

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

Organisation: Illawarra Shoalhaven Local Health District Drug and Alcohol
Service

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The Director
Standing Committee on Social Issues
Parliament House
Macquarie St
Sydney NSW 2000
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Dear Director,;

We thank you for the opportunity to provide comment in regards to the inquiry into strategies to reduce alcohol abuse among young people in NSW. The Illawarra Shoalhaven Local Health District (ISLHD) Drug and Alcohol service would strongly support strategies that research has highlighted as evidence based.

a) The effect of alcohol advertising and promotions on young people, including considerations to further restrict alcohol advertising and promotion

A study conducted in 2005, with a sample of 1,000 Australian adults found that: 60% of people believed that alcohol advertising should be more restricted or entirely prohibited; and 69% believed that alcohol advertising encourages underage people to drink alcohol. A study conducted in 2005, with a sample of 1,000 Australian adults, found that: only 28% were aware of there being any restrictions or regulations regarding the advertising of alcohol and only 2% aware of any restrictions in relation to Internet advertising of alcohol. Several Australian studies have shown that this self-regulatory system doesn't protect young people from exposure to inappropriate alcohol advertising (CHI, 2010). Alcohol marketing and promotion contributes to young peoples' attitudes to drinking, starting drinking and drinking at harmful levels. ISLHD D&A service support

- More effective regulation of advertising and promotions for alcohol, including a special focus on minimising the exposure of children and young people to alcohol marketing and promotions to cover all forms of alcohol marketing and promotions, including point-of-sale promotions, print and media advertising, packaging, labelling, sponsorship, in particular viral and internet campaigns whereby these emerging markets require appropriate legislative response. Licensed venue within a minimum 2km radius to schools should not be permitted to expose children to external venue advertising and all new venue licensed within close proximity to schools should be rejected as part of the Community Impact Statement.
- Removal of alcohol sponsorship of music and sporting events to which children and young people may be exposed, and the prohibition of alcohol sponsorship of junior sports teams, clubs or programs
- That standards in relation to advertising, promotion and labelling are stringently applied and that the standards are monitored by an independent panel with membership including expertise in public health and health marketing, replacing the current industry regulated complaints mechanism.
- Ensure that the current complaints system is easier for public to make a complaint and that each complaint is separately reviewed and recorded.

b) The effectiveness of alcohol harm minimization strategies targeted at young people

- *Increase price via minimum floor price or hypothecated taxation*

ISLHD Drug and Alcohol service supports a harm minimization framework. However, in terms of strategies to reduce alcohol abuse among young people evidence repeatedly highlights the most effective and cost-effectiveness strategies include increasing the price and reducing the availability of alcohol (Anderson et al 2009; Barbor et al 2010). The National Preventative Health Taskforce reported that, based on a study of the cost-effectiveness of interventions, governments could achieve more than 10 times the health gain by reallocating (without increasing) their current investments in programs to reduce alcohol-related harms (Doran et al 2010)

ISLHD Drug and Alcohol Services would support the introduction of a Minimum floor price for alcohol and/ or a hypothecated tax. Studies highlight that increase cost of alcohol correlates with a decrease in both alcohol consumption and alcohol-related harm (Wagenaar, 2009; Chikritzhs et al 2009). Whilst international studies demonstrating the success of price based strategies in both reducing occasions of binge drinking and delaying the intention to commence drinking among young people (Skov, 2009).

There is public acceptance of policies that increase the cost of alcohol, (Skov, 2009; Shakeshaft et al, 2009). The 2007 National drug strategy household survey found that 24% respondents supported an increase in the price of alcohol, but over 40% were in favour of increased taxes to pay for alcohol- harm prevention and treatment. Redirection of these funds to further alcohol-misuse strategies, such as sports sponsorship initiatives, could have generated significant community benefits in addressing alcohol-related harm.

Increased price of alcohol could potentially support parental willingness to reduce availability of alcohol and delay initiation of alcohol use for minors.

- *Reduce availability of alcohol via parents*

Parents are powerful figures in influencing the behaviour of young people (Ballard et al, 1994). Initiation of alcohol use at a young age increases the likelihood of negative physical and mental health conditions, social problems and alcohol dependence (National Preventative Health Taskforce. Prevention Alcohol Related Harm In Australia, 2008). Despite established parental and community awareness that alcohol consumed by people under the age of 18 can affect the developing brain (82%) and can lead to problematic drinking habits later in life (77%) (AERF 2011), 37% of Australian secondary school students report that parents are the most common source of supply. Parents are more likely to be the main source of alcohol to younger students than to older students (White et al, 2006). The Australian School Students Alcohol and Drug Survey established that 91% of students had tried alcohol by 15 years of age (White et al, 1996). Drinking patterns among young people highlight that the age of initiation is reducing.

There should be increased strategies that influence parents to reduce availability of alcohol to their children these include:

- Increased price of alcohol could potentially support parental willingness to reduce availability of alcohol and delay initiation of alcohol use for minors.
- Review and standardisation of legislation relating to Provisions in the Liquor Act 2007, to permit ANY person, including parents, to sell or supply alcohol to people under the age of 18 years. Complete prevention of alcohol is in the best interests of the child as a primary consideration, it is the States responsibility to intervene to protect those interests. *Given* the ample research that supports children are at the greatest risk of alcohol related harms associated with drinking, it is counterproductive to have current legislation to allow parents to provide alcohol to their children, and more broadly that legislation changes between states. The National Health and Medical Research Council has recommended that adolescents alcohol consumption be delayed for as long as possible, as related harms experienced by teenagers are significant and are at a critical time for brain development. Alcohol use contributes to the three leading causes of death amongst adolescents- un-intentional injuries; homicide; and suicide- along with risk-taking behaviour unsafe sex choices sexual coercion and alcohol overdose (White and Hayman, 2006) and hospitalisation which includes road injury, suicide, assault, pedestrian road injury, falls and drowning (DHA, 2010).). Governmental support in not permitting supply of alcohol to young people would additional influence parental cultural perceptions of acceptability of youth drinking. Parents who disapprove of and delay the onset of their children's drinking, reduce the likelihood of alcohol misuse by young people (Nash, 2005) The influence of parents on adolescent's attitudes and decisions about alcohol is greatest before they start drinking (Parenting Strategies Program, 2010).
- Inclusion of Parents in school education strategies. Community education and awareness alone is insufficient as a preventative measure to reduce the supply of alcohol to minors. 82% of Australians believe it is harmful to give anyone under the age of 18 years alcohol (AREF, 2011), however, young people's consumption of alcohol in the family home is often sanctioned by parents who believe that it is a relatively harmless practice or that it is beneficial in educating young people about alcohol(Foley, 2004) 80% of Australian adults believe Australians have a problem with drinking (AERF 2011), however 69% are comfortable with how much they personally consume (AERF 2011), highlighting the

limited responsibility for community alcohol related harm. School drug education has limited effectiveness unless this is coupled by supplementary strategies such as parental involvement (prevention risk, use and harm). Program such as Talking Tactics Together- Illawarra have been implemented successfully using a whole of school approach bringing together school, parents and communities.

d) *The effectiveness of measures to reduce drink driving*

Current drink-driving interventions (such as random breath testing and low or zero blood alcohol concentration restrictions for inexperienced drivers) or recognized as both effective and cost-effective. However, increasing the minimum drinking age to 21 years, which is an effective strategy alone, would also further increase the effectiveness of drink drive strategies, given that Young drivers are over represented in all fatal crashes, including drink driving and fatigue (RMS <http://www.rta.nsw.gov.au/roadsafety/youngdrivers/index.html> 2013)

As with increased effectiveness of harm minimisation strategies, research additionally suggests that parents have a key role to play in preventing or reducing the risky behaviours of their children, as pedestrians, passengers and young drivers. Parental role modelling, parental monitoring and parental control have all been identified as potentially playing an important role in the safety of children and young people (Collins et al 2011)

e) *Measures to reduce alcohol related violence, in and around, licensed venues*

There is heightened concern in communities across Australia about the increased availability of alcohol, primarily caused by the deregulation of liquor control laws. In many of our major cities and regional centres, the link between high densities of alcohol outlets and alcohol-related violence has been the focus of significant public attention and concern. Similarly, there is strong evidence that extending the trading hours of alcohol outlets results in increases in alcohol-related problems (Barbor et al) Other evidence indicates that a reduction in these hours can contribute to a reduction in these same problems. (Kypri et al, 2010)

Additionally, there is a need for national guidelines on alcohol outlet density and opening hours. There remains a lack of cohesive policy guidance among liquor licensing agencies, planning departments and local government over the relationship between alcohol outlet density, opening hours and alcohol-related problems and on how this relationship should inform decision making.

Currently processes that allow response to Community Impact Statements are inadequate taking considerable time and effort for stakeholders and community to respond, even when community and stakeholder concern is established there is opportunity for further appeal. Community impact is not adequately weighted against neoliberal promotion competitive markets.

Kind Regards

David Hedger

Illawarra Manager | **Drug & Alcohol Services**