

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

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Inquiry into Strategies to Reduce Alcohol Abuse among Young People in NSW

Submission by:

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The Facts

Alcohol misuse has been identified as a determinant of many chronic health conditions such as heart disease, stroke, Type 2 diabetes, osteoporosis, depression and many forms of cancer. The estimated number of people consuming alcohol at levels considered to be a high risk to health is considerably greater within the Southern NSW Medicare Local area at 69.2 (rate per 1000) compared to Australia at 54.5. The four communities with the highest rates for risky alcohol consumption within the Southern NSW Medicare Local area have been identified as Snowy River (204.6), Eurobodalla (68.7), Queanbeyan (66.5) and Goulburn (65.6).¹ The Snowy River rate is thought to be much higher due to the seasonal influx of younger workers and visitors for the snow season. The Southern NSW Medicare Local area also has a higher percentage rate of Indigenous Australian residents (2.5%) than for Australia as a whole (2.3%). Alcohol consumption has been identified as a key risk factor that contributes to the greater burden of ill health experienced by Aboriginal and Torres Strait Islander people compared to non-Indigenous Australians.² Young Australians: their health and wellbeing 2011 indicated that many factors influencing health are improving for young people aged between 12 and 24 years old however a considerable proportion of young people drink at risky levels, and are victims of alcohol (or drug) related violence.³

The latest NSW School Students Health Behaviour Survey indicated that 77.2% of 12 – 17 years old report to have had an alcoholic drink. There was no significant difference between males and females. Students in rural areas (84.3%) are significantly more likely than students in urban areas (74%) to have had an alcoholic drink. The survey also stated that 36.2% of 16 – 17 years old consumed alcohol within the last 7 days and 20.4% of 12 – 17 years old consumed alcohol within the last 7 days. There was no significant difference between males and females.⁴

From a young person's perspective (in NSW & ACT) as indicated in the recent Mission Australia Youth Survey, alcohol use by themselves was not viewed as a concern. When asked to report on any issues

¹ Joanne Walker Consulting. *Southern General Practice Network Population Health Profile: Risk Factors for Chronic Disease*. SGPN; 2012

² McNeill, J. *Redefining Priority Areas for Regions Located within the Southern General Practice Network: An Update of Demographic and Health Status Data*. SGPN; 2009

³ Australian Institute of Health and Welfare. *Young Australians: Their Health and Wellbeing 2011*. Canberra: AIHW; 2011

⁴ Centre for Epidemiology and Research. *New South Wales School Students Health Behaviours Survey: 2008 Report*. Sydney: NSW Department of Health; 2009

of personal concern, alcohol use was not rated high. The majority (65%) indicated that alcohol was not at all a concern (females 62% and males 70%).⁵

Risky alcohol use by young people can also result in other health related consequences such as risky behaviour in relation to sexual health (increase the risk of sexually transmitted infections and unwanted pregnancy). Studies indicate an association between students' use of alcohol with higher rates of sexual behaviour. Students were four times more like to have sex that they later regretted compared to students who had not drunk compulsively.⁶

Opinions and Arguments

Support and Information Seeking by Young People

Current and future strategies to reduce the alcohol abuse by young people must consider the factors that influence young people's alcohol consumption, not only in isolation but in terms of the wider determinants of health along with when and where young people request help. Young people turn to many different sources when seeking information, advice or support with issues in their lives. In terms of seeking information, the internet is the primary sources for young people in NSW and ACT (78%) followed by parents (60%) and then magazines (56%). When looking for advice, young people are more comfortable turning to friends (73%), parents (67%) and relatives / family friend (61%). Similarly, when looking for support with issues, young people primarily turned to friends (76%), parents (70%) and relatives / family friends (57%). A large proportion of young people (59%) are not comfortable contacting a telephone advice line for information, advice or support or contacting a community agency (47%).⁷ It is vital that the information received from the internet is correct and appropriate. If friends and parents are the main source of advice and support, interventions could be targeted to increase their knowledge of alcohol abuse and how to support young person or seek appropriate local support.

School Based Health Education

The current school based alcohol education is based upon health information and harm minimisation and are not considered to have achieved great success. Many factors work against the alcohol health promotion messages such as the readily availability of alcohol, the affordability, the promotion and

⁵ Mission Australia. *Youth Survey 2012*. Sydney: Mission Australia; 2012

⁶ Agius, P. Taft, A. Hemphill, S. Toumbourou, J. And McMorris, B. Excessive Alcohol Use and its Association with Risky Sexual Behaviour: A Cross-Sectional Analysis of Data from Victorian Secondary School Students. *Aust NZ J Public Health*. 2013; 37:76-82

⁷ Mission Australia. *Youth Survey 2012*. Sydney: Mission Australia; 2012

advertising of alcohol and the related perceived social acceptability of alcohol.⁸ Alcohol education in schools varies in each school in terms of the content and the frequency of delivery. A consistent approach to the delivery of evidenced based alcohol education should be mandatory for all schools and delivered a younger age group.

Social Norms

Social norms relates to the current behaviour based on beliefs within a set population. Social norms can be a powerful tool for behaviour change as seen in the decline of Australia's smoking rates. A social norms approach can be applied to alcohol abuse and has demonstrated to effectively change attitudes and drinking behaviours in Australia and America.^{9 10} The primary outcome of social norms is to decrease the misuse of alcohol by young people by providing accurate, local information about alcohol related attitudes, to change the perceptions and behaviour of young people in line with an accurate normative picture. It is thought that young people hold an inaccurate perception of other young people's alcohol consumption, attitudes and behaviours, usually over estimating how much others consume alcohol and how often. By providing accurate information, young people should change their attitudes in line with the actual normative picture. The evidence base for social norms interventions is growing with significant results in the reduction of high risk drinking in targeted populations.¹¹

Alcohol Advertisement

Social norms can be delivered at a local level however cannot compete with multi-million dollar national advertising. Alcohol is associated with high profile and highly visible events as well as daily promotions on TV, radio, internet and other forms of media. Healthy behaviour change has never been able to complete with the bombardment of unhealthy brands and messages.

Alcohol advertisement has inherently crafted its message around cultural ethos. The use of alcohol has a range of symbolic contexts with its use being almost a 'badge' for identifying with various social groups or occasions among the scope of social hierarchies. Particularly for Australian young people, it is seen as a 'rite of passage' and is undertaken as a recreation option at increasingly younger ages.

⁸ Hughes, C. et al. *Trialling Social Norms Strategies for Minimising Alcohol Related Harm Among Rural Youth*. Tasmania: University of Tasmania; 2008.

⁹ Mattern, J. Neighbors, C. Social Norms Campaigns: Examining the Relationship between Changes in Perceived Norms and Changes in Drinking Levels. *Journal of Studies on Alcohol*. 2004; 65: 489-493

¹⁰ Hughes, C. et al. *Trialling Social Norms Strategies for Minimising Alcohol Related Harm Among Rural Youth*. Tasmania: University of Tasmania; 2008.

¹¹ Hughes, C. et al. *Trialling Social Norms Strategies for Minimising Alcohol Related Harm Among Rural Youth*. Tasmania: University of Tasmania; 2008.

Advertising capitalises on this context providing young people with messages that invite participation as a social norm.

Alcohol sales are more often being aimed at a younger market with the onset of alco-pops and increased alcohol percentage options at relatively affordable prices. Multi national advertising targeting young people is a Goliath to compete against particularly when the product provides a 'high'. The biggest health issues for modern young people are in the arena of mental health. Driven by perceptions of social acceptance, young people are being enticed into risky drinking habits that are often compounding or masking emotional and cognitive impairments.

Current Local Initiatives

There are numerous local agencies working to address the issue of risky alcohol consumption either as their primary or secondary aim. These include the Local Health District Drink Drive Prevention Team, Local councils, schools, the Roads and Traffic Authority and the Local Area Command. Some examples of the current and proposed local initiatives are;

- Safe Limits – breathalyser program in identified pubs to monitor alcohol consumption and safe limits for driving home.
- R u over it? App – a mobile app aimed at youths to monitor how much alcohol was consumed during a night and what the safe metabolising time would be for safely driving the following day.
- Safe Home - transport vouchers for use by publicans.
- Media – Development of a social media channel advertising health messages and local services for young people. Developed with young people in conjunction with the University of Canberra.
- Bottle Shops – sticker program to identify alcohol that may be purchased by adults for under aged young people.
- Y-Stop – opportunistic mobile health behaviour screening and modification.
- Visits to local youth centres by drug and alcohol professionals to deliver health promotion messages and materials.
- Summer Bus programs to help intoxicated people arrive home safely.
- Drink Walk Project where young people have designed a highly reflective sticker to be placed on pedestrians walking home at night to increase visibility and reduce fatalities.
- Alcohol free events.
- Various health promotions on paper/poster via the local health service.
- Safe celebrating advice in conjunction with local police.

Projects to pilot the effects of implementing a social norms program for alcohol consumption reduction in schools have been planned over a number of years with submissions being made to a range of funding pools, however funding for any programs have not, so far, been successful.

Recommendations for Action

Focus on combating normalising behaviour (binge and risky alcohol consumption)

- Targeting peer pressure by providing funds to engage young people in social norms programs.
- Supporting more preventative programs that show realistic scenarios that impact on perceptions of drinking heavily.
- Restrict advertising included in major community and sporting events.
- Increase the price of alcohol, particularly alco-pops and high strength options to reduce affordability.
- Include warning messages similar to those used for cigarettes that are graphic and realistic.
- Restricting access to alcohol by increasing enforcement and fines for those who supply underage drinkers.
- Connecting to young people emotionally on the consequences of risky alcohol consumption.
- Use of evidence based or evidence informed interventions that have the capacity to demonstrate changes in behaviour in a consistent and sustainable way rather than ad hoc or responsive initiatives.

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