

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

**Organisation:** Jesuit Social Services

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## Introduction

Jesuit Social Services welcomes the opportunity to make a submission to the Committee's *Inquiry into strategies to reduce alcohol abuse among young people in New South Wales*. We welcome this inquiry as a positive step towards enhancing the community's understanding and capacity to respond to an issue that impacts on the development of young people.

Jesuit Social Services has over 35 years experience working with young Victorians involved in the justice system and those experiencing the direct or indirect effects of alcohol and drug misuse. In recent years we have also worked closely with the community of Mt Druitt, Western Sydney on a range of initiatives that foster social inclusion. Alcohol abuse among young people is a concerning issues for many members of this community.

The issues being addressed by this inquiry are complex and often controversial. Recognising this, our submission draws from Jesuit Social Services experience working with vulnerable young people and marginalised communities as well as our research. Key themes that it focuses on are:

- **Changing community attitudes and behaviours** to alcohol. A long term, comprehensive strategy is required that encompasses all tiers of government, legislation, business, community, family and individuals. A critical debate within this is the role of key market mechanisms through taxation, alcohol pricing and restrictions of supply. Greater regulatory controls over media and marketing of alcohol will also assist in shifting public attitudes to drinking and intoxication.
- **Proactive engagement** with young people in environments where alcohol consumption and its related harm are likely to take place. Engagement must focus on minimising the harms resulting from alcohol consumption and promoting the positive development of young people
- **Treatment services that care** for young people. Alcohol and drug treatment services must be able to care for young people with a range of needs. Comprehensive care of young people should be provided through service partnerships and integration. For young people involved in the justice system, options should be provided to deal with drug and alcohol issues that are frequently associated with offending and mitigate against effective rehabilitation.

In discussing these themes, this submission will focus on specific terms of reference of the inquiry. In order to provide some context for our response, we will firstly outline the nature, scale and costs of alcohol abuse among young people. Before this we will briefly describe who are and what we do.

## List of recommendations

*Recommendation 1: The New South Wales Government should develop a whole of government strategy for reducing alcohol abuse throughout the community. This strategy should focus on reducing harmful levels of alcohol consumption, harms minimisation, and promoting changes in community attitudes and behaviour towards alcohol. Reducing alcohol abuse amongst young people should be a specific focus.*

*Recommendation 2: The New South Wales whole of government strategy for reducing alcohol abuse should include community based approaches. The state government should set aside resources to fund these initiatives.*

*Recommendation 3: Community level initiatives must meaningfully engage key stakeholders, and in the case of young people they must actually have a say in the development and governance of these initiatives.*

*Recommendation 4: Through the Intergovernmental Committee on Drugs the New South Wales government should lobby the Federal Government to reform excise taxation and introduce volumetric taxation of alcohol.*

*Recommendation 5: The New South Wales Government should commission independent research into the impacts of minimum pricing reforms in New South Wales and the mechanisms through which these reforms could be realised.*

*Recommendation 6: Through the Intergovernmental Committee on Drugs, the New South Wales Government should lobby for a comprehensive national policy on alcohol pricing to be developed as part of the next National Drug Strategy. This policy should take into account evidence on the elasticity effects of alcohol pricing.*

*Recommendation 7: Any New South Wales Drug and Alcohol strategy should take into account the impact of pricing policy on switching between different types of alcoholic beverages as well as other illicit substances.*

*Recommendation 8: The New South Wales Government should lobby the Intergovernmental Committee on Drugs to commission a review into the effectiveness of the regulation of alcohol advertising in Australia.*

*Recommendation 9: The New South Wales Government fund pilot projects using outreach models to engage young people where they naturally congregate and intervene to minimise harm. Interventions should be thoroughly evaluate in terms of effectiveness in reducing alcohol related harm.*

*Recommendation 10: Any NSW Drug and Alcohol Strategy should outline how treatment services might be reformed to provide more consistent and ongoing care for the person. Funding should be allocated to structural enablers so that these reforms can be realised.*

*Recommendation 11: The New South Wales Government should fund a pilot of a community based partnership for young people in the youth justice system. Drug and alcohol treatment should be integrated into this service.*

*Recommendation 12: The New South Wales Government refund the youth drug court*

## Who we are and what we do

Jesuit Social Services works to build a just society by advocating for social change and promoting the health and wellbeing of disadvantaged people, families, and communities.

Jesuit Social Services works where the need is greatest and where it has the capacity, experience and skills to make the most difference. Jesuit Social Services values every person and seeks to engage with them in a respectful way, that acknowledges their experiences and skills and gives them the opportunity to harness their full potential.

We do this by intervening directly to address disadvantage and by influencing hearts and minds for social change. We strengthen and build respectful, constructive relationships for:

- Effective services - by partnering with people most in need and those who support them to address disadvantage
- Education - by providing access to life-long learning and development
- Capacity building - by refining and evaluating our practice and sharing and partnering for greater impact
- Advocacy - by building awareness of injustice and advocating for social change based on grounded experience and research

Leadership development - by partnering across sectors to build expertise and commitment for justice

The promotion of **education, lifelong learning and capacity building** is fundamental to all our activity. We believe this is the most effective means of helping people to reach their potential and exercise their full citizenship. This, in turn, strengthens the broader community.

Our service delivery and advocacy focuses on the following key areas:

- **Justice and crime prevention** – people involved with the justice system
- **Mental health and wellbeing** – people with multiple and complex needs and those affected by suicide, trauma and complex bereavement
- **Settlement and community building** – recently arrived immigrants and refugees and disadvantaged communities
- **Education, training and employment** – people with barriers to sustainable employment

Currently our direct services and volunteer programs are located in: Victoria, New South Wales and Northern Territory. Services include:

- **Western Sydney Program:** delivering social enterprise and other community building that provide affordable food, training and employment opportunities to people living in the area of Mount Druitt, Western Sydney.
- **Connexions:** delivering intensive support and counselling for young people with co-occurring mental health, substance and alcohol misuse problems.
- **Artful Dodgers Studios:** providing pathways to education, training and employment for young people with multiple and complex needs associated with mental health, substance abuse and homelessness.

- ***The Outdoor Experience***: offering an alternative treatment service through a range of outdoor intervention programs for young people aged 15 – 25 years, who have or have had issues with alcohol and/or other drugs.
- ***Brosnan Services***: supporting young people and adults in the justice system, and assisting them to make a successful transition from custody back into the community. Within the suite of services are Perry House, Dillon House and Youth Justice Community Support Services.
- ***Jesuit Community College***: increasing opportunities for people constrained by social and economic disadvantage to participate in education, work and community life and reach their full potential.
- ***Community Programs***: working with people on public housing estates across metropolitan Melbourne, including the African Australian and Vietnamese communities, and supporting remote Aboriginal communities in governance and capacity building initiatives in Central Australia
- ***Support After Suicide***: supporting people bereaved by suicide, including children and young people.
- ***Community Detention Services***: delivering case management support to asylum seekers, including unaccompanied minors, in community detention.

Research, advocacy and policy are advanced through our Policy Unit, coordinating across all program and major interest areas of Jesuit Social Services.

## Detailed Responses to Terms of Reference

### The nature, scale and costs of alcohol abuse among young people

Any attempt to define the nature of alcohol abuse among young people must start by outlining what we mean by alcohol abuse and who we are referring to as young people. View may differ according to the value an individual, institution or community accords to different scientific, legal, cultural and ethical perspectives. Jesuit Social Services accepts the inevitable diversity of perspectives on the nature of alcohol abuse among young people and also that what might be considered abuse will differ depending on specific situations.

Drawing on our experience and research, we believe that, in addition to those legally deemed to be minors, there is also a strong case for considering people to be 'young' until at least their early 20's. During adolescence, the brain begins its final stages of maturation and continues to rapidly develop well into a person's early 20s (Williams, 2012). The dorso-lateral prefrontal cortex, which governs the high level thinking, impulse control, and making longer term judgements only matures during the late teenage years (Williams, 2012). Strategies to reduce alcohol abuse among young people should not, therefore, take a narrow focus on those under the legal drinking age but have wider applicability to young people in their 20s as well.

In terms of alcohol abuse, we accept the standard scientific definition of levels of drinking that are harmful to a young person's health<sup>1</sup> and that age is a critical factor, given the potential for alcohol to harm the development of adolescents.<sup>2</sup> Our understanding of alcohol abuse also extends to the wider harms resulting from drinking such as crime and violence as well as situations in which medically harmful quantities of alcohol may not have been consumed but where its excessive use undermines the wellbeing and dignity of young people.

There is considerable evidence that alcohol abuse is widespread among young Australians. The most recent Australian Secondary Schools Alcohol and Drugs Survey (White and Bariola, 2012) shows that consumption of alcohol is widespread amongst Australian school students with 51% of students ages 12 to 17 years having consumed alcohol in the 12 months prior to the survey. Alarmingly, 19% of 17 year olds had consumed more than 4 drinks<sup>3</sup> on at least one occasion in the preceding 7 days. Two positive findings from this survey were that the overall proportion of students drinking had declined over the past decade from 47% of 16-17 year olds in 2005 to 33% in 2011, and that the proportion of young people in the same age group drinking more than four drinks in the previous seven days had declined from 23% to 16%. It may be that there is an increasing divide among young Australians - those who abstain from drinking at young ages and those who drink to dangerous levels. The existence of the latter group has been further evidenced by the Australian Institute of Health and Welfare's (2011) finding that 2.9% of Australian's aged 16-26 in 2007 suffered from alcohol dependence.

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<sup>1</sup>The National Health and Medical Research Council believes that for children under the age of 18, not drinking alcohol is the safest option and that there is increased risk related to drinking for young adults aged 18-25 years old. The same guidelines recommend no more than two standard drinks per day to reduce the risk of harm from alcohol related disease or injury over a lifetime, and no more than four drinks to reduce the risk of alcohol related harm arising from that occasion. (NHMRC, 2009)

<sup>2</sup><http://www2.betterhealth.vic.gov.au/saywhen/know-the-facts/consequences-of-drinking-alcohol-and-young-people>

<sup>3</sup>The accepted level of harmful drinking for adults

Alcohol abuse amongst young people contributes to the immense cost that substance misuse places on communities. This cost has been quantified with Collins and Lapsley (2008) estimating that the total costs of alcohol abuse to Australian society in 2004/5 were over \$15 billion (Collins and Lapsley, 2008). A further cost of alcohol abuse is through its link to offending and impact upon the safety of communities. With regard to young people, a survey conducted by Prichard and Payne (2005) of children and young people aged 10-17 in juvenile detention centres found that 70 per cent had been intoxicated at the time of their last offence.

In addition to these quantifiable costs, Jesuit Social Services has seen first-hand the deeper human costs of alcohol abuse amongst young people. We see it in the trauma and disruption caused to lives of victims and perpetrators of alcohol fuelled violence who participate in our group conferencing programs. We also see it in the corrosive role that alcohol plays in the lives of young people struggling to overcome mental illness and substance abuse issues in our dual diagnosis counselling services. These situations impel us to take action to respond to alcohol abuse and in doing so support young people so that their wellbeing is preserved and they are able to become productive members of our community. The sections that follow explore how this can be achieved in New South Wales.

## Government Leadership: Comprehensive strategies for reducing alcohol abuse

*Terms of reference addressed:*

- b) the effectiveness of alcohol harm minimisation strategies targeted at young people*
- f) measures to address the impact of alcohol abuse on the health system*
- g) any other related matter.*

Reducing alcohol abuse amongst young people and its related harms requires a long term, comprehensive strategy that encompasses all tiers of government, legislation, business, community, family and individuals. This need has been recognised by both the World Health Organisation and also the former Australian Ministerial Council on Drug Strategy which:

*'argued that because the burden of alcohol harm is spread across multiple settings, including health services, police and workplaces, all members of a community have a joint responsibility to work together to reduce alcohol-related harm, rather than relying on efforts within the health care sector (The Alcohol Action in Rural Communities (AARC) Project, 2012).'*

Any efforts to address the issue of alcohol abuse amongst young people should be linked into a wider policy framework to reduce alcohol related harm across society. This policy should focus on reducing harmful levels of consumption, harm minimisation, and promoting changes in community attitudes and behaviour towards alcohol.

Victoria's experience in developing a policy response to alcohol and drug abuse demonstrates the importance of a holistic response as well as some of the problems that can arise in its absence. A 2012 report by the Victorian Auditor General looking at the effectiveness of government strategies to prevent and reduce alcohol related harm over the previous four years (Victorian Auditor General, 2012) found strategies that had been implemented were hampered by the absence of a whole of government policy position to reconcile and guide a range of competing interests (Auditor Generals Report pg ix). The report outlined the consequences of this:

*'Instead of a coherent strategic framework consisting of a suite of targeted, evidence-based, complementary and well-coordinated initiatives, DOJ's [The Department of Justice's] alcohol initiatives have been largely fragmented, superficial, and reactive. Their lack of effectiveness is demonstrated by the same issues—such as the prevalence of under-age drinking—persisting year after year, despite being highlighted in consecutive strategies as areas of particular focus.'* (Victorian Auditor General, 2012, pg viii)

More recently, the Victorian government has released a whole of government alcohol and drug plan which has, as its stated aim, the goal of changing behaviour and reducing Victoria's alcohol and drug toll. This plan identifies 15 key areas for action focusing on alcohol, pharmaceutical drugs, care, treatment, recovery and leadership. It outlines measures of progress that will direct government policy and services across a range of government departments including Health, Justice, Education, and Victoria Police. This can be contrasted with the last New South Wales Drug and Alcohol Plan (2006-2010) which narrowed its focus to actions and outcomes to be achieved by the Department of Health.

*Recommendation 1: The New South Wales Government should develop a whole of government strategy for reducing alcohol abuse throughout the community. This strategy should focus on reducing harmful levels of alcohol consumption, harms minimisation, and promoting changes in community attitudes and behaviour towards alcohol. Reducing alcohol abuse amongst young people should be a specific focus.*



## A community level response

*Terms of reference addressed:  
g) any other related matter.*

Researchers have recognised that legislative and policy frameworks need to be complemented by co-ordinated community level action to reduce alcohol abuse. (AARC, 2012, pg 15). Such approaches take into account the uniqueness of particular communities and the fact that effective solutions in one context may not be appropriate in another. The effectiveness of community level approaches has been demonstrated through the recently evaluated Alcohol Action in Rural Communities (AARC, 2012) project which ran in 20 communities throughout New South Wales Communities. AARC is the most comprehensively evaluated example of community level responses to date. Participant communities developed local responses to alcohol abuse involving a range of interventions. Key outcomes included:

- lower proportions of short-term risky drinkers; and less self-reported experience of alcohol-related verbal abuse;
- 24% reduction in alcohol-related street offences;
- 8% reduction in alcohol assaults;
- An increase in hospitalisation costs from problem drinkers seeking, or being referred to, treatment for alcohol dependence and abuse, which cost an estimated \$605,910.
- For every \$1 invested in AARC, the value of benefits returned to communities was estimated at between \$1.37 and \$1.75.

AARC projects prioritised engagement with local leaders, government and community agencies in order to secure their participation. Meaningful engagement and the involvement of local communities in planning, implementing and overseeing community level responses can be a key factor to their success. In Victoria, inadequate stakeholder engagement was identified as a problem in the Auditor General's Report into strategies to reduce alcohol related harm. This report noted that inadequate consultation and ad hoc liquor licensing initiatives had resulted in unintended financial consequences for small businesses. (Victorian Auditor General, 2012, pg 9). Through our community programs in Western Sydney, Melbourne and Central Australia, Jesuit Social Services has seen first-hand, the challenges of meaningful engagement and partnership among groups who lack the experience, skills and confidence to engage. This risk is particularly acute for young people who must be given a voice in the development of any community based solutions that seek to address alcohol abuse. For example, the involvement of young people in program design was a factor attributed to successful outcomes in the School Based Alcohol Reduction Project (SHARP) in Western Australia, described in more detail further below. In the absence of a meaningful voice for young people, there is a risk that their voice will not be heard and they will end up marginalised within community initiatives that are led by other interest groups.

*Recommendation 2: The New South Wales whole of government strategy for reducing alcohol abuse should include community based approaches. The state government should set aside resources to fund these initiatives.*

*Recommendation 3: Community level initiatives must meaningfully engage key stakeholders, and in the case of young people they must actually have a say in the development and governance of these initiatives.*

## Reduce alcohol abuse through reforms to pricing

*Terms of reference addressed:*

*b) the effectiveness of alcohol harm minimisation strategies targeted at young people*

*f) measures to address the impact of alcohol abuse on the health system*

*g) any other related matter.*

### *The evidence*

There is a substantial body of evidence that demonstrates the link between alcohol prices, consumption and alcohol related harm. In 2009, Wagenaar, Salois and Komro conducted a review of 112 studies examining the relationship between alcohol price and consumption. They concluded that the evidence was statistically overwhelming that price affected the alcohol consumption patterns of all types of beverages and across the population of drinkers (Wagenaar, Salois, Komro, 2009). Significantly, evidence suggests that price changes at the cheaper end of the price spectrum were the most likely to result in reduced levels of consumption (Babor, et al, 2010). There is also evidence that changes to price are effective at reducing consumption among heavy drinkers and young people (Boffa, Tilton, Legge and Genat, 2009). In terms of other impacts that result from increases in the price of alcohol, there is a large body of international evidence suggesting that increases in price reduce mortality, chronic mortality, road accidents and violence (Babor, et al 2010). A study by the University of Sheffield found that a minimum price of 45 pence per unit of alcohol in Scotland would reduce alcohol attributable deaths, lead to a decrease in crime totalling 2,160 offences per annum, reduce workplace harm (909 fewer people unemployed) and sick days (19,646 fewer sick days per year) (Australian National Preventative Health Agency, 2012). The two primary means through which government can regulate alcohol prices are volumetric taxation or minimum floor pricing. The nature of these measures and their effectiveness will be explored in more detail in the sections that follow.

### *Volumetric taxation*

Volumetric taxation involves taxing alcoholic products on the basis of the volume of alcohol contained within each product. This can be either a flat rate on alcohol content, or a tiered system in which tax increases with alcohol content. Taxation of beverages is considered by the World Health Organisation to be one of the most cost effective means to reduce alcohol related problems (Carragher & Chalmers, 2011). A major benefit of taxation system measures is the capacity to generate revenue which could be reinvested into programs to lessen alcohol consumption and harm (Boffa and Tilton, 2009). At present, excise taxes are the most significant impost that government (Federal) imposes on alcohol prices. Significantly, the rate of excise differs between types of alcoholic beverages and is not related to the amount of alcohol in these beverages. For example cask wine, with a typical volume of between 11 and 13 per cent is taxed at 8 cents per standard drink, whilst as a result of well publicised reforms in 2008 ('Alcopops tax'), ready to drink alcoholic beverages are taxed at 95 cents per standard drink.

The incoherency of current taxation arrangements have been noted in a range of inquiries and reports, most notably the Henry Review into Australia's taxation system which called for the introduction of volumetric pricing. Despite this, there are some problems with utilising taxation as a means to lower consumption and reduce alcohol related harms. Increases in taxes are not always passed onto consumers and can vary depending on the behaviour of buyers and sellers (Carragher and Chalmers, 2011). In particular, taxation does not preclude retailers from discounting the price of alcohol. An example of this has been the alcohol 'pricing war' through which Woolworths and Coles have sold alcohol at below cost price as a 'loss leader' (Babor et al, 2010, Livingston, 2011, Ferguson, 2013). In light of this, volumetric taxation, on its own, may not be the most effective pricing measure to reduce alcohol related harms. Despite this, the incoherency of excise arrangements for alcohol warrants

consideration of reform. Although these taxes are controlled by the Federal Government, we believe that the states can play an important role on this issue through the Intergovernmental Committee on Drugs.

*Recommendation 4: Through the Intergovernmental Committee on Drugs the New South Wales government should lobby the Federal Government to reform excise taxation and introduce volumetric taxation of alcohol.*

#### *Floor pricing*

A minimum floor price imposes a lower limit on price per unit of alcohol. The advantage of floor pricing is that it targets many of the cheapest alcoholic products in the market that are the products of choice amongst heaviest drinkers and young people (Boffa and Tilton 2009). This approach is also supported by evidence suggesting that price changes at the cheapest end of the price spectrum are the most likely to impact upon consumption (Babor, et al, 2010). Floor prices are unable to be circumvented through discounting and can be beneficial to retailers who have the potential to increase takings on certain alcoholic products (Australian National Preventative Health Agency, 2012). Australia is one of the few jurisdictions in the world with some experience of floor pricing; remote communities in the Northern Territory banned the sale of large wine casks which amounted to a de facto increase in the minimum price of alcohol. Evaluation of these initiatives found a reduction in overall alcohol related harm in these communities (Babor, et al, 2010). Some potential problems identified with minimum floor pricing include its impacts on the wine industry and upon responsible consumers of lower cost products, particularly over 55's and low income earners who are higher consumers of cask wine (Carragher and Chalmers, 2011, pg 37). However, the interest in this type of approach, as a means to reduce alcohol consumption and harm, is growing worldwide with research initiatives and reforms in a number of countries, most notably the United Kingdom (Australian National Preventative Health Agency, 2012).

Unlike alcohol taxation, where the capacity of state governments to act is limited, there does appear to be some scope for state government action in relation to minimum pricing. Research suggests that this could be achieved as part of the licensing of alcohol retailers (Carragher and Chalmers, 2011, pg 38). There is, however, some concern that issues might arise in regards to state based legislation hindering free trade in alcohol products or national competition policy. The constitutional and legal issues that might arise are complex and require further consideration. However, it is clear that floor pricing provides an effective means to reduce alcohol consumption amongst young people and is something that state governments potentially have the power to act upon.

*Recommendation 5: The New South Wales Government should commission independent research into the impacts of minimum pricing reforms in New South Wales and the mechanisms through which these reforms could be realised.*

#### *Flow on effects of pricing reforms*

Experience of alcohol pricing initiatives have shown that comprehensive pricing policies that complement wider strategies to reduce drug and alcohol abuse are necessary in order to avoid the practice of drinkers 'switching' to other harmful substances. Australian experience illustrates the practice of switching; in the Northern Territory initiatives that limited the sale of large casks of wine resulted in a drop in sales of this product, but led to increases in sales of drinks not covered by the initiative particularly casks of fortified wines (Hogan et al, 2006). Likewise, it has been suggested that cider has become a substitute product for ready-to-drink alcoholic beverages. Following the introduction of the ready-to-drink alcohol ('alcopop')

tax in 2008 there was an 18 per cent increase in the consumption of cider.<sup>4</sup> Interestingly, studies of ‘switching’ suggest that although consumers shift their consumption habits when prices change, this substitution is not complete and overall levels of consumption decline (Babor, et al, 2010). It is also important to consider the effects of changes in alcohol pricing on the use of illicit substances. There is a risk that alcohol price increases may impact upon patterns of use of illicit substances (Hunt, P. Rabinovich, L. and Baumberg, B. 2010). However, contrary to what might have been expected, in the case of cannabis, there is evidence that its complementary relationship with alcohol means that reductions in alcohol use might also lead to a drop in cannabis use (Australian National Preventative Health Agency, 2012). Moreover, unpublished preliminary findings of an experimental survey on pricing reforms and alcohol and drug use conducted at the University of New South Wales (Chalmers 2013) have found little evidence that alcohol pricing reforms resulted in drinkers aged 18-30 replacing alcohol with drugs.

*Recommendation 6: Through the Intergovernmental Committee on Drugs, the New South Wales Government should lobby for a comprehensive national policy on alcohol pricing to be developed as part of the next National Drug Strategy. This policy should take into account evidence on the elasticity effects of alcohol pricing.*

*Recommendation 7: Any New South Wales Drug and Alcohol strategy should take into account the impact of pricing policy on switching between different types of alcoholic beverages as well as other illicit substances.*

## Reform alcohol promotion and advertising

*Terms of reference addressed:*

a) the effect of alcohol advertisements and promotions on young people, including consideration of the need to further restrict alcohol advertising and promotion

There is substantial evidence linking alcohol promotion and advertising impact to patterns of consumption, particularly amongst young people (Babor, et al, 2010, Hastings, Anderson, Cooke, Gordon, 2005). Difficulty in determining the population level impacts of advertising make it difficult to determine the precise extent of this impact (Hastings, Anderson, Cooke, Gordon, 2005). However, the influence of marketing on young people’s knowledge, attitudes, and behaviours towards alcohol is clearer (Hastings, Anderson, Cooke, Gordon, 2005), with research showing that it plays on the processes of adolescent identity formation and communication (Babor, et al 2010). There is a clear need to challenge the role played by alcohol in the social formation of young people. Given the clear evidence linking advertising and promotion to attitudes and consumption, the regulation of promotion and advertising is a fertile area for action in meeting this challenge.

We are aware that the promotion of alcohol by licensees in New South Wales is governed by mandatory Liquor Promotion Guidelines, but will not explore these in detail as our major concern is with alcohol advertising and the means through which it is regulated. Alcohol advertising is governed by the Advertiser Code of Ethics and the Alcoholic Beverages Advertising Code (ABAC) which are administered by the Advertising Standards Board (ASB) and ABAC Panel respectively. Both are non-mandatory regulatory initiatives set up by industry. In regards to self regulation, international studies on alcohol advertising regulation

<sup>4</sup>Australian National Preventative Health Agency (June 2012), *EXPLORING THE PUBLIC INTEREST CASE FOR A MINIMUM (FLOOR) PRICE FOR ALCOHOL Issues Paper June 2012*

have concluded that self-regulation is largely ineffective due to a lack of independence and an inability of these frameworks to impose sanctions (Jones, Hall, Munro, 2008). These concerns have been expressed in an Australian context by consumer groups who have argued that the codes are regularly breached by advertisers, that penalties for non-compliance are lacking, and that the failure to regulate one-off promotions undermines the effectiveness of the Code (Jones, Hall, Munro, 2008). Jones, Hall and Munro conducted a study to examine the effectiveness of determinations under the code. Independent experts were given the opportunity to determine whether they believed advertisements which were the subject of complaints between 2004 and 2005 breached the code. The independent experts found that a number of advertisements had breached the code, despite complaints to the Advertising Standards Board not being upheld. This led to the conclusion that the current system was not adequately upholding community standards (Jones, Hall, Munro, 2008).

*Recommendation 8: The New South Wales Government should lobby the Intergovernmental Committee on Drugs to commission a review into the effectiveness of the regulation of alcohol advertising in Australia.*

## **Directly intervening with young people to minimise the harm of alcohol consumption**

<p><i>Terms of reference addressed:</i> b) the effectiveness of alcohol harm minimisation strategies targeted at young people g) any other related matter</p>
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The previous sections have outlined population level initiatives on alcohol price, marketing, and the role of government. Evidence suggests that these initiatives can reduce alcohol abuse amongst young people. Through our work with young people, Jesuit Social Services believes that population level policies must also be complemented by direct interventions that seek to change attitudes and behaviours towards alcohol at the individual level. We are aware that historically, a major focus for these direct efforts has been school based educational programs. This is the case in New South Wales and other Australian states and territories, where education on alcohol and drug use is incorporated into the school curriculum as part of personal development, health, and physical education programs. This is understandable as schools provide access to a large number of young people and interventions can be incorporated into the curriculum (Calabria, Shakeshaft and Havard 2011).

Despite their popularity, there is little evidence that school based educational programs influence the attitudes and behaviours of young people. In particular, educational initiatives focusing on the dangers of alcohol use and the promotion of personal development have not demonstrated an ability to change alcohol consumption patterns amongst young people (Babor, et al, 2010). Globally, one of the few school based interventions that has been rigorously evaluated and demonstrated to be effective is the West Australian School Based Alcohol Reduction Project (SHARP) which uses a harm minimisation model (National Drug Research Institute, 2012). SHARP was developed on the basis of evidence regarding what worked in school based interventions. It focused on harm minimisation rather than on non-use goals and targeted students at ages where they were likely to commence drinking. Other relevant features of the program were its links to personal development and health curriculum programs, delivery over 13 booster sessions, the provision of normative information on alcohol use amongst peers, and the involvement of youth in its design. An evaluation of SHARP found that participants consumed 20% less alcohol, were 19.5% less likely to drink to harmful or hazardous levels, and experienced 33% less harm in use of alcohol than a control group. (National Drug Research Institute, 2012).

The harm minimisation approach adopted by SHARP and used widely across the drug and alcohol sector conflicts with proponents of 'zero tolerance' approaches that see any alcohol use by minors as 'alcohol abuse'. However, initiatives that intervene with young people and minimise harm should also be understood in light of the opportunities they provide to engage with young people and build their capacity to deal with these issues. SHARP has demonstrated this through its links to other personal development and health programs, its use of an interactive approach to build the skills of young people, and perhaps most importantly, in the involvement of young people in its development. This is consistent with Jesuit Social Services' experience that the most effective means of engaging and working with young people across a range of domains is strengths based practice that focuses on the development of the whole person and their beliefs.

An obvious limitation of any school based initiative is its inability to intervene with young people who do not attend school. Amongst this group is likely to be numbers of young people who experience substantial harm as a result of alcohol consumption (Calabria Shakeshaft, Havard, 2011), a fact made evident by Prichard and Payne's survey of young people in detention which demonstrated strong links between alcohol abuse and offending as well as the fact that young people in detention had left school at an average age of 14. In light of this, it is important to identify other environments in which young people can be engaged, and their attitudes and behaviours to alcohol challenged.

Jesuit Social Services has identified two environments where interventions might take place to minimise the harms resulting from alcohol abuse. This is not exhaustive and it is likely that more environments where intervention could occur will be identified. The first environment is public spaces, particularly at night time. The need to intervene with young people in public spaces during the night is supported by evidence on the importance of public space to social interactions of young people (Passon et al., 2008) and from our recently released research into remand in Victoria which found that 80% of arrests of young people take place outside of normal business hours (Jesuit Social Services, 2013). The second environment in which intervention could take place is at major events that are attended by large numbers of young people and where alcohol consumption is likely to occur. There is already evidence demonstrating the effectiveness of targeting events, with some of the AARC community action initiatives (discussed earlier in this submission) focusing on weekends where there was a high risk of alcohol-related harm. Interventions targeting these high risk weekends led to a 64% reduction in alcohol-related sexual offence incidents in experimental communities, relative to high-risk weekends in control communities.

We believe that interventions with young people at night and at major events should seek to engage with them proactively, challenge attitudes and behaviour towards alcohol consumption, and provide support to minimise harm. In terms of young people in public spaces, there is already an extensive history of outreach work in the human services field. Through outreach,<sup>5</sup> social workers have engaged with target populations in the environments where they lived or congregated and sought to recruit them into services (Department of Human Services Victoria, 2000). In Victoria, after hours outreach has been used as a method of addressing alcohol and drug issues. The Youth Substance and Advocacy Services (YSAS) runs the assertive street outreach program which employs community workers to visit streets and parks of inner metropolitan Melbourne. Workers engage with young people in the environments in which they frequently congregate and socialise. One focus of this service is to engage with at risk young people and assist them in accessing services, another is harm minimisation through the provision of support and information.

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<sup>5</sup>Also known as assertive outreach, streetwork

In the context of major events, harm minimisation focused outreach takes place at music festivals and raves. Initiatives such as the Rave Safe program in Queensland have utilised volunteer harm reduction outreach workers who attend music festivals and provide information, support and assistance to attendees to ensure that the risks of harm from substance and alcohol use is minimised (A Collective of Harm Reduction Outreach Workers from South East Queensland, 2007). These initiatives provide promising examples of how young people can be engaged with in environments where they are likely to consume alcohol and encounter harm. At present, evaluations of the effectiveness of these initiatives in changing attitudes and behaviours do not appear to be publicly available. Further piloting of these initiatives with rigorous evaluation is required.

*Recommendation 9: The New South Wales Government fund pilot projects using outreach models to engage young people where they naturally congregate and intervene to minimise harm. Interventions should be thoroughly evaluate in terms of effectiveness in reducing alcohol related harm.*

## Providing high quality treatment to young people with alcohol problems

*Terms of reference addressed:*  
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  
g) any other related matter.

Treatment services are vital elements of any response to alcohol abuse among young people. As has previously been noted, the numbers of young people with alcohol problems so severe that they need to access treatment are small relative to the general population. Some 2.9% of Australians aged 16-24 suffering from alcohol dependence in 2007. The economic and social costs of failure to adequately provide treatment to young people are high - in 2007 there were 8,442 hospital admissions for young people aged 12–24 years with a principal diagnosis of mental and behavioural disorders due to drug and alcohol use. Through our youth justice programs and Connexions dual diagnosis counselling service we have seen a lack of access (including timely access) to appropriate and ongoing treatment can prevent young people from dealing with alcohol and drug issues and reinforces their social exclusion.

Alcohol and drug abuse misuse are not likely to be the only problems that young people accessing treatment services must overcome. Often, alcohol problems overlap with other substance abuse issues, mental illness, and other health problems. Evidence suggests that around 60% of young people with substance abuse disorders also have co-occurring disorders including conduct disorders, oppositional defiant disorder and depression (Toumbourou, et al , 2007). These young people also have other issues which contribute to their instability and vulnerability including family breakdown, involvement in child protection system, accommodation issues, difficulties engaging in education and involvement in the criminal justice system (Shand, Gates, Fawcett, Mattick, 2003).

Too often young people with alcohol and drug problems and other interrelated issues are let down by the community's response to them. This is the case within treatment services as well as the wider social services system. In Victoria, the failings of drug and alcohol treatment have been made clear by Auditor General's reports which outlined a treatment system that was fragmented, uncoordinated, and often inaccessible (Auditor General, 2011). The Auditor-General's report confirmed what Jesuit Social Services staff had seen in

practice; that the treatment system was not meeting the needs of its users. Although the New South Wales alcohol and drug treatment system differs from Victoria, previous submissions to the New South Wales government from the sector have also outlined how treatment service delivery was a 'patchwork' (NADA, 2010) and services are not funded to reflect community needs (NADA, 2009).

A further challenge is the complexity and fragmentation of the wider social services that many young people in treatment must access. This problem has been recognised in Victoria where the Department of Human Services' 'case for change' noted that a small number of people accessed multiple services and that the fragmentation of services often meant that the needs of these people were not being fully met (Department of Human Services, 2011). There has been increasing recognition of this fact and its impact on services users in New South Wales in recent years (McDermott, Bruce, Fisher, and Gleeson, R, 2010).

Reforms to alcohol and drug treatment services and wider human services systems with aims of 'integration', 'coordination' and 'client centred services' are reforms that Jesuit Social Services endorses. As is the case in all work with disadvantaged, vulnerable and marginalised people, it is important to locate this work within the starting point of *care for the whole person*. This need is particularly acute for young people who are dependent on alcohol and drugs, conditions which it is recognised are chronic and complex and in which relapse is often more likely than recovery. Jesuit Social Services seeks to meet this need and provide care for the people we work with. This is evident in the respect, dignity, empathy and support that Jesuit Social Services' staff provide to the clients that they work with each and every day. *Care for the whole person* is an intrinsic component of the specialised therapeutic interventions that are evidence informed and delivered by highly skilled professionals in treatment services. Moreover, it reinforces the need to rethink the way that we structure the wider service systems for these people.

Reforming services to giving meaning to *care for the whole person* is a challenge. Nonetheless, there are emerging examples from practice in both Victoria and New South Wales that have been shown to better structure services and meet the needs of both clients and the wider community. In Victoria, the Youth Justice Community Support Services (YJCSS) provides case management support to connect children involved in the youth justice system with family, education, training, employment, housing and the community. Services are delivered by a consortia of partners. Jesuit Social Services and the Youth Substance Advisory Service (YSAS), have partnered to integrate support for young people with drug and alcohol issues through co-location, joint training, and joint case consultation for young people. In New South Wales, a similar initiative the Integrated Services Project for Clients with Challenging Behaviour (ISP) provided intensive support for high needs clients of the then Department of Human Services. Like YJCSS this project adopted a partnership approach, this time between the different government agencies whose services the clients were accessing. The evaluation of this service demonstrated positive outcomes with a 90 per cent decrease in the number of days spent as an inpatient in hospital, an 82 per cent decrease in the number of hours spent in emergency, and a 94 per cent decrease in the number of days spent in custody (McDermott, Bruce, Fisher, and Gleeson, R, 2010).

The successes of the initiatives outlined above provide promising evidence of how services can better care for their clients. However, it is important that partnerships and 'integrated' services require structural enablers in order to make them a reality in practice. One example of a structural enabler in the alcohol treatment and mental health services area is the Improved Services Initiative which Jesuit Social Services has been running since 2008 (ISI). The ISI exists to build service relationships and the skills of the workforce in these areas. It has achieved this through training, facilitation of networks of service providers, and staff roles to foster collaboration and service integration.



Finally, we believe that the clear links between alcohol and drug abuse and involvement in the youth justice system mean that treatment must be a priority for young people involved in the justice system. Where appropriate, options should be available to divert young people from more punitive parts of the justice system to alcohol and drug treatment. Previously, the youth drug court in New South Wales offered a means to divert young people into treatment. Jesuit Social Services previously expressed concern at the closure of this initiative which had proven a valuable diversion initiative.

There also needs to be ongoing treatment options within the more punitive end of the justice system, particularly within custody. Too often, health, treatment and other services for young people in custody or in the community on justice order are neglected and not funded. Our experience of Youth Justice Community Support Services has shown that appropriate support for young offenders in the community across a range of domains, including alcohol and drug treatment, can lead to better development outcomes for these young people. We accept that for some young people involved in the justice system, custody may be the only means to satisfy the needs of community safety and justice. However, when in custody, young people should be dealt with in a therapeutic way and offered support and treatment. Problematic drug and alcohol use is one such issue, and appropriately resourced services are required to meet these needs.

*Recommendation 10: Any NSW Drug and Alcohol Strategy should outline how treatment services might be reformed to provide more consistent and ongoing care for the person. Funding should be allocated to structural enablers so that these reforms can be realised.*

*Recommendation 11: The New South Wales Government should fund a pilot of a community based partnership for young people in the youth justice system. Drug and alcohol treatment should be integrated into this service.*

*Recommendation 12: The New South Wales Government refund the youth drug court*

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