

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

Organisation: Broken Hill Community Drug Action Team
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Strategies to reduce alcohol abuse among young people in NSW

The Broken Hill Community Drug Action Team (BH CDAT) program Drink Safe Community Initiative demonstrates the following terms of reference:

- b) the effectiveness of alcohol harm minimisation strategies targeted at young people
- e) measures to reduce alcohol related violence, including in and around licensed venues
- f) measures to address the impact of alcohol abuse on the health system

The program was designed around harm minimisation strategies aimed at youth aged 12-24 years. The objectives and the effectiveness of the BH CDAT Drink Safe Community Initiative included a reduction in local alcohol-related ED presentations and police incidents. Other outcomes included a change in attitude to and a reduction in binge drinking in 12-24 years old and an increased knowledge of the harmful health effects of alcohol and increased participation in alcohol free events.

Background

The Broken Hill Community Drug Action Team (CDAT) were successful in gaining Commonwealth funding through the National Binge Drinking Strategy, Community Level Initiative. In 2008 a higher proportion of Broken Hill students compared to NSW students of the same age reported ever drinking, drinking in the last 4 weeks or the last week. The Drink Safe Initiative started in February 2009 with funding to the end of 2010. Since then, using the model developed from evaluations of individual programs, Broken Hill CDAT has continued the Drink Safe Initiative though at a lower intensity. Overall Drink Safe programs suggest ways for youth to control their drinking, what danger signs to watch out for in themselves and others and that to celebrate without alcohol is also possible.

The original Initiative included, besides annual Youth Alcohol and Other Drug Forums, Brain Spectrum a locally developed education program about the effects of alcohol and other drugs on the brain, provision of safe

party packs for Yr 12 and promotion of the MyNite website. There was also a safe parenting program including alcohol and running the Save-A-Mate program (developed by the Red Cross) in schools. Alcohol free music events and a two day Community Drink Safe festival were also held. Original media (eg alcohol as a factor in domestic violence) and supplied radio and TV ads were run in conjunction with the local Barrier Liquor Accord. Free soft drinks to a declared designated driver (DES program) were promoted through the BLA and pubs/clubs. Also available were taxi cards, so that people could get home safely even if they have spent all their money.

Since the end of funding the Initiative has continued holding Youth Alcohol and Other Drug Forums, organising the Save-A-Mate program, alcohol free music events and has had a presence at other community events through the Drink Safe branding and portable interactive touch screens. In 2012 the Good Sports program began working with sporting clubs in Broken Hill to manage alcohol and ensure sport and family come first and the Your Choice program aimed at underage drinking in public begun by police.

An important aspect of Drink Safe from the beginning was to present a consistent message to the community and reinforce that Drink Safe was endorsed by all participating agencies and organisations. CDAT endeavoured to have all alcohol harm minimisation programs, badged with the Drink Safe logo. Signage was installed around the town promoting Broken Hill as a Drink Safe community, a Drink Safe marquee and mobile signage used at events such as the football finals and AgFair promoting safe drinking and bar runners available for licensed premises.

Evaluation

The interim evaluation of the Broken Hill Drink Safe Community Initiative overall includes two years pre intervention, the funded two years and follow up. High level analysis of the Initiative used key health and social indices that should indicate if the Initiative has had an effective, measurable impact on alcohol use and misuse and development of a sustainable Drink Safe model.

Alcohol-related harm in Broken Hill before and after the interventions in the Drink Safe Community initiative was measured by:

- Youth alcohol related crime collected from police statistics
- Youth alcohol related presentations to hospital emergency department

- Reported youth drinking behaviours

While programs in the Drink Safe Initiative were aimed primarily at youth 12-24 years, a comparison to other age groups (25-39, 40-64) with high numbers of alcohol-related ED presentations and/ or police incidents was made. Youth alcohol and other drug forums held since 2008 for students in Years 10 and 11 included a survey completed by attending students about their drinking behaviours and beliefs.

Alcohol related presentations were those with a diagnosis of acute alcohol and/ or where an alcohol-related search term is mentioned in the nurse notes. Age, sex, diagnosis and diagnosis description, nurse notes, patient's suburb of residence, arrival and departure status and date and time of presentation at ED were analysed. From the police all incidents flagged as alcohol-related were included. Variables were age, sex date, location, incident type. Student's *t* test was used to test for change in alcohol related ED presentations and police incidents.

Results

Emergency Department

The number of alcohol presentations by 12-17 year olds dropped dramatically from 2008-2009 but there was an increase in presentations by 18-24 year olds and this is reflected in the overall 12-24 rate. The number of presentations in the age groups 25-39 and 40-64 also increased in 2011. Student's *t* test on monthly alcohol related presentations showed a significant change pre and post intervention for 12-24, 18-24 and 25-39 year olds ($p < 0.05$). The proportion of alcohol-related presentations by 12-24 year olds decreased 5% from a 2008 high, mostly through the decrease seen in 12-17 year olds. The proportion of presentations by 25-39 year olds decreased from 2010 onwards while the proportion for 40-64 year olds increased.

Police

The proportion of all alcohol crime for those aged 12-24 dropped steadily from 22% to 14%, for those aged 25-39 the proportion rose then dropped in 2011 and 2012 while for those aged 40-64 the proportion of alcohol crime dropped from 2009 onwards. Using Student's *t* test a significant decrease was found for 12-24 year olds for both all alcohol crime and reactive alcohol crime. There was also a significant decrease for all alcohol crime in the 40-64 age group.

Even though alcohol crime numbers dropped 5% between 2007 and 2008 for 12-24 year olds since the Drink Safe intervention alcohol related crime numbers for 12-24 year olds dropped 41% by 2011 and 2012 estimates

are for a further drop. Similarly reactive crime (including assault) for this age group dropped by 28% to 2011, with 2012 estimated to show a further drop to 40% on 2008 numbers. Alcohol related assaults recorded against 12-24 year olds have dropped significantly since 2009 when compared to 2007-2008.

Recorded police data showed those old enough to legally drink are 75% of the persons-of-interest in the 12-24 age group, changing little over the study period. A further breakdown of 18-24 year olds showed more 18-21 POIs, slightly decreasing with time, than those aged 22-24. Some of this difference might be unequal age ranges, but those aged 18-21 are likely to have completed schooling in Broken Hill and so exposed to the Alcohol & other Drug Forums and other programs aimed specifically at school students.

Youth Drinking Behaviours

Positive changes in drinking behaviours and beliefs were seen for both Yrs 10 and 11. While students reporting ever drinking did not vary for Yr 11, the data clearly showed that Yr 10 students are delaying initiation of alcohol. Fewer Yr 10 Broken Hill students reported drinking ever and significantly fewer students from both years reported drinking in the last 7 days, compared to students aged 16 or 17 from the 2011 Australian school students survey. This was true for Yr 10 students in 2011 and 2012 and in 2012 for Yr 11 students. More students of all ages agreed that alcohol was also a drug.

Yr 10 males and females decreased drinking weekly or more to either drinking on special occasions with a big increase in 'never drinking'. Trends from 2009-2012 for both males and females show an increase in reporting drinking 1-2 drinks and a concomitant decrease in reporting drinking both 3-5 and 6+ drinks. In Yr 11 both sexes the proportion drinking weekly or more has also declined over time with a parallel increase in drinking on special occasions or never drinking.

Drink Safe Model

The Model is community driven with community ownership through establishing quality partnerships to identify and develop targeted programs. Partnerships include existing AOD providers as well as the local liquor accord, police, education, local council and health. There are 2 phases – the 'New Initiative' phase researching and implementing targeted whole of community approach. This may include existing programs, identifying

gaps, developing partnerships and new programs and marketing material. Individual program and overall evaluation is essential.

The 2nd phase the 'Project' phase is aimed at long term sustainability continuing successful projects and evaluation, as well as further needs analysis and while strengthening existing partnerships is open to new partners, programs and media. The Model has its own 'branding' and it is essential that the Drink Safe logo is on all produced material, advertising and administrative documents.

Conclusion

Since the Drink Safe Community Initiative began in 2009 a reduction in alcohol related ED presentations and crime incidents for the 12-24 age group and alcohol consumption by Yrs 10 and 11 students are seen in the data presented here. However the results also suggest older youth (18-24 years) need more targeting; they were majority who presented to ED or had contact with police and fewer of the Drink Safe Initiative's programs were aimed specifically at them. This age range also has legal access to alcohol, pubs and clubs, more freedom and probably more money.

Drink Safe may also have had an effect on those aged 25-39 as alcohol related ED presentations and police contact dropped while the full program was running. While they were not the primary target the Initiative hoped to show a broader community impact to reflect the necessary cultural change in attitudes to alcohol and its role in the community which would underpin sustainability of the program.

Ongoing prominent promotion of the Drink Safe Initiative is essential to program success and keeping the focus on change. Even long term accepted policies such as drink driving, wearing seatbelts are still heavily promoted.

A full copy of the Interim report published by the Broken Hill CDAT is attached as is an outline of the Drink Safe Model.