

**Submission  
No 23**

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

**Organisation:** NSW Youth Health Council

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## Submission from the Youth Health Council of NSW

The NSW Youth Health Council is a professional forum committed to improving the health and well being of young people across NSW. The council is made up of health practitioners from government and non-government youth health services from across NSW and represents a wide range of coalface, research and clinical knowledge.

The relationship between young people and alcohol in NSW is complex and deeply connected to the broader culture around drinking. Young people who use alcohol are reflecting behaviours they have learned in the home, through media and from peers and mentors. Approaches to mitigate the effects of alcohol use on young people must similarly go beyond primary services and address social change more broadly around alcohol.

This approach must include further early intervention in the form of health promotion activities, accessible treatment services and a holistic approach to individuals and the drinking culture.

There continues to be a punitive aspect to the way we deal with young people who use alcohol. The illegal nature of youth drinking puts many young people in risky situations. They may drink more and more quickly. Many choose to drink in unsafe situations in relation to violence and sexual assault.

While the Youth Health Council acknowledges the need to regulate drinking age, the approach to young people who have breached these laws can be unhelpful and often does not take into account the need for health rather than legal interventions. The recent cessation of the youth drug court has been less than helpful in addressing alcohol as a health rather than legal issue.

The NSW Youth Health Policy 2011-2016 - 'Healthy bodies, healthy minds, vibrant futures' is clear about the interconnectedness of health issues for young people, and goes on to encourage health services to approach young people's health holistically (Priority 1.1). In addition to being more accessible for young people this holism has a practical use. Young people's alcohol use is often connected to other issues, or can give rise to conditions of co-morbidity.

This can be in a purely health context, such as the obvious relationship between young people drinking, use of other substances and mental health. Alcohol use can also have a strong relationship to other matters that impact on health, including

- Violence,
- Education,
- Offending behaviour, and
- Homelessness.

Many services are poorly placed to offer holism. Specialist alcohol or mental health services may choose not to accept referrals that are complex and require interventions that go beyond counselling, requiring casework and social support. The erosion of specialist youth health services has forced young people into an adult system that is often unprepared for their needs.

The lack of specialist adult services in some areas, along with a reluctance to attend these services, means that generalist youth services such as drop in centres, residential services and outreach workers are left to deal with health issues with limited skills and information.

Training for generalist services and individuals such as counsellors and General Practitioners who come into daily contact with young people is encouraged. General Practitioners often lack skills and confidence in working with young people, and young people themselves, while trusting GPs, will not necessarily approach a GP about a drug and/or alcohol issue. Busy GPs often therefore miss the opportunity to screen for problematic drug and/or alcohol use with young people. Training in youth friendly consultation skills can equip primary care staff to provide better care for young people around drug and alcohol issues.

Priority 2.3 states that services should 'Make transitions easier for young people'. This has implications for a number of interventions.

Health promotion should take place at both the primary and secondary school level. The transition to high school and the development of networks outside the family are a pivotal time to provide information and strategies to young people who are aware of alcohol but who have not yet begun to use alcohol.

Similarly the transition to legal drinking age is fraught with potential risk. Interventions that provide models for appropriate drinking and explore the social, health and interpersonal risks that come with drinking in licensed venues, with friendship groups and at parties are required.

Health promotion activities that provide strategies for reducing the harm associated with this transition period will have positive outcomes in the short term and in reducing the ongoing drinking that results from this 'right of passage'.

At the same time alcohol advertisers continue to be creative in the ways they encourage young people to drink. Examples of promotional material such as a child sized T-shirt with a Jim Beam logo indicate that the industry consistently fails to regulate itself.  
<http://www.alcoholadreview.com.au/resources/Ref-91-12-Jim-Beam-Racing-Kids-Team-clothing-determination-report.pdf>

Priority 2.3 invites 'creative approaches including multi-media and technology to engage young people and their parents, carers and families'.

Websites like Reachout.com have long had success engaging young people and providing high quality and timely information and referral to young people. NSW Health lags behind private providers like Reachout in harnessing social media like Facebook and Twitter to engage with young people.

NSW Health should, as a matter of urgency, develop a social media policy that allows health promotion and treatment staff to engage with young people about alcohol and other health issues in this increasingly important sphere.

As young people develop to move away from the influence of their families peers take an increasingly important role in the social and health choices of young people. In regards to alcohol use this role can have positive and negative outcomes.

The Youth Health Council is aware of a number of successful programs, such as Safe Summer Survival, that use peer education to achieve health outcomes in the areas of sexual health and drug use. This model should be expanded into a much wider population including mainstream secondary schools and bring a stronger focus on alcohol use as a primary health issue for young people.

Mainstream school education, including the use of NSW Health staff in delivering personal development curriculum, allows for a massive reach with information about alcohol use. Where this is working well it should be continued and where it does not current programs should be expanded to include all young people in secondary schools in NSW.

The Youth Health Council encourages evaluation of existing programmes and research into good practice in other Australian states and overseas. Models that have proven successful are not necessarily rolled out and individual services are not effectively compared to develop a notion of better practice.

Identifying and funding useful programs requires stronger links between academic researchers who are placed to identify improvements to program outcomes, service providers and decision makers.

Training for generalist services and individuals such as counsellors and General Practitioners who come into daily contact with young people is encouraged.

There are multiple costs to individuals, families and communities from young people's use of alcohol. These costs include negative outcomes for;

- Relationships, including family violence,
- Education,
- Employment,
- Offending behaviour,
- Short term health such as sick days, and
- Long term health such as chronic illness.

The adolescent brain is different to the adult brain and therefore substances such as alcohol have a different effect. Some damage to the brain and other injuries can be life long, affecting not only young people's health, but also education, employment and social outcomes. The amount of alcohol consumed increases as young people's age increases, coinciding with the age at which they start to drive and leave school.

Violence among young people adversely affected by alcohol takes the potential negative effects of alcohol from the individual to others, resulting in injury (including sexual, physical and emotional assault) and death.

Young people affected by alcohol are more likely to engage in risky behaviours resulting in injury. This includes risky sexual behaviour, resulting in assault, sexually transmitted infections and unplanned pregnancy.

Early intervention provides an opportunity to reduce these personal and financial costs. As Priority 3.4 clearly states – 'Invest now or pay later!'

Part of investing now is the importance of prevention through effective legislation ensuring laws that cover the supply of alcohol to minors are in place, enacted and supported. Alcohol is more easily available through off-licence (take away) providers, increasing supply. It is marketed to promote bulk purchases, making per unit costs cheaper and more affordable. The results of addressing legality need not be punitive, and should focus on supply rather than consumption.

Young people access alcohol most commonly through their parents or other family members, or other people who are of legal age to purchase alcohol. Of growing concern is the younger age at which young people engage in drinking behaviour and the amount and type of alcohol consumed, in context with developmental concerns of young people growing

through a period in life in which their body, brain and mind change more than in any other period of life, apart from infancy.

Young people's socialisation is often alcohol-related, reflecting wider social values. EIPP funding to youth programs has reduced universal access to youth centres that provide alcohol-free venues for young people to gather. Boredom often drives young people to alcohol and reduced access to youth centres increases this risk. The increasing availability of synthetic drugs needs to be also taken into consideration, as the problem is likely to become more complicated than easier.

Effective and enforced legislation needs to be reinforced by a consistent, comprehensive health promotion campaign through schools, alternative learning programs, TAFE and universities, in collaboration with agencies such as CDATs, YouthSafe and WorkCover. Alcohol providers (manufacturers, distribution companies, marketers, retail associations, etc) have a moral responsibility to work with the community to invest in its social capital, rather than exploit it and profit from it. They are a major employer of young people and have a responsibility to ensure a safe workforce and community.

This needs to be further supported by easy access to well-placed primary health services for young people, creating soft access opportunities and effective linking to more specialised treatment services, as per clinical need. Primary health services use motivational and psychoeducational approaches with young people who are concerned about their alcohol use.

The NSW Youth Health Council appreciates the opportunity to make this submission regarding what continues to be a pivotal health issue for young people. We support further attention on, and response to, the harm that arises from young people's alcohol use. We further support initiatives that address the broader societal issues that arise from our relationship with alcohol.

If you have any queries about this submission please feel free to contact the Chair of the NSW Youth Health Council at Yfoundations on (02) 8306 7908 or at [colin@yfoundations.org.au](mailto:colin@yfoundations.org.au).