



## Supplementary Questions

*1. Do you think there is a problem of alcohol abuse among young people in the community? If so, what do you think are some of the factors causing it?*

There is a problem of alcohol abuse among young people in the community. This has a number of consequences. These include:

### Short-term harms

#### *Injury and death:*

Alcohol is statistically a major contributor to physical injury and death among young people. As drinking at risky levels increases with age, so does the risk of injury and death. 4 Australians under 25 die from alcohol related injuries in an average week. One in four hospitalisations of people aged 15-24 are directly related to alcohol. According to the NDSHS, of students aged 12-17 years injured in the last 6 months, 8.0 per cent had consumed alcohol in the 6 hours prior to being injured. About one in six people aged 14 or older put themselves at risk of an alcohol-related injury from a single occasion of drinking at least once a week.

This is a major issue for young men. About two thirds of males aged 18-19 years and more than half aged 20-29 put themselves at risk of an alcohol related injury at least once a month.

#### *Injuries from violence:*

Research shows that alcohol-related physical fights and assaults are increasing in prevalence among young people. 70 Australians under 25 will be hospitalised due to alcohol-caused assault in an average week. The proportion of people being physically abused by a person under the influence of alcohol increased significantly between 2007 and 2010 (from 4.5% to 8.1%). Alcohol puts young people at risk of injuries from violence; either as a perpetrator, a victim, or a witness.

#### *Drink Driving:*

The proportion of people drink driving has decreased (from 14.3% to 13.1%). This is on the back of continued anti-drink driving campaigns and changing attitudes to drink driving over time. Drink driving is now considered socially unacceptable. However, this will always remain an extremely important issue, particularly among young people. Teenagers generally learn to drive and are introduced to drinking at a similar age.

#### *Other short-term harms of alcohol misuse may include:*

- Alcohol poisoning;
- Unplanned and unprotected sex and;
- Social/ personal embarrassment.

### Long-term harms

#### *Illness:*



Alcohol misuse can lead to permanent harm to the body. *Drinkwise*<sup>1</sup> lists the following physical problems associated with alcohol misuse:

- Cirrhosis of the liver
- Cancer, especially of the mouth, pharynx, larynx, esophagus, bowel (in men) and breast (in women).
- A range of diseases affecting the heart and blood, and including stroke and hypertension
- Problems with the nerves of the arms and legs
- Harm to unborn babies, through mixing alcohol and pregnancy or alcohol and breastfeeding
- Poor diet
- Stomach problems
- Frequent infections
- Skin problems
- Reproduction issues, such as sexual impotence and a reduction in fertility
- Concentration and term memory problems

It is important that young people are educated about the specific harm alcohol misuse can cause their body. Young people must be taught the value of a healthy lifestyle and how to respect their own bodies.

#### *Mental illness:*

Continued risky drinking may lead to depression and suicidal thoughts. According to the 2010 Household Survey, people who drink at risky levels at least once a week are more likely to experience high levels of psychological distress and are more likely to be diagnosed with a mental illness. Examples of mental problems are alcohol-related brain injury, alcohol dependence, depression and anxiety. Alcohol is a mood-changing depressant, which slows down the body's central nervous system and inhibits normal brain function. This is reflected in the immediate effects of excessive alcohol consumption, for example slurred speech and loss of coordination. Most young people recognise that drinking too much alcohol on a regular basis is a bad thing- a terrible hangover usually gets the point across. Still, more information needs to be given to young people regarding the long-term mental harm alcohol misuse may cause.

#### *Other long-term harms of alcohol misuse are:*

- Family and relationship problems
- Poor work/ university/ school performance
- Legal/ financial difficulties

There are a number of factors that cause the concerning trend of young people drinking to risky levels.

Youth Action believes that there is a cultural and societal acceptance of drinking to excess that encourages young people to drink. A number of significant events in a young person's life are strongly associated with drinking and there is rarely any social pressure to reduce drinking.



Indeed, in a number of spaces, drinking to excess is encouraged, and we have seen a large body of evidence linking risky drinking and sporting activities, amongst other normal activities for young people.

Without tackling the underlying social acceptance of drinking to excess among all age groups, we do not believe we can fundamentally change the risk that young people are exposed to.

2. What impact does embedding alcohol brands in entertainment and sporting culture (eg sponsorship, naming rights) have on alcohol abuse among young people?

3. The Alcohol and other Drugs Council of Australia suggest in their submission (Sub 47, p 5) that there has been a 'failure of industry-based regulatory mechanisms for alcohol advertising'. Would you agree with this view and can you explain your position?

We have no comment on these questions.

4. Family values and peer pressure are greater forces in determining whether young people drink than the advertising of alcohol. Do you agree with this?

We agree with this statement to a degree. However, this is not to marginalise the impact that the overt advertising of alcohol has on young people. The linking of positive social experiences and alcohol though advertising creates a space in which young people do not feel confident in refusing to drink.

According to a National Centre for Education and Training on Addiction (<http://www.drinkwise.org.au/free-resources/research/cultural-and-social-influences-on-youth-drinking>), many young people would prefer to face the negative consequences of being drunk than the social exclusion associated with staying sober, as those who choose not to drink have to account for why they are not drinking.

5. What recommendations would you make to the NSW Government to reduce alcohol abuse amongst young people in NSW?

1. Research into how to best introduce young people to alcohol to prevent developing risky drinking behaviours/ attitudes should be conducted.
2. Responses to Alcohol and Other Drug use by young people should always be based on the best available evidence on what works.
3. Increased funding for longer-term housing and support services for young people suffering AOD issues.
4. As a community, we must destigmatise not drinking in social situations.
5. More research is needed to ascertain whether it is appropriate for parents to be purchasing alcohol for their children.



## Questions on Notice

*Mr WATERFORD: Yes, for argument's sake—I do not think we would see a reduction in alcohol. What I think we would see is a change in where young people would consume alcohol. Rather than being in the family home with their parents supervising the party, it would move to a park or it would move to somewhere else where there is no supervision at all. I am not suggesting necessarily that there are not issues with parents supervising a party, but I would take that any day over young people drinking in a park with no supervision whatsoever.*

*The Hon. GREG DONNELLY: That is if your assertion applies. If you have some evidence that in fact there would be a movement from one scenario to another, I would to be very keen to see where the evidence is, if that is the case.*

*Mr WATERFORD: I would be happy to go away and have a look and bring some to the Committee.*

### Reponse:

Both younger and older students drank less alcohol per week if they obtained their alcohol from their parents than if they obtained it by having someone else buy it for them. When alcohol is consumed in the house, young people drink less drinks per session. I have attached a table which summarises the differences, taken from the Drug Strategy Branch, Australian Government Department of Health and Ageing's report "Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2008" (available: [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/2C4E3D846787E47BCA2577E600173CBE/\\$File/school08.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/2C4E3D846787E47BCA2577E600173CBE/$File/school08.pdf))

Table 4.9: Average number of drinks# consumed per week among younger (12- to 15-year-olds), older (16- to 17-year-olds) and all current drinkers by source of alcohol and where alcohol was consumed, Australia, 2008

Average number of drinks per week	Age		
	12–15 year olds	16–17 year olds	12–17 year olds
Alcohol obtained from:			
Parents	3.2	5.6	4.4
Friends	5.0	6.3	5.6
Someone else bought it for me	8.3	8.8	8.6
Where alcohol was consumed:			
Home	3.3	5.3	4.2
Friend's place	5.4	7.2	6.6
Party	6.1	8.4	7.5

\* Means are based on unweighted data. Students who indicated they consumed more than 20 drinks on any of the seven days preceding the survey were excluded from analyses

It is clear from this data that when underage young people drink in unsupervised areas, or when they obtain alcohol from people other than their parents, they are significantly more likely to engage in risky drinking.



*Mr WATERFORD: Look, you are absolutely right. Harm minimisation is a challenging space because you are accepting defeat, essentially, that we cannot solve a problem outright and the best we can hope for is to reduce that issue. I guess I would point to if we take young people at the broader spectrum of 12 to 25, there is only 17 per cent of those who do not drink in any case. That is a substantial number. Even that is probably 300,000 young people in New South Wales. That still leaves about 900,000 that are drinking. I would posit from that that we have failed, if what we are looking for is to stop young people drinking.*

### **Response:**

I wish to amend the statistic I used - it is incorrect. There have been a number of studies into youth drinking, with varying results. Two study's results are summarized below:

**Australian Institute of Health and Welfare: 2010 National Drug Strategy Household Survey report:**

- In 2010, 77.2% of 12-15 year olds in 2007 had never drunk alcohol. 16-17 year old young people were significantly more likely to drink, with on 31.6% having never had a drink. Of 18-29 year olds, 89.2% had drunk at least once, with half of this age group drinking at least once per week.
- 31.7% of 18–19 year olds and 26.9% of 20–29 year olds drank at levels considered 'Risky' by Australian Alcohol Guidelines.

### **Drug Strategy Branch, Australian Government Department of Health and Ageing:**

*Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2008*

- Only 17.9% of young people ages 12-17 have never drunk alcohol.
- 61% had consumed alcohol in the 12 months preceding the 2008 survey.
- The proportion of students drinking in the seven days before the survey was around 23%.
- Involvement with alcohol increased with age, with the proportion of students drinking in the seven days before the survey increasing from 11% of 13-year-olds to 41% of 17-year-olds.
- In the week before the survey just under 20% of all 17-year-old students had consumed alcohol at risky levels (7 or more drinks a day for males, 5 or more drinks a day for females).

I cannot ascertain exactly why these two studies have found such variable percentages of young people who drink, but it appears to be the result of a different collection method – the AIHW has used physical paper surveys mailed to houses, which may have resulted in young people being cautious about filling out a survey with their parents and family. Conversely, the Drug Strategy Branch surveyed young people in schools. In my opinion, the Drug Strategy Branch methodology is more robust and is likely to deliver a more accurate assessment of young people's drinking habits.