for children under 18 years and research indicating that alcohol may 'adversely affect brain development and be linked to alcohol related problems later in life'(NHMRC, 2009: 57). As a result a no 'safe' or 'no-risk' drinking level is set.

⁵ "These guidelines aim to establish the evidence base for future policies and community materials on reducing the health risks that arise from drinking alcohol. The guidelines communicate evidence concerning these risks to the Australian community to allow individuals to make informed decisions regarding the amount of alcohol that they choose to drink" (NHMRC: 2009: 1).

3. Statistics on alcohol consumption by children and how they obtain it

Overview

The statistics provided below indicate that harm associated with alcohol use is a problem for a significant minority of children, particularly those who report drinking regularly and drinking to excess.

The statistics provided below are derived from the NSW *School Students Health Behaviours Survey (SSHBS)*⁶, which provides the best source of data about NSW students' behaviours and attitudes to alcohol use, and the National Drug Strategy Household Survey Report (NDSHS), which provides some data on children's alcohol consumption at the national level.

The SSHBS indicates that between 1984 and 2008 there was a significant decrease in the consumption of alcohol by NSW school students in the last 7 days, and in the last 12 months. However there has not been a decline in risky drinking among children. Taking into account any limitations associated with self-report by children, parents represent a major source of alcohol supply for children, particularly younger adolescents.

The Australian School Students Drug and Alcohol Survey (ASSAD) provides information at a national level on use of tobacco, alcohol, and illegal and legal drugs in 12 to 17 year olds and surveys attitudes toward these substances. The 2002 survey found that parents were the most common source of alcohol, with 28% of students reporting that parents gave them their last drink. It found that it was more likely that parents would provide alcohol to younger rather than older students, with a rate of 42% in the 12-15 year age group compared with 32% in the 16-17 year group (AIFS: 2004: 17).

In regard to place of alcohol consumption, both the NDHS and the ASSAD report "in my home" as a common location.

Alcohol Consumption

In 2008, the SSHBS reported 20.4% of students aged 12–17 years had consumed alcohol in the last seven days. The most reported source of the last alcoholic drink for 12–15 year olds who drank in the last seven days was parents (32.8%), while the most reported source for 16–17 year olds was 'getting someone to buy it' (28.5%), followed by parents (24.7%) and friends (24.3%). Other sources included siblings, taking alcohol from home without permission, and buying it themselves.

The 2010 NDSHS, published in 2011, indicates that 5.1% of Australian children aged 12-17 years consumed alcohol weekly, 32.2% less than weekly, 38.4% of children were classified as recent drinkers (had consumed alcohol in previous 12 months), while 59.3% had never had a full serve of alcohol.

⁶ All references to the SSHBS are as reported in the Commission for Children and Young People's online databook, *A Picture of NSW Children*, <http://picture.kids.nsw.gov.au/>.

In 2008, the NSW SSHBS reported 56.1% of 12–17 year old students said that they had consumed alcohol in the last 12 months. 12–15 year old students were less likely to have consumed alcohol in the last 12 months than those aged 16–17 years (47.1% and 79.2%).

Risky drinking

According to the NSW SSHBS, the majority of students aged 12–17 years (60.9%) who consumed alcohol in the previous week reported drinking 1–5 standard alcoholic drinks, a further 18.6% reported drinking 6–10 drinks. The remainder reported drinking 11 or more drinks, while 7.8% reported consuming over 21 drinks. In 2008, 8.9% of students aged 12–17 years consumed four or more drinks on any one day during the last seven days.

The NHMRC *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, recommend for healthy adult men and women, drinking no more than two standard drinks on any day to reduce the lifetime risk of harm from alcohol-related disease or injury. For the same group, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion. While the NHMRC does not set a level of safe alcohol consumption for children, drinking at or in excess of the adult Guideline could be considered risky drinking for children.

According to NDSHS, in 2010, 1% of 12-15 year olds were judged to be at risk of alcohol related harm over a lifetime, as they consumed on average more than 2 standard drinks per day. Nearly 10% of 16-17 year olds were in this category. In addition, 4.3% of 12-15 year olds were at risk on a single occasion of drinking at least monthly, as they had more than 4 standard drinks at least once a month (but not as often as weekly). 19.4% of 16-17 year olds were in this category.

It has been noted that patterns of alcohol use by young people are of concern because of the trend for use at younger ages and because the majority of the alcohol consumed by young people is drunk at levels that exceed the recommended level for adults (J. Toumbourou, National Drug and Alcohol Research Centre Seminar 2005 <http://www.druginfo.adf.org.au/druginfo-seminars/prevention-of-alcohol-related-harms-to-young-people-should-the-legal-drinking-age-be-raised-to-age-21>).

3a. Trends in alcohol consumption by children

Consumption in last 7 days

According to the SSHBS, the proportion of 12–17 year old students who had consumed alcohol in the last seven days decreased significantly between 1984 and 2008 (32.5% to 20.4%). This decrease is significant for both 12–15 year old students (28.4% to 14.2%) and 16–17 year old students (49.8% to 36.2%).

Consumption in the last 12 months

According to the SSHBS, there was a significant decrease between 1984 and 2008 in the proportion of students aged 12–17 years who reported consuming alcohol in the last 12 months (72.4% to 56.1%). The decrease is significant for both 12–15 year old students (68.1% to 47.1%) and 16–17 year old students (90.5% to 79.2%).

Risky Drinking

Analysis of SSHBS data indicates that between 1984 and 2008, the proportion of all students aged 12–17 years who consumed four or more drinks on any one day during the last seven days ranged from 8.9% in 2008 to 11.5% in 1996. There is no trend indicative of a decline in risky drinking over this period.

The Australian School Students Drug and Alcohol Survey (ASSAD) indicates that for 12-17 year old Australian students classified as current drinkers, as opposed to all students, the proportion drinking at harmful levels⁷ increased from 26% in 1999 to 31% in 2005 (White and Hayman: 2006).

4. Impact of alcohol consumption on children

Alcohol consumption can place children and young people at greater risk of negative social and health outcomes (NHMRC: 2009). These consequences may include unsafe behaviour as a result of impaired decision-making, including injury and self-harm, impaired brain development, risk of alcohol dependence in later life, and poor physical and mental health (AIHW: 2009, cited in NHMRC: 2009).

Injury and death

The SSHBS (2008) indicates that 38.8% of students aged 12–17 years were injured in the last six months where they had to see a doctor or physiotherapist or health professional. Of these, 8.0% had consumed alcohol in the six hours before they were injured.

Drinking contributes to the leading causes of death among young people: unintentional injuries, homicide and suicide (NHMRC: 2009; Australian Government: 2008). The NHMRC reports that between 1993 and 2001:

- 28 % of all alcohol-related injury deaths and more than one-third (36 %) of alcohol-related injury hospitalisations were sustained by young people aged 15–29 years (Chikritzhs et al 2003, cited in NHMRC: 2009),
- between 1990 and 1997, over half (52%) of all serious alcohol related road injuries in Australia (excluding Victoria) involved young people aged 15- 24 years.
- alcohol has been found to contribute to involvement in violent incidents in children and young people, sometimes leading to injury (Mattila et al: 2005; Kodjo et al: 2004, cited in NHMRC: 2009: 59).

Child Death Review Team data indicates that from 1996 to 2009, 179 children aged 12–17 years died in circumstances where alcohol was present. In 2009, the CDRT reported nine children aged 12–17 years died an alcohol-related death: six of these children died in transport fatalities, either as pedestrians, drivers or passengers and

⁷ This report, based on the 2005 Australian Secondary Students Alcohol and Drug Survey, defines harmful drinking for males as consuming more than 6 drinks on any day in the week before the survey and for females, consuming more than 4 drinks on any day in the past week.

three died by suicide. For all but one of the nine children who died, records indicated that alcohol had been consumed by the child in the period immediately prior to their death (CDRT: 2010).

Risk taking behaviour and other risk of harm

A range of sources note that alcohol consumption contributes to risk-taking behaviour, unsafe sex choices and sexual coercion (AIFS: 2004; NHMRC: 2009; Australian Government: 2008). A study of self reported harm found that drinkers under the age of 15 years are much more likely than older drinkers to experience risky or antisocial behaviour connected with their drinking, and the rates are also somewhat elevated among drinkers aged 15–17 years (Room and Livingston; 2007 cited in Australian Government: 2008). Furthermore, initiation of alcohol use at a young age may increase the likelihood of negative physical and mental health conditions, social problems and alcohol dependence. Regular drinking in adolescence is an important risk factor for the development of dependent and risky patterns of use in young adulthood.

Impact on brain development and mental health

Childhood and adolescence are critical times for brain development and the brain is more sensitive to alcohol-induced damage during these times, while being less sensitive to cues that could moderate alcohol intake. Alcohol affects brain development in young people; thus, drinking, particularly 'binge drinking', at any time before brain development is complete (which is not until around 25 years of age) may adversely affect later brain function (Australian Government: 2008).

The NHMRC reports that young people with alcohol-use disorders display significant and detrimental changes in brain development compared with their non-alcohol-using peers. For example alcohol-abusing adolescents tend to have smaller pre-frontal cortices and white matter volumes, (De Bellis et al; 2005, cited in NHRMC: 2009), white matter structural irregularities and reduced hippocampal volumes (Brown & Tapert; 2004, cited in NHMRC: 2009). Adolescent drinking is also associated with diminished retrieval of verbal and non-verbal material, and poorer performance on attention-based testing (Ibid).

The NHMRC's review of evidence for the *Australian Guidelines to reduce Health Risks from Drinking Alcohol*, reports a reciprocal relationship between poor mental health in adolescents and alcohol use and cites evidence which indicates that alcohol use, particularly at a young age, elevates the risk of developing poor mental health. This review notes that psychiatric comorbidities in adolescents who abuse drugs is common, especially depression, anxiety, bipolar disorder, conduct disorder and attention-deficit/hyperactivity disorder (Turner & Gil 2002; Brown & Tapert 2004; Cheng et al 2006; Deas & Brown 2006; Cargiulo 2007, cited in NHMRC: 2009). This review also indicates that self-harm, suicidal thoughts and suicide are associated with adolescent alcohol use (Miller et al 2007, cited in NHMRC: 2009).

5. Impact of early onset of drinking

The NHMRC review of evidence referred to above cites a number of studies which indicate that initiating alcohol use at an early age increases the likelihood of later adverse physical and mental health conditions (Hemmingsson & Lundberg 2001;

Hingson et al 2003; Guilamo-Ramos et al 2004; Toumbourou et al 2004; Wells et al 2004; Jefferis et al 2005, cited in NHMRC: 2009). For example drinking status at 16 years is a predictor of negative alcohol outcomes as a young adult (Wells et al; 2004) and adolescents who were drinking by 14 years were more likely to experience alcohol dependence than their peers who did not drink until they were over 21 years old (Hingson et al 2006; Toumbourou et al 2004, cited in NHMRC: 2009)

A literature review undertaken by the Australian Institute of Family Studies also reports evidence that the later adolescents delay their first alcoholic drink, the less likely they are to become regular consumers (AIFS: 2004). The authors conclude that the evidence suggests that delaying the onset of drinking reduces long-term consumption into adulthood. The “advantages of delaying the age at which young people begin using alcohol include reduced likelihood of risky alcohol use and abuse in adulthood, averting the adverse impacts of alcohol on the developing adolescent body and brain, and avoiding the immediate risks to health and wellbeing conveyed by “normal” patterns of adolescent alcohol use (which are often at risky or high risk levels” (AIFS: 2004: xiv). The authors conclude that parents should be provided with information about the advantages of delaying the age at which young people begin using alcohol.

6. Parental influence and drinking habits

There is evidence that parents have a strong influence on their children’s drinking habits. Not only are parents a major source of secondary supply for children, but parents own use of alcohol, attitudes to the children’s use of alcohol, and rule setting within the family each have an impact on their children’s alcohol use in their own right. The AIFS literature review, *Parenting Influences on Adolescent Alcohol Use*, lists parental monitoring, defined as “parental awareness of the child’s activities, and communication to the child that the parent is concerned about, and aware of, the child’s activities” (AIFS: 2004: xi), as one factor in children’s alcohol use. The review indicates that adolescents who are poorly monitored begin alcohol consumption at an earlier age, tend to drink more, and are more likely to develop problematic drinking patterns.

The AIFS review also identifies parental behaviour management as a key factor influencing children’s alcohol consumption. Parent behaviour management is explained as encompassing positive practices such as the use of incentives, positive reinforcement, setting limits for appropriate behaviour, providing consequences for misbehaviour, and negotiating boundaries and rules for appropriate behaviour. It also includes “less effective strategies such harsh and punitive discipline, high conflict, and lax, inconsistent or over-permissive approaches” (AIFS: 2004: xii).

Positive behaviour management by parents was associated with lower initiation of alcohol use in early adolescence, and lower rates of alcohol abuse and dependence in early adulthood. However harsh discipline and high conflict were associated with higher rates of alcohol use. Warm and supportive parent–adolescent relationships were associated with lower levels of adolescent alcohol use, as well as lower rates of problematic use and misuse.

The AIFS review also identifies parental norms, attitudes, and beliefs about adolescent alcohol use as having an important influence on their alcohol consumption. When parents show disapproval, their children are less likely to drink, and conversely, when parents are tolerant or permissive, adolescents are likely to drink more. Parents' own use of alcohol was found to increase the likelihood that adolescents would also consume alcohol. In addition, peer effects were found to be become particularly powerful when parent–adolescent relationships are of poorer quality.

Impact of parental supply on children's alcohol use

There are also some studies that deal specifically with the impacts of secondary supply of alcohol to children by parents, and attempt to identify whether this may contribute to risk of harm from alcohol use, or provide a protective effect. The AIFS review refers to data from the 2005 ASSAD which shows that both younger and older adolescents drink significantly less alcohol when they obtain it from their parents than when they obtain it from friends or someone else. When 12-15 year old adolescents obtained alcohol from home they consumed 3.6 drinks per week, compared with 4.9 drinks if alcohol was obtained from a friend. When 12-15 year old adolescents obtained alcohol from someone else they consumed a relatively high average number of 7.6 drinks per week, or 110 per cent more. Similar effects are seen for the 16-17 year old group, although to a lesser degree.

In terms of the location in which alcohol was consumed, the ASSAD data showed that students drank less when they consumed alcohol at home compared with at their friends' homes or at parties. When 12-15 year old adolescents consumed alcohol at home, the average number of drinks per week was 3.4, compared with 6.4 drinks at a party or 6.3 at a friend's home, representing an approximately 90% increase, (White and Hayman: 2006, cited in AIFS: 2008: 35).

A recent review of the international literature on social supply of alcohol to minors, undertaken by Massey University, New Zealand, reports that some studies (generally cross-sectional), have found that parental social supply, in particular while parents are present, is protective against heavier drinking occasions and driving/riding after drinking (Dent et al; 2005, Foley et al; 2004, cited in Massey University: 2009: 12). Other studies have found that parents who monitor young people's alcohol use and who implement house rules around alcohol use are less likely to have children who drink (Baumrind 1982, Jackson et al 1999, Beck & Lockhart 1992, Beck et al 1999, cited in Ibid). On the basis of Australian research, the AIFS literature review similarly concluded that "on occasions when parents are aware of their adolescents alcohol use and they actively engage with their adolescents in the purchase or provision of alcohol, then the adolescents consume less" and additionally that adolescents consume less alcohol when they drink at home (AIFS: 2004: 37). However this review notes that parent supervised alcohol use by adolescents can signal parent approval of alcohol use, and a permissive attitude by parents was reported by the AIFS as leading to higher rates of adolescent alcohol consumption. A cross sectional study by Bellis et al of predictors of risky alcohol consumption among 15-16 year old school children in North West England (n= 10,271), led the authors to conclude that parental provision of alcohol to children in a family environment may also be important in establishing child-parent dialogues on

alcohol and moderating youth consumption. The authors qualified this by stating that parents would need to be supported to ensure they developed only moderate drinking behaviours in the children and only when appropriate (Bellis et al: 2007: 1).

The impact of family factors on initiation of alcohol use and lifetime dependence is demonstrated in the figure below

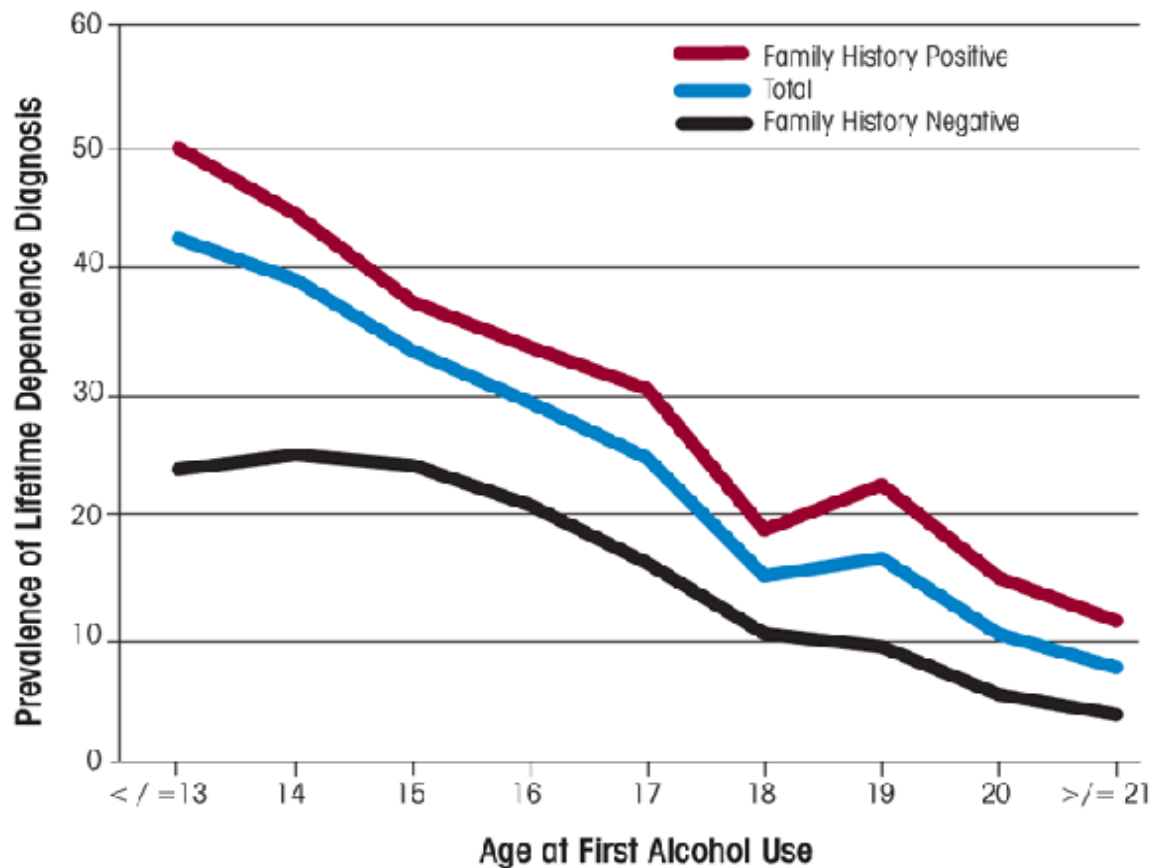


Figure 1. Association between age at initiation of alcohol use and lifetime dependence (i.e., meeting the DSM–IV criteria for dependence at some point in life). The blue curve represents all respondents, the red curve represents respondents with a family history of alcoholism, and the black curve represents respondents without a family history of alcoholism.

SOURCE: 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions, in Windle & Zucker, *Reducing Under Age and Young Adult Drinking*, <http://pubs.niaaa.nih.gov/publications/arh40/29-44.htm> accessed 10/08/2012.

However a recent longitudinal study by McMorris et al, which compared alcohol use and self-reported harm among seventh grade students (n=1,945), and again when they were in ninth grade in Washington State, USA and Victoria, Australia, found that adult supervised setting for alcohol use and higher rates of early-age alcohol use resulted in higher levels of harmful consequences for children in both states. They found that even after adolescents begin to drink, adult supervision of alcohol use appears to exacerbate continued drinking and harm associated with drinking (McMorris et al : 2011: 426). Similarly, Komro et al refer to a number of studies from the USA and one from Sweden that suggest that provision of alcohol by a parent and access to alcohol at home may be risk factors for adolescent alcohol use (Komro et al: 2007), including more frequent use, more intense use and having ever been

drunk. It is unclear from the brief description of these studies by Komro et al whether the parent both provided alcohol and supervised its consumption.

Komro et al set out to further explore this issue by examining the effects of parental provision of alcohol and home alcohol accessibility on the trajectories of adolescent alcohol use and intentions, using a sample of youth and their parents in Chicago (n=1388). The design was longitudinal, and involved surveying students in the 6th, 7th and 8th grades (age 12-14 yrs). From the home access measures reported by parents, allowing their 6th-grader to drink at home was associated with significantly increased trajectories of past year alcohol use, drunkenness, heavy episodic use and intention to drink in the next month. Student reports of home availability also significantly increased trajectories of alcohol use and intentions.

In summary this literature suggests that parental supply of alcohol use to children to drink under supervision in the home may result in less heavy drinking on these occasions than drinking outside the home, including with peers, however parents allowing their adolescents to drink at home/ supplying them with alcohol can be associated with harmful consequences for children when surveyed over time. It is also clear from the reviews of the literature and individual studies referred to, that early onset of alcohol use, often in the early teens, is associated with significant alcohol related harm. There is consensus in the literature that parents have a significant role in secondary supply to younger teens, and that as adolescents age they are more likely to obtain alcohol from other sources. Parents thus have a clear role in influencing early onset of alcohol consumption in their children.

7. Prevention & intervention measures

Prevention and intervention measures range from limiting young people's access to alcohol through legal, economic, and social structures (for eg age drinking laws) to educating them about its risks and reducing the potential for harm. They also include a range of family based interventions designed to improve relationships within families and address family conflict (Australian Government: 2008; Leung et al: 2010).

The National Preventative Health Taskforce's Technical Report, *Preventing Alcohol Related Harm in Australia*, refers to the findings of recent reviews or preventative interventions and alcohol related public policy, to provide an overview of the most promising interventions. In general, the types of interventions that are considered most effective and less costly are universal interventions targeting the whole population, rather than those targeting high risk groups. The types of interventions rates as most effective were, in order, regulating physical availability (for example minimum legal purchase age, hours and days of sale restrictions, restrictions on density of outlets, staggered closing time for bars and clubs, different availability of alcohol strength), taxation and pricing, drink-driving countermeasures and treatment and early intervention. The types of interventions for which there was less evidence of effectiveness were, in order, altering the drinking context, regulating promotion, and education and persuasion (including alcohol education in schools and parent education), (Australian Government: 2008: 18).

The AIFS review referred to above also reviewed the literature on prevention and early intervention programs targeting parents and children. The review found that a small number of international interventions which targeted changing parenting behaviours and parental education have shown long term reductions in adolescent alcohol use. They note that there is a lack of empirical research in this area in Australia, and that further studies undertaking best practice evaluations of intervention initiatives are needed. However they do note that several promising interventions are underway in Australia (PACE, Teen Triple P and ABCD⁸), (AIFS: 2004: 79).

A review of family based interventions to prevent alcohol related harm in young people commissioned by NSW Health, found that three broad prevention strategies were effective when implemented together. These were: universal family, parent and carer interventions aimed to improve parenting skills and family functioning; targeted early age prevention strategies, including providing maternal and family support to vulnerable parents and families to ensure healthy child development through infancy, pre-primary and primary school; and targeted adult interventions including treatment for parents and family members and harm reduction strategies (Leung et al: 2010).

8. Views of NSW Children

The Commission consulted approximately 150 young people aged 13-20 years about their experiences with alcohol and ideas on reducing alcohol related harm to young people in the lead up to the 2003 NSW Summit on Alcohol Abuse. Most young people consulted said they obtained alcohol through their parents, older siblings or friends or by stealing it (from their parents or from shops). Many of the young people consulted had experienced problems because of alcohol abuse, either through their own drinking problem or through dealing with the alcohol addiction of a parent, sibling or friend. For example, young people reported being victims of violence when their parent or carer was drunk, and noted the impact on their friendships of their own alcohol misuse.

The young people consulted had a number of practical suggestions about ways to reduce alcohol-related harm to young people in NSW. For example they suggested involving the whole family in support services for young people who have problems with alcohol, age appropriate education about alcohol in primary school and more support for parents to improve their parenting around young people's alcohol consumption.

⁸ *The Australian Parenting Adolescents a Creative Experience (PACE) program targeted parents of early adolescents (Toumbourou and Gregg 2002). Designed as a universal intervention and using a facilitated groups approach, it addressed adolescent communication, conflict resolution and adolescent development. The Teen Triple P program for parents of young adolescents is based on a behavioural family intervention model and targets risk factors associated with parenting practices, specifically harsh discipline, coercive discipline styles, parent-adolescent conflict, and communication difficulties). The program can be delivered universally for parents of all teenagers, and is generally targeted at the transition to secondary school (Smart et al. 2003; Vassallo et al.2002). The ABCD Parenting Young Adolescents Program is aimed at parents of children in late primary school and early secondary school. Conducted in group sessions over four weeks, the program covers areas such as adolescent development, parenting skill development, and caring for oneself as a parent (as cited in AIFS: 2004: 76-77).*

The resource *Young people talk alcohol* is published as part of the *Ask the Children* series on the Commission's website, <http://kids.nsw.gov.au/kids/resources/publications/askchildren.cfm?itemID=5B649166EE0D1DD483F0DCF4A5AD3B22>.

The Commission also consulted with its Young People Advisory Group, (YPAG),⁹ on the subject of this Inquiry into provision of alcohol to minors, including the issue of parental supply. The group were broadly aware of some of the risks to young people associated with alcohol consumption, including being victims of violence or engaging in it, and risky sexual behaviours. Some young people thought that being slowly introduced to alcohol could prevent harmful consequences such as binge drinking, but at the same time believed that young people should be warned of the dangers associated with alcohol use so they could make more informed decisions. Others saw alcohol use by young people as wholly negative, and believed that they did not have the capacity to limit their own use to a reasonable level.

The views of the group were also mixed when asked whether it should be against the law for parents/ guardians to give alcohol to children in their own home. Some thought that children would be less likely to get drunk in their own home, however one participant knew of cases where parents had supplied alcohol to children and they had become drunk. Other participants believed that such a law would be very difficult to enforce. Views also varied on whether there should be penalties for parents for providing alcohol to children, with some favouring fines as a deterrent while others thought more would be achieved by raising parental awareness. The YPAG primarily identified education in schools and other environments, including peer education by young people who had misused alcohol, as a means to encourage young people not to drink in risky ways.

⁹ YPAG comprises 12 NSW young people aged 14-16 years, recruited from public, independent and secondary schools from across NSW. The Commission consults with this group bi-monthly on range of current issues.

References

Alcohol Policy Coalition Position Statement (2011), *Supply of alcohol to under 18 year-olds in private settings*,

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/consult.nsf/926A7114639572A6CA2577F700204672/\\$FILE/Supply%20of%20alcohol%20in%20private%20settings%20position%20sta.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/consult.nsf/926A7114639572A6CA2577F700204672/$FILE/Supply%20of%20alcohol%20in%20private%20settings%20position%20sta.pdf), accessed 25/07/12

Australian Drug Foundation (2010), *Position statement on secondary supply of alcohol to young people on private property*,

http://www.adf.org.au/attachments/160_MicrosoftWord-ADFPosition-SecondarysupplyonprivatepropertyV2.pdf, accessed 25/07/12

Australian Government (2008), Technical report No 3, *Preventing alcohol related harm in Australia: a window of opportunity*, National Preventative Health Taskforce, Commonwealth of Australia: Canberra.

Australian Institute of Health and Welfare (2011). *2010 National Drug Strategy Household Survey Report*, Drug statistics series no. 25. Cat. no. PHE 145. , AIHW: Canberra.

Bellis M, Hughes K, Morleo M, Tocque K, Hughes S, Allen T, Harrison D, Fe-Rodriguez E (2007), 'Predictors of risky alcohol consumption in schoolchildren and their implications for preventing alcohol-related harm', *Substance Abuse Treatment, Prevention and Policy*: 2-15

Commission for Children and Young People, *Ask the children: Young people talk alcohol*,

<http://kids.nsw.gov.au/kids/resources/publications/askchildren.cfm?itemID=5B649166EE0D1DD483F0DCF4A5AD3B22>, accessed 09/08/12.

Commission for Children and Young People, *A Picture of NSW Children, Health Behaviours chapter*, <http://picture.kids.nsw.gov.au/> accessed 25/07/12.

Foxcroft D, Lister-Sharp D, Lowe G (1997), 'Addiction misuse prevention for young people: a systematic review reveals methodological concerns and lack of reliable evidence of effectiveness', *Addiction*, 92, (5): 531- 537.

Habgood R. et al (2001), *Drinking in New Zealand: National Surveys Comparison 1995 & 2000*, Alcohol and Public Health Research Unit, Runanga, Wananga, Hauora me te Paekkaka, University of Auckland.

Hayes L, Smart D, Toumbourou J., Sanson A (2004), *Parenting influences on adolescent alcohol use*, Australian Institute of Family Studies, Commonwealth of Australia: Melbourne.

Huckle T, Huakau J, Sweetsur P, Huisman O, Casswell S (2008), 'Density of alcohol outlets and teenage drinking: living in an alcogenic environment is associated with higher consumption in a metropolitan setting', *Addiction*, 103: 1614- 1621.

Kelly A, O'Flaherty M, Toumbourou J, Connor J, Hemphill S, Catalano R (2011), 'Gender differences in the impact of families on alcohol use: a lagged longitudinal study of early adolescents', *Addiction*, 106: 1427- 1436

Komro K, Maldonado M, Tobler A, Bonds J, & Muller K (2007), 'Effects of home access and availability on young adolescents' alcohol use', *Addiction*, 102: 1597-1608

Kypri K, Dean J, Stojanovski E (2007), 'Parent attitudes on the supply of alcohol to minors', *Drug and Alcohol Review*, 26: 41- 47.

Leung R, Kennedy V, Kelly A, Toumbourou J, Hutchinson D (2010), *Preventing alcohol harms in young people: family based interventions*, NSW Health, Sydney.

Lubman D, Hides L, Yucel M, Toumbourou J (2007), Intervening early to reduce developmentally harmful substance use among youth populations, *Medical Journal of Australia*, Vol 187, No 7: s22-25.

National Health and Medical Research Council (2009), *Australian Guidelines to reduce health risks from drinking alcohol*, NHMRC, Commonwealth of Australia: Canberra.

Mason W, Toumbourou J, Herrenkohl T, Hemphill S, Catalano R, Patton G (2011), 'Early age alcohol use and later alcohol problems in adolescents: individual and peer mediators in a bi-national study', *Psychology of Addictive Behaviours*, Vol 25, No 4: 625- 633.

Massey University Centre for Social and Health Outcomes, Research and Evaluation (2009), *Literature Review: Social supply of alcohol to minors*, Massey University: Auckland.

McMorris B, Catalano R, Kim Min Jung, Toumbourou J, Hemphill S (2011), 'Influence of family factors and supervised alcohol use on adolescent alcohol use and harms: similarities between youth in different alcohol policy contexts', *Journal of Studies on Alcohol and Drugs*, 72: 418- 428.

Short A, Hutchinson D, Chapman R, Toumbourou J (2007), 'Family, school, peer and individual influences on early adolescent alcohol use: first-year impact of the Resilient Families programme', *Drug and Alcohol Review*, 26: 625- 634.

Skov S, Chrikritzhis T, Kypros K, Miller P, Hall W, Daube M, Moodie R (2011), 'Is the "alcopops" tax working? Probably yes but there is a bigger picture', *Medical Journal of Australia*, Vol 195, No 2: 84- 86.

J. Toumbourou (2005), 'Is there a scientific rationale for raising the drinking age to 21?', National Drug and Alcohol Research Centre Seminar 2005
<http://www.druginfo.adf.org.au/druginfo-seminars/prevention-of-alcohol-related-harms-to-young-people-should-the-legal-drinking-age-be-raised-to-age-21>).

Toumbourou J, Hemphill S, McMorris B, Catalano R & Patton G (2009), 'Alcohol use and related harms in school students in the USA and Australia', *Health Promotion International*, Vol 24, No 4: 373- 382.

White V & Hayman J (2006), *Australian secondary students use of alcohol in 2005*, the Cancer Council Victoria: Victoria,

Windle M & Zucker R, *Reducing Under Age and Young Adult Drinking*, <http://pubs.niaaa.nih.gov/publications/arh40/29-44.htm> accessed 10/08/2012.

Yu Jiang (1998), 'Perceived parental/ peer attitudes and alcohol-related behaviours: an analysis of the impact of the drinking age law', *Substance Use & Misuse*, 33 (14), 2687-2702.