INQUIRY INTO STRATEGIES TO REDUCE ALCOHOL ABUSE AMONG YOUNG PEOPLE IN NSW

Organisation: Department of Health, Central Coast Local Health District

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Health
Central Coast
Local Health District

NSW GOVERNMENT

Submission to the NSW Legislative Council Inquiry *Strategies to reduce alcohol abuse among young people in NSW.*

Introducing Random Compliance Testing for Alcohol Sales to Minors – short term effectiveness in reducing underage consumption and long term change in future drinking behaviour

Summary

Concentrating on the supply side of alcohol consumption in early teen years is likely to be effective in reducing later drinking behaviour in early adulthood, hence changing overall drinking culture and expectations.

Disturbingly, many bottle shops (44% in our Central Coast experience) do not require Identification (ID) for purchases by young people.

Extrapolating teenage survey data indicates hundreds of thousands of illegal sales are made by retailers to minors in NSW each year, also becoming a source of secondary supply to others.

Such mass law breaking, without legal consequence or clear public disapproval, creates among the young a future alcohol culture of disregard for alcohol law as a social norm. Such an alcohol culture has large health and crime implications.

This submission is based on twenty years' experience in the fields of tobacco, alcohol, and teenagers aged 12-17 years. That work is unique in the world in the long term measurement of success in reducing teen smoking, by restriction of retail supply (Tutt D, Bauer L, DiFranza J. - Restricting the retail supply of tobacco to minors: *Public Health Policy,* 30,1, 68-82:2009).

Applying the same methodology to the retail sale of alcohol, (effective and efficient under 18 volunteer random compliance purchase operations) has the potential to reduce teen drinking by 20% within three years.

There is no agreed safe drinking level for under 18's. Just that deferring alcohol uptake can make significant health and public order gains. However, over and above that, reducing drinking among younger age groups is likely to lead to further substantial gains from the "cohort effect", as younger prevented drinkers move into older age groups.

This was demonstrated in our tobacco work, and recent indications are that this also occurs with alcohol, ie: reduction of alcohol consumption in 13/14 year olds leads to continued comparatively less drinking three years later as 16/17 year olds. As with tobacco, this positive effect may be sustained into early adult years.

Our work indicates considerable change by parents in supply to teens, however, this improvement has partially been undermined by substitution of 'own purchase' by minors.

It is time that an efficient, effective and proven method of improving compliance with the law on sale to minors by bottle shops is made available to Police and the Office of Liquor, Gaming, and Racing. This method is random compliance testing by underage purchasers.

Recommendation

Relevant legislation should be amended to allow underage compliance test purchases from take-away liquor outlets. Section 118 (2) of the Liquor Act requires appropriate amendment. Effective and well publicised enforcement of law banning sales to minors can then be undertaken.

Submission Contents

Introduction

The long term effectiveness of a supply restriction approach to tobacco and young people has been proven on the Central Coast of New South Wales and subsequently throughout the State. (Tutt D - et al, as above)

This work, affecting retailer behaviour, follows a similar model to Random Breath Testing (RBT) on the roads; Education + Enforcement + Publicity.

Just as with RBT, an efficient, effective method of enforcement is at the core; in this instance random compliance test purchases by under 18 volunteers. This methodology was confirmed in the NSW Court of Criminal Appeal (Robinson vs Woolworths Ltd (2005) NSWCCA 426) as a 'viable and practical means of achieving a better level of compliance than would be likely if law enforcement were dependent on receipt of complaints' when complaints are unlikely to come from the victim of the law contravention, the young successful purchaser. Further, the judgement stated 'it is a reasonable and proper means of promoting compliance'.

Within the first year of commencement of this methodology, 1995-96, teen smoking fell by one eighth on the Central Coast, and after a further three vigorous years, it had fallen by one third. At the same time, teen smoking throughout the rest of Australia did not reduce indicating this local direct and unique method was much more quickly effective than the standard education or pricing interventions in place nationwide. The methodology has subsequently been adopted across New South Wales and in most Australian states.

What might we expect if the same methods were applied to Alcohol?

Even if direct retail restriction was not as comparatively successful as it has been with tobacco, a conservative estimate is that there would be a 20% reduction in the number of teens drinking within that same 3-4 year post implementation period.

There is no agreed safe drinking level for under 18's. Australian guidelines are for adults, not minors. Young people who commence drinking at an early age are more likely to become problem drinkers later in life. (Warner LA, Longitudinal effects of age at onset and first drinking situations on problem drinking. *Subst Use Misuse*.2003;38(14): 1983-2016). If all that is achieved is a delay in drinking uptake or a delay in heavy drinking, there are gains to be made in health, public order, and crime.

But we can expect more than that. The first to be affected in our tobacco work were the youngest. They were the first to find it hard to source tobacco. However, as these youth became older, they maintained low smoking rates. As the 'prevented smokers' moved through the age cohorts, they kept their low smoking status. The effect compounded over time, as fewer new young ones took to tobacco.

This effect of 'changed behaviour' flowing through as a cohort gets older does appear to occur with alcohol as well. At the same time, as we have been working with local High Schools on anti-tobacco work, we have also been working on reducing teen drinking, both by secondary supply campaigns *(Supply Means Supply)* and by a social norms approach to teenage demand *(Everyone Doesn't Do It)*. Refer: http://healthpromotion.com.au/ .

The data collected assists schools in their efforts with their students, but is not available for widespread scientific publication. It is available for important public policy considerations, such as those by this Inquiry under parliamentary rules. Figures quoted for the Central Coast come from an amalgamation of large scale anonymous data from individual high schools.

The State-wide, *New South Wales School Students Health Behaviours Survey* http://www0.health.nsw.gov.au/publichealth/surveys/hss/index.asp results and local Central Coast figures do show some improvement in the past decade in the number of teens engaging in underage drinking, most markedly in 2008, around the time of the alcopops tax increase (a large scale national supply side initiative).

Central Coast figures show that the number of 12-17 year old teens drinking "in the past week" has declined (2005 30.4%; 2008 21.1%; 2011 20.7%). As with tobacco, the youngest are affected first, and this is sustained as they age. In 2005, 12-15 year old teenagers consumed, on average, approximately 2.8 drinks each in a week, and 16-17 year olds 3.8 drinks.

In 2008, (concomitant with an overall reduction in total numbers of drinkers, mainly among the youngest, and the alcopop tax introduction) the new group of 12-15 year olds consumed an average of less than half (1.2 drinks each in a week) what the youngest had been drinking three years earlier. However, 16-17 year olds (the young ones from three years previous) largely maintained old patterns at about 3.5 drinks.

By 2011, the 12-15 year olds of 2008 went on, as 16-17 year olds, to maintain nearly 30% lower average consumption per head (2.5 drinks) than the previous cohort.

"Binge drinking" of course remains a concern, with one third of 17 year old males and one quarter of females consuming five or more drinks on an occasion in the past week. Even here though, there seems to be some small gain being made, with the age of greatest uptake of that drinking pattern shifting from 15 to 16 years. More will be said later in this submission regarding the heavier drinkers and the importance of applying random sales compliance testing to take-away alcohol sales to combat this.

Undertaking random compliance tests vigorously has the potential for a further substantial reduction in the number of underage teen drinkers, how much alcohol is consumed by teens, and for a sustained compounding of the effect through cohorts as they get older.

We can also be optimistic that this effect will carry through to early adulthood, as it has with tobacco, where 16-34 year olds no longer have the highest smoking rates in the community. In 1998, 47% of all NSW smokers were in that age grouping, however in 2011 it is only 37% (derived from Report of the Chief Health Officer 2002 NSW Health, and Health Statistics New South Wales www.healthstats.nsw.gov.au Jan 2013).

Indeed, concentration on the young, by vigorous restriction of supply, may be among the most effective strategies that we have for changing later drinking behaviour and overall alcohol culture.

But don't teenagers just get alcohol from somewhere else, if you crack down on one place?
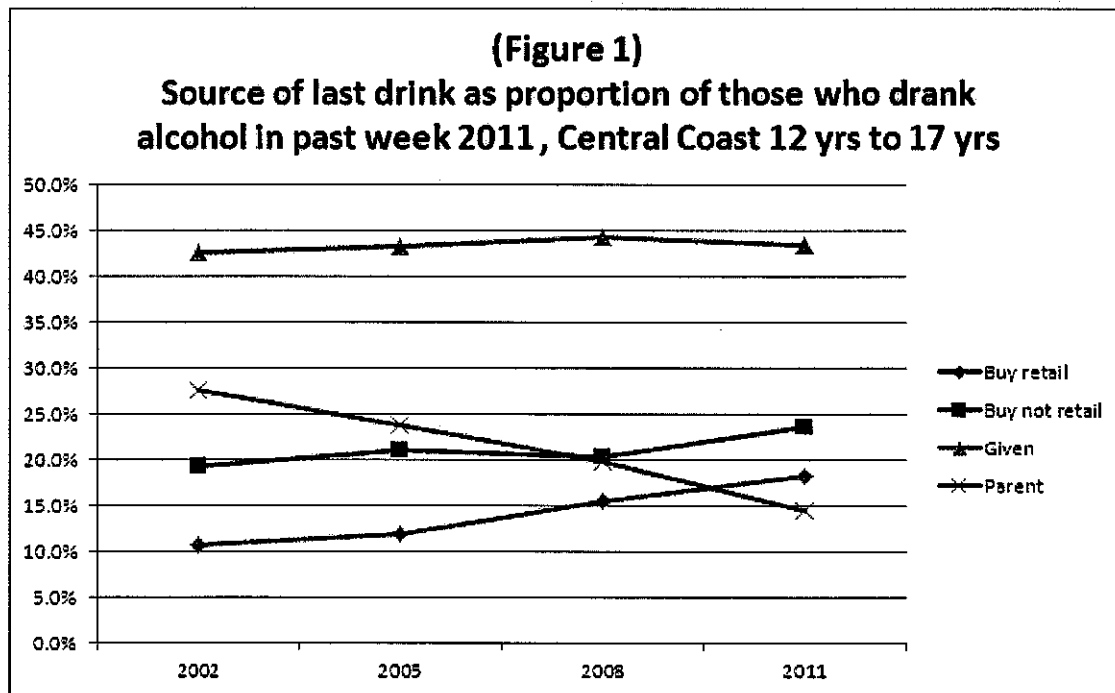
This is like saying not to fence swimming pools because children still drown at the beach or in rivers, or not to enforce drink driving law because motorists still get killed speeding.

It is a fallacious argument about substitution we encountered in tobacco work also. Of course, teens made an effort to substitute other sources but they were largely unsuccessful. Only one in six cigarettes was substituted from another source (Tutt D, Cook D. *Attacking teenage tobacco supply makes good economic sense*; 3rd Australian Tobacco Control Conference, Sydney 2005). Why? Because the retail price of the drug, nicotine or alcohol, is the same whoever pays for it, and in a high price market, people are not willing to gift much of it. Alcohol, per standard drink, is still more expensive than tobacco per cigarette. An additional factor is

that the successful underage purchasers were the source of substantial secondary 'black' supply to their more naive peers. The playground price of tobacco doubled almost overnight, reflecting new scarcity in the secondary market, and further making the product unattractive to beginners.

It remains true that the majority of alcohol is not supplied to minors by retail 'primary' sale, and continuing work on secondary supply is required. But again, referring to our long term Central Coast work, it is necessary to pay great credit to parents over the past decade. Only one third as many parents in 2011 supplied alcohol to their child 'in the past week' as in 2002.

We are seeing partial substitution at work; but it is those who drink paying their own money for alcohol, as easy secondary sources dry up.

(Figure 1)
Source of last drink as proportion of those who drank alcohol in past week 2011, Central Coast 12 yrs to 17 yrs

The proportion of teen drinkers, overall 12-17 years, getting alcohol from a parent on the Central Coast (Figure 1) has declined and other secondary "given" sources have stayed constant, but the proportion of drinkers paying their own money has increased.

In 2011, 35% of Central Coast 16-17 year olds had spent money on alcohol in the past week, up from 22% three years earlier. 16 year olds rose from 17% to 22%. This increase in "own expenditure" is only among 16 and 17 year olds, with declines among younger groups, who remain most susceptible to increased parental supply restriction, and have the least money.

The heavy drinkers and their own money.

Those who spend their own money are the heaviest drinkers. Among Central Coast 16 and 17 year olds, those who paid for their last drink always average a higher number of drinks than those who were given it. Those who were directly sold their last drink, illegally by a retailer, consumed twice as much as those who were given their most recent alcohol.

These are the drinkers likely to suffer the greatest health effects and likely to cause the most public order problems. Once heavy drinking behaviour is established at any age, it can be very difficult to reverse this pattern.

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In addition, of course, they become secondary supply sources for an unknown number of their peers. Teen drinkers seem to be turning to sales as their source (refer Figure 1), underlining the requirement for effective action on this front.

The alcohol sellers will say they all abide by the law

This too is what the tobacco retailers insisted in the early 1990s, until random compliance tests found 30-40% did not. That figure now is usually less than 5% on test.

Late in 2012, a 'mystery shopper' exercise on the Central Coast found 44% of a random sample of bottle shops did not check the ID of 18 and 19 year old purchasers, in spite of frequent signs saying they will if you "may be under 25". There is no reason to suspect it would be different for a 17 year old.

Considerable retail buying of alcohol by minors is occurring, more now than of tobacco. Over 5% of Central Coast 16-17 year olds reported buying retail alcohol in the past week (the vast majority from bottle shops). Applying that rate suggests that these non-complying outlets commit the offence of selling to a minor more than 450 times a week. Since a few under 16 year olds are also successful, it seems reasonable to estimate a figure of 500 offences each week on the Central Coast alone, or 25,000 a year. This would equate to 10,000 a week across the State or 500,000 offences every year in New South Wales.

Older state-wide secondary school figures suggest Central Coast rates may be a little higher than average, but it is likely to be of this order. State figures to compare with most recent Central Coast results are not yet available, but the 2008 State results showed more than 4% of 16-17 year olds in a week making purchases.

The NSW School Students Health Behaviours Survey 2008 Report (NSW Department Health 2009) found a quarter of 16-17 year olds had made attempts to purchase alcohol at some time, but only about half of those had been refused sale.

Given the unlikelihood of a successful purchaser making a complaint, or the chance of an enforcement agent observing the offence, it is not surprising that very few of these are penalised. It is this author's unofficial understanding that fewer than 10 takeaway outlets in NSW are penalised in a year for this offence, but the Enquiry may like to seek further data on that from NSW Police or the Office of Liquor, Gaming and Racing. Any policing method which depends on watching premises passively for hours in the hope of seeing an offence is prohibitively resource intensive, and made even more problematic by the increasing number of licenced venues.

Not only does this mass law breaking, without legal consequence or public censure, lead to the problems associated with the immediate alcohol consumption, it creates a climate where the young learn for the future, that disregard by adults for alcohol law is a social norm.

Why don't we use this random compliance testing for alcohol sales to minors when we already use it so successfully for tobacco?

No law is broken when doing it, as tobacco laws are constructed. The seller commits the offence and the minor is clearly the victim of this illegal drug sale.

Unfortunately, it is currently illegal to conduct random compliance tests for alcohol sales. Section 118 (2) in the Liquor Act specifically makes it an offence to send a minor to a licensed premises to obtain liquor. A minor does not commit an offence by being on take-away

premises, nor by obtaining liquor for take-away. There are offences about consumption on a premise.

This Section 118 (2) prevents enforcement agents applying random compliance tests to liquor retailers and should be amended. Its current main practical result would appear to be to prevent effective law enforcement. Amendment similar to English law could be made to read "except when under the direction of a Police Officer or Officer of the Office of Liquor, Gaming and Racing in the execution of their duties in monitoring compliance with and enforcing this Act."

Does anyone else do random compliance test purchases for alcohol sales to minors?

They are carried out to various degrees in England, Canada, the United States, and New Zealand.

Conclusion and Recommendation

An increasingly competitive alcohol market places pressure on profit margins and creates incentive to make illegal sales. The growing number of liquor outlets in that de-regulated market makes it most important that effective and resource efficient law enforcement methods are employed.

Enforcement agencies have more premises than ever to monitor, and in which to ensure compliance, with liquor law.

Random Compliance Testing is effective. It is efficient compared with other methods of enforcing this law. It will improve compliance with law as non-compliers perceive a real chance of being caught.

Increased compliance will lead to less underage drinking, a likely cohort effect of reduced drinking into early adulthood, and increased future social norm adherence to liquor law. The latter two are substantial contributions to changing our alcohol culture.

Section 118 (2) of the Liquor Act should be amended to allow supervised compliance tests for sales to minors, and a program of such tests should be regularly undertaken.

Mr Douglas Tutt, Director of Health Promotion and Population Health Improvement, would be happy to speak further to this Submission.