

YOUNG PEOPLE AND ALCOHOL

Report of Study Group Hutt Valley Branch National Council of Women of New Zealand

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1. Introduction

In 1999 the legal age for purchasing alcohol was lowered from 20 to 18 years. Since then there has been regular publicity about the worsening drinking habits of young people. We hear of children of 12 and 13 who have ready access to alcohol and drink in public places. Binge drinking among the under 18s is mentioned frequently. Sample newspaper headlines are “They’re 14 and they’re boozers”, “Binge culture must change”, “Teen drunks – where’s the tough line”, “Sex attacks grow as teens binge drink”. In letters to the editor and in articles there are calls to raise the drinking age to 20 again. Typical headlines are “Views sought on returning drinking age to 20”, “Youth workers question drink law”, “Teenage drinking report may prompt law change”.

Concerned about what they were reading and hearing but wanting to know the facts of the matter, the Lower Hutt Branch of NCW set up a study group on the topic of young people and alcohol. The group decided to prepare a paper, for the information of Branch members, on the issues surrounding young people and alcohol. The paper would also be circulated to the wider membership of NCWNZ to assist with the development of NCW policy in this area.

This paper is the result of the study group’s work. It covers documented changes in the behaviour of young people with respect to their use of alcohol since the 1989 Review of the Sale of Liquor Act; the law regarding the legal aspects of control of the supply of alcohol; the law and other factors affecting demand for alcohol among young people; political aspects of alcohol control and finally some recommendations for change. These could form the basis for new NCWNZ policy on alcohol and young people.

In preparing the paper we have drawn heavily on the work of the Auckland University Public Health Research Unit (APHRU) led by Professor Sally Casswell. Professor Casswell is internationally recognised for the quality of her research in this area and in particular for her research on the effects of liquor advertising on young people. We also made considerable use of the Alcohol Advisory Council’s (ALAC) research and information. Other especially useful papers have been the 2002 Justice Department report, “Some Statistics on the Possible Effects of Lowering the Drinking Age” and a Police research report, “Tackling Alcohol Related Offences in New Zealand”.

In addition, the group has drawn on articles in local and national newspapers and magazines, material provided by speakers at the 2002 Stout Research Seminars on the issues surrounding alcohol use, and speakers from ALAC and the Regional Public Health Team who attended our local Branch meetings. We have also studied the work of GALA (Group against Liquor Advertising), Alcohol Health Watch and other community groups working to address specific problems arising from the consumption of alcohol in society. Overseas sources provided more information regarding the way in which very similar problems existing in the USA, Europe, S. Africa and Australia are being tackled. The Internet proved to be an important source of both New Zealand and international research reports. A list of the key references including useful web sites is appended.

2. The Impact on Young People of the 1989 Sale of Liquor Act and its 1999 Amendment

Prior to the passing of the 1989 Act there had been debate about the ‘availability theory’. This is “the belief that increased availability results in increased consumption, and that increased consumption results in more alcohol related problems” (Ministry of Justice 1996). The Select Committee on the Sale of Liquor Bill 1989 rejected the availability theory and the Act introduced a liquor licensing system that would respond to the market. The 1989 Act was amended in 1999 to lower the legal age for purchasing alcohol from 20 to 18 years. Amongst other changes, the Amendment also introduced on-the-spot infringement notices for offences involving minors and a requirement for photographic proof of age.

The Results of the 1989 Act

During the nineties there was a proliferation of night-clubs and bars catering for younger patrons. The social climate for purchasing and consuming alcohol became more permissive, with premises operating for longer hours and greater availability of takeaway alcohol seven days a week.

An additional factor contributing to the change in young people’s perception of alcoholic drinks was the introduction of alcohol brand advertising on television and radio in 1992. In particular, the industry has promoted the sale of low alcohol, spirit based drinks (alcopops), attractive to young women. Consumption has risen from just under 2 million litres to more than 28 million litres since 1995. So-called “light spirits” with their lower alcohol content, lower excise tax and therefore significantly lower price than normal spirits also came on the market and became popular with young people. The excise tax on light spirits was raised in 2003 in the hope that it would reduce demand.

In 1995 the APHRU (Auckland Public Health Research Unit) undertook a study, in 15 New Zealand towns, to determine changes that had occurred under the Act after five years of operation. The study noted the significant degree of under age drinking (i.e. under twenty years). Concern was expressed about very young drinkers and the unenforceability of the provisions around the minimum legal drinking age on licensed premises.

Ministry of Justice Report, February 2002

This Report uses the results of APHRU national surveys to compare the drinking behaviour of young people in 1995 and 2000. While the proportion of 14 and 15 year olds who drank did not significantly increase, the frequency of drinking and the amount consumed on a typical occasion, increased significantly. The average 14 – 15 year old who drank, became a weekly drinker and average consumption on a typical occasion rose from three to five drinks.

Likewise, the prevalence of drinking by 16 - 17 year olds showed no significant change but those who did drink increased their frequency of drinking and increased their alcohol consumption on a typical occasion from four to seven drinks. Purchases of alcohol from

supermarkets by 16 – 17 year olds increased from 8% to 15%. The prevalence of drinking by 18 – 19 year olds increased slightly. The greatest increase was among young women. There was significant increase in the quantity of alcohol consumed on a typical occasion from five to seven drinks.

Changes in the driving behaviour of young people are included in another part of this section under the heading *Indicators of Health and Social Change*.

ALAC Youth Drinking Monitor August 2003

This report presents the results of the 6th survey in a series begun in 1997. The sample interviewed was aged from 12 to 17 years. It is the second sample to include 13 year-olds and the first to include 12 year-olds in order to investigate the prevalence and frequency of risky drinking in this age group. Risky drinking refers to five or more glasses of alcohol consumed during one drinking occasion.

That ALAC should be sampling 12 and 13 year-olds is itself significant. ALAC notes (April 2002) that all countries, from which they sourced studies, were concerned about the increasing trend for the onset of drinking to occur before the age of fourteen for a proportion of their population. Research, both here and overseas, shows that early onset of drinking is associated with alcohol dependence and alcohol abuse in later years.

While the results of ALAC's 2002 Youth Drinking Monitor were in general agreement with the Ministry of Justice Report, 2002, the results of the 2003 Youth Drinking Monitor suggest that some aspects of the drinking behaviour of 14 – 17 year-olds may be improving.

The percentage of 14 – 17 year-olds currently drinking and the percentage indulging in risky drinking have both decreased significantly; the former from close to 80% in 2001 and 2002, to 66% in 2003, and the latter from close to 30% in 2001 and 2002, to 20% in 2003. Likewise, the percentage who have ever drunk a full glass of an alcoholic drink decreased by nearly 10% in the same time, and the percentage who have been trying to cut back increased by the same amount.

Nevertheless, there is evidence that the age at which young people first start to really drink is trending downwards. This is especially true of Maori young people. Both Maori and Pacific Island young people were significantly more likely to be risky drinkers than those of other groups.

In spite of the decrease in the proportions of young people drinking and indulging in risky drinking, both the 2002 and the 2003 Youth Drinking Monitors report that almost half of the current drinkers are drinking more than in 2001. Risky drinkers are consuming even more alcohol than they did in 2002.

Indicators of Health and Social Change

Both the number and proportion of intoxicated 18 - 19 year-olds that presented to the Auckland Hospital Emergency Department increased following the lowering of the legal drinking age. The trend was similar for 15 – 17 year olds.

Numbers of publicly funded hospitalisations where the primary diagnosis was alcohol related tended to fluctuate among 15 – 17 year-olds and 18 – 19 year-olds prior to the law change, but to increase after it. This increase was also recorded among people of all age groups. It is thus not clear yet how significant this increase is and to what extent it is related to the lowering the drinking age in 1999.

Health workers predicted a rise in sexually transmitted infections (STIs) as a result of the amendments to the Sale of Liquor Act in 1999. From the information available so far it would seem that alcohol is one of the factors causing an increase in STIs in young people. The National Alcohol Strategy 2000-2003 reports that a 1996 study showed a correlation between alcohol misuse and early sexual activity in girls. Further research is needed to establish whether this pattern has continued and whether girls are receiving adequate messages in health education.

The ALAC Health Impact Assessment Report notes that the study of the health impacts of the lowered age has identified a lack of trend data for young people especially in areas of foetal alcohol syndrome, alcohol related mental health disorders, sexual assault and sexual harassment.

Police report that since the law was amended in 1999, the number of minors drinking in public places or possessing alcohol for consumption has increased but there has been a decline in offences relating to licensed premises. It is suggested that this could reflect a police preference for issuing Infringement Notices to young people rather taking action against licensed premises.

The number of 14 – 17 year-olds and 18 – 19 year-olds prosecuted for driving with excess breath or blood alcohol increased from 1999 to 2001. On the other hand, the number of 15 – 19 year-old drivers in crashes where alcohol was recorded as a contributing factor, decreased between 1992 and 2000, before increasing slightly in 2001. Compulsory breath testing showed that in 2000 the percentage of drivers under 20 who were over the legal limit was slightly less than the percentage in each of the preceding three years.

Conclusion

At this time, four years after the 1999 lowering of the drinking age to 18, there is insufficient statistical data available to make a valid assessment of what the final health and social impacts of this legislative change will be.

Evidence for a longer term trend of increasing numbers of young people drinking seems clear, suggesting that at least some of the factors contributing to the problem of young people and alcohol were in place before the lowering of the drinking age in 1999. This

trend could be in the process of reversing, both in terms of the proportions of drinkers and the proportions of risky drinkers.

In spite of this, a gradual reduction in the age at which regular drinking starts has been observed. Also, although there has been a reduction in the proportion of risky drinkers, those who are in that category are drinking even more than in previous years. Maori and Pacific Island young people are more prevalent among risky drinkers.

Recommendations:

- Research is needed to determine national trends in the incidence of foetal alcohol syndrome and alcohol-related mental health disorders, sexually transmitted infections, sexual assault and sexual harassment in young people.
- More research is needed on the health impacts of alcohol consumption on young people, especially young women.
- Continue research to determine national trends in the number of young people drinking and the amount they are drinking, as a result of the reduction in the legal purchasing age for alcohol from 20 to 18 years.

3. Controlling the Supply of Alcohol by Means of the Law

a) The current law regarding selling and supplying alcoholic drinks to young people

The age at which people can legally purchase alcohol in New Zealand was lowered in December 1999 from 20 years to 18 years by an amendment of the Sale of Liquor Act 1989 (sections 155 - 164) via the Sale of Liquor Act 1999. Amongst other changes the Act also stated that people may be prosecuted through the court system, or infringement notices may be issued for offences involving minors.

The infringement offences are those where:

- Minors who purchase liquor on or from licensed premises are found in a restricted area on licensed premises
- Minors are found in a restricted or supervised area of licensed premises unaccompanied by a parent or guardian
- Minors drink in a public place, or possess alcohol for consumption in a public place while not accompanied by a parent or guardian.

Police can hand out on-the-spot liquor infringement notices (LINs) of \$200. Fines are as much as \$2000 for anyone, including bar and checkout staff who supply alcohol to someone under the legal age. Management can be fined up to \$10,000 and risk suspension or loss of their liquor licence. Permitting someone under 18 to be on the premises unless with a parent or guardian can incur a fine of up to \$2000.

The 1999 Amendment introduced a definition of 'Evidence of Age' documents. The three recognised documents are a passport, a photo driver licence, or a Hospitality Association of New Zealand 18+ card. If young people want to purchase alcohol or get into licensed premises they need to provide, if requested, photographic proof of age.

Purchasing or acquiring alcohol on or from licensed premises with the purpose of supplying it to someone under 18 incurs a fine of up to \$2000.

b) Enforcement of the law

At present police direct most enforcement action at individual drinkers who breach the law rather than the venue that supplied the drinker with alcohol. The Ministry of Justice report, February 2002, notes an increased number of liquor infringement notices issued to under 18 year olds for drinking or possessing alcohol in public places. The report suggests that this increase may have occurred because it is easier for the Police to issue an infringement notice rather than prosecute an offender. However, the report notes that the number of infringements and apprehensions in restricted or supervised areas may have dropped because of factors including changes in Police resourcing and practice. Some Police officers consider that the \$200 fine is too high, leading to a preference for warning offenders rather than issuing an infringement notice.

It is clear that young people have little difficulty obtaining alcohol. Anecdotal evidence and data from surveys shows that retailers are often lax; underage purchasers are rarely asked for ID, young people use false ID, and although mandatory ID checking is the ideal

situation - is it realistically possible in a busy bar? Police have identified difficulties with policing off-licence premises where the purchase of alcohol by a minor may take a matter of minutes and there is little recourse unless police are present. Police are using CPOs (Controlled Purchase Operations) to target “problem premises”. The evidence gathered is used to support applications for the suspension or cancellation of licences through the Liquor Licensing Authority.

There are four main agencies involved in regulating the Sale of Liquor Act:

- the Liquor Licensing Authority
- District Licensing Agencies
- Health authorities
- the Police

A liquor licence allows the licensee to sell alcohol according to the conditions of their licence. These four agencies have an important role in monitoring licensed premises to ensure that they are operating according to the law. In many local areas, e.g. Oamaru, Ashburton and Taranaki, the Police, District Licensing Authority and Regional Public Health teams have combined forces to monitor bars and retailers. ACC, ALAC, the Hospitality Association and the Beer Wine and Spirits Association are also involved in some areas. In the Wellington area these authorities have put pressure on liquor outlets to remind them of their responsibilities. They have also put pressure on troublesome bars to improve host responsibility, and in some cases have applied sanctions such as decreasing opening hours. Local communities now also have the authority to impose liquor bans since the Local Government (Prohibition of Alcohol in Public Places) Amendment Act 2001.

c) Adequacy of the law

There is no law preventing teenagers under 18 from drinking alcohol. It is illegal only to sell alcohol to minors, or for minors to consume alcohol in a public place or restricted area without a parent or guardian present. The high prevalence of risky drinking amongst 14 - 17 year olds suggests that access to alcohol is not difficult and some recent studies have confirmed parents and friends as the main suppliers, even though the law clearly states that such action can incur a fine of up to \$2000.

Police are developing a number of initiatives to enhance current enforcement activities and proposed legislative changes include making the sighting of proof-of-age mandatory. Alcohol Healthwatch (Media Release 1 October 2002) says that the current laws are full of loopholes. Some of the issues are:

- insufficient enforcement resources
- difficulty obtaining appropriate penalties for offenders
- total disregard of the law by many
- community inability to control the proliferation of licensed premises.

Recommendations:

- ID should be mandatory for young people when buying drinks on licensed premises.
- Increase enforcement of the law regarding licensed premises and provide adequate resources for Police to carry this out.
- Improve collection of information on infringements taking place on licensed premises.
- Lower the fine for an infringement notice issued to a young person e.g. from \$200 to \$50 for a first offence and to \$100 for a second offence.
- Provide adequate resources to the courts to collect these fines.
- Lobby local bodies to develop comprehensive policies on the control of alcohol in their communities in consultation with the Police and District Licensing Authorities, focusing particularly on the conditions applied to the issuing of licences and the enforcement of these conditions.
- Police should focus on suppliers other than retail outlets.

4. Controlling the Demand for Alcohol Among Young People

Price Control

Demand for alcoholic drinks is known to be sensitive to price. Therefore one way to reduce the alcohol consumption of young people is to remove the anomaly of different excise taxes for full (over 23%) and light (23% and under) spirits. The Government took this step in May 2003 making the excise tax on all drinks with between 14% and 23 % alcohol the same as that on full spirits. Up till then bottles of light spirits at under \$10 were easily affordable by young people. It is expected that demand for light spirits will now decrease.

Brian Easton, in his paper “Taxing Harm: Modernising Alcohol Excise Duties” proposes that the primary purpose of excise taxes should be harm minimisation. This would occur through the reduction of alcohol consumption because of the price effect and the ability to use the tax income to recover some or all of the social and health costs of alcohol misuse. Since an increase in the excise tax affects the consumption of moderate drinkers as well as teenagers and other groups of heavy drinkers it is the role of Government to make policy, which trades off harm reduction with reduction in moderate drinking. Only indicative figures are available but they suggest that, at present, the excise tax does not even cover the costs faced by the public health sector in dealing with the harm done by alcohol. Adjusting the level of excise tax would seem to have the potential to reduce the harm done by alcohol misuse.

Advertising and Promotion of Alcohol

Prior to 1992, the advertising of alcohol on radio and television was prohibited. However, a growing amount of liquor advertising had been focusing on the sponsorship of sport.

Brand name alcohol advertising on television and radio has been permitted in NZ since February 1992. Voluntary codes or restrictions have been applied since then. For example no brand name advertising was allowed on television before 9pm until mid 2003 when the earlier time of 8.30pm was introduced after a review of the code. Along with this change, the rules were tightened to prevent images, which would appeal to minors, being broadcast at this time. Sponsorship advertising is allowed at any time, except around the times of children’s programmes. Radio advertising is allowed at any time. As part of this policy broadcasters have to provide some time free for “moderation” advertising.

There is however a dilemma for broadcasters for there is pressure to harmonise the New Zealand code with the Australian code which has an 8.30pm watershed for alcohol advertising during live sporting events. More information is needed about the extent to which this creates a real problem for New Zealand broadcasters.

The voluntary codes are administered by the Advertising Standards Authority and the Broadcasting Standards Authority; the public can make complaints to these bodies. The codes have been reviewed three times since 1992 and as a result they have been tightened up in minor ways. On each occasion there were many submissions

recommending a ban on alcohol advertising in the broadcast media. For example see the submission of the Alcohol and Public Health Research Unit (APHRU), Auckland University to the last review in 1998 at www.aphru.ac.nz/hot/adsub.htm

Research in New Zealand suggests that alcohol advertising glamourises and normalises drinking. It is associated with life styles attractive to teenagers. It has been reported that on Friday nights 51% of children watch TV after 8.30pm and 62% watch it on Saturday nights. 31% were still watching at 10pm on Saturday nights. See “Group Against Liquor Advertising fact sheet at www.gala.org.nz. It has also been reported (See APHRU submission) that “Among 14-17 year olds, those who expressed the greatest liking for the advertising were the heaviest drinkers”.

Since 1992, when alcohol advertising was first permitted, young people have been consuming more alcohol on typical drinking occasions, leading to more drunkenness and alcohol related problems. An equivalent increase has not been noted in the adult population.

Overall, the evidence has been building that alcohol advertising on the broadcast media is associated with the current worrying drinking culture among young people. Thus, based on the growing body of research in NZ and overseas the APHRU does “not believe it is healthy public policy to permit advertisements on television and radio which promote sales of a substance with high personal, social and fiscal costs. From a public health perspective a ban on alcohol advertising on the broadcast media is the preferred option”. (Quote from APHRU submission mentioned above).

Banning advertising from radio and TV would reduce the exposure of young people to the effects of advertisements, which glamourise and normalise drinking. In addition, sponsorship of sporting events, which are popular with young people could also be banned. Such measures could be expected to reduce demand. Legislative change would be needed to achieve this. At a minimum a considerable tightening of the advertising codes including a reduction of the hours during which advertising is allowed could be considered.

Health and Safety Warnings on Containers of Alcoholic Drinks

At present there is no mandatory requirement for health and safety warnings on containers of alcoholic drinks sold in New Zealand. A Private Members Bill came before Parliament in 2000 but did not gain sufficient support to be passed. Nevertheless health warnings are printed on the labels of New Zealand wines for export for they are mandatory in several of our export markets.

APHRU’s assessment of the effects of such warnings in other countries has led it to advocate for new legislation here. It is suggested that the warnings be brief with only one warning per container. They could cover pregnancy, foetal alcohol syndrome, drink driving, number of standard drinks and other health dangers associated with alcohol.

In March 2003, a cabinet report supported, in principle, the labelling of containers of alcoholic drinks with safety warnings regarding the dangers of drinking during pregnancy. As a result, an application is to be made to Food Standards Australia New Zealand for a decision to include such warning labels in the future. With such legislation in place, it could be expected that demand for alcoholic drinks among young people would be modified. Even if TV advertising continues to be allowed, the warnings on containers will help to balance the effects of the advertising and allow young people to make more informed choices.

Recommendations:

- Ban alcohol advertising in the broadcast media and ban the sponsorship of sporting events by companies supplying alcohol.
- In the interim, tighten the advertising code by reducing the number of hours alcohol advertising is allowed, particularly on Friday and Saturday nights e.g. advertising to revert to a 9pm start or even later.
- Ensure funding for continuation of research into the effects of alcohol advertising on young people.
- Make health and safety warnings mandatory on all containers of alcoholic drink.
- Index the excise tax on alcohol to inflation, and set its level in such a way that it discourages young people from drinking , and more fully recovers the costs of alcohol harm to the community.

5. Reducing the Harm Caused by Alcohol

What is happening now?

In schools - The health curriculum is compulsory to year 10 and also provides the basis for planning further courses in the senior secondary school. *Health and Physical Education in the New Zealand School Curriculum*, P 36 under Mental Health - “Students require a range of learning opportunities in mental health. These include opportunities to develop: (amongst other things) knowledge, understandings, and skills to make informed, health-enhancing decisions in relation to drug use and misuse.”

Schools use ALAC resources such as videos and pamphlets, and also the Life Education Trust, to present drug and alcohol programmes. The Life Education Trust, provides an annual programme which fits in with health education in schools.

The way in which a school’s health education programme is developed, the year level of students able to attend and the time allocated, varies widely from one school to another. Another limiting factor is the availability of staff trained to teach the programme which usually comes under the umbrella of the physical education department. Currently, the Christchurch College of Education is running a teacher development programme which trains teachers to educate young people about responsible attitudes to alcohol. The Beer Wine and Spirits Council of New Zealand is a major financial supporter of this teacher development programme.

Students Against Driving Drunk (SADD) is an organisation which promotes harm minimisation strategies through student-run groups in schools.

In the community - The role of the Alcohol Advisory Council of New Zealand (ALAC) is to promote safe drinking and to minimise harm. Educational material is sent out to schools, doctor’s surgeries, hospital accident and emergency departments and community groups as requested.

The ALAC Annual Report 2003 notes that ALAC is developing a manual for liquor licensing officers so that there will be more consistency amongst local authorities in making recommendations.

ALAC works with communities where problem drinking is a concern and can advise and facilitate programmes tailored for local areas. ALAC has developed the YATA programme which has a youth focus in communities. Youth Access to Alcohol (YATA) - ALAC’s Community Action Project - calls on the community to work on specific issues and draws on strong public participation and resources in the community to achieve stated outcomes. Objectives - to reduce alcohol occasions provided by parents, no sales to under 18s and an increased number of people who know the rules.

ALAC has published training resources on alcohol and drugs specifically for youth worker educators, and for educators of mental health support workers.

Community responsibility

- ◆ Availability of alcohol at student activities and at after ball functions is being addressed in many communities and provision for safe events and free buses is being developed as a community initiative.
- ◆ ALAC provides Host Responsibility guidelines suitable for sports clubs as well as private parties and will work with local communities to provide alcohol free events. Host Responsibility guidelines specifically for Maori are also available. Host Responsibility is based on an American concept and is designed to create safer drinking environments.
- ◆ As from December 2002, a person making application to a District Licensing Authority for a General Manager's Certificate to run licensed premises needs to hold a new nationally recognised Licence Controller Qualification. This additional requirement also applies to those persons who held the General Manager's Certificate at the time of the change.
- ◆ ALAC provides Host Responsibility resources for licensed premises and bar staff including signage, information for bar staff and a model Host Responsibility Policy.

Compulsory standard drinks label on alcoholic drinks

The ALAC Annual Report 2003 reports that ALAC has worked with representatives from the liquor, hospitality and liquor retail sectors to prepare a programme, to be introduced in the new year, to inform New Zealanders of the concept of a standard drink, so that people might better manage their consumption.

Problem areas:

Education

At present there is a wide variation in the delivery of school-based drug and alcohol programmes. There needs to be an evaluation of the effectiveness of current programmes.

Attitude change and parental influence

ALAC says that currently our culture condones the supply of alcohol to underage drinkers - an attitude change is needed. Since parents and older teenagers have been found to be suppliers of alcohol they should be the targets for education and information to change attitudes. ALAC provides a wide range of material aimed at giving parents guidance. If parents are irresponsible about supplying and drinking alcohol, children have less chance of coping themselves. A US study (Grant 1998) found that young people with a family history of alcoholism had a higher prevalence of alcohol-related problems than those not dependent on alcohol.

Another US study (North Illinois University) highlighted the importance of positive peer pressure as a viable alternative to fighting alcohol abuse. Once students realised not everyone was binge drinking, drinking patterns changed and student binge drinking dropped by 35%. Because at risk teens often demonstrate extreme behaviour to be noticed and accepted, teaching them skills and providing them with information to resist negative peer pressure is important.

Specialist health services for young people

The Youth 2000 Survey noted that current health services are not meeting the needs of today's youth and that there are concerning numbers of youth whose healthy development is at risk. The Survey also noted that young people themselves are worried about drinking and want to cut down. School guidance staff and those professionals associated with the health of young people need to be trained to recognise and manage alcohol problems displayed by young people.

Recommendations:

- Increase funding to ALAC so that it can better carry out its programmes which target communities wanting to tackle identified problems with young people and alcohol e.g. Safe Waitakere Alcohol project and Youth Access to Alcohol project (YATA).
- Provide more alcohol-free activities for young people sponsored and organised by local councils, Police, community groups, parents and young people.
- Continue to expand the Host Responsibility concept to cover licensed premises, bar staff and organisers of public events.
- Research the effectiveness and content of various social and educational programmes for minimising harm caused to young people by alcohol, with a view to making the best use of available funds e.g. school, family and community based approaches.
- Fund early recognition and ongoing treatment specifically for young people presenting with alcohol-related problems.

6. Conclusion

On the basis of the data available at present, it cannot be said that lowering the drinking age to eighteen years is the only, or even the most important, factor in the “binge drinking culture” which is afflicting a worrying proportion of young people and leading them to drink excessively at a younger and younger age.

We do not believe it is a coincidence that there has been an increase in alcohol consumption by young people (but not by adults) since brand name liquor advertising in the broadcast media was first permitted by legislative change in 1991. This intensified the effects of the market approach to liquor licensing introduced in the 1989 Sale of Liquor Act.

The relaxation of controls on the alcohol industry has allowed it to sell and advertise alcohol in ways and at times, which influence too many impressionable young people.

Other factors contributing to the problem are the lack of resources for enforcement of the provisions in the Sale of Liquor Act; insufficient use of the powers of local councils to control the supply of alcohol; and the price of alcoholic drinks. Also, parents and older friends have been identified as the main suppliers of alcohol to under age young people.

By their very nature alcohol controls designed to allow freedom in the market place are not designed to protect young people who are a vulnerable and powerless group in society. A re-balancing of the legislative and advertising controls in favour of the health and well-being of young people is needed. We have formed the opinion that, to achieve this, some political barriers to change need to be overcome.

7. Barriers to change

First is the lobbying power of the liquor industry. The freer the market for alcoholic drinks the better for it. It is to be expected that this large industry will energetically oppose any proposed increase in excise duties or in controls on sales or advertising which could limit the size of its market. A quote from a recent *Drinks Biz*, a liquor industry magazine, illustrates this - “Advertising is the key element in the sale of beer, wine and spirits... it feeds our core desire to make informed choices that suit our lifestyles and aspirations”.

Second is the advertising industry, which profits considerably from the forty five million dollars per year spent by the liquor industry on advertising. It would be unlikely to advocate for any increase in the controls on advertising.

Third is the broadcast media, especially TVNZ, which depends on revenue from advertisers to balance its books and return a profit to Government. Increasing controls on the advertising of alcohol would put TVNZ in a very difficult position. The loss of a major advertiser would reduce its ability to put the public service aspects of its charter into practice. In spite of its social responsibilities, it may not wish to support any increase in advertising controls.

Yet another barrier to change is the financial dependence of popular public events, such as sporting fixtures, on alcohol industry sponsorship. Many young people attend these events and are exposed to this form of advertising, which associates healthy activities with alcohol. Without alternatives to alcohol industry sponsorship there is unlikely to be any action in support of change from the organisers of these events.

These large and influential groups, which benefit from the status quo, do not appear to be balanced by a community constituency for change. Change requires government action and for Government to act there needs to be a large constituency for change. The final barrier to change is the lack of visibility of the community lobby.

Researchers and health workers have been advocating for change whenever there are reviews of the legislation and the advertising codes of practice e.g. APHRU. Several community watchdog groups pursuing a particular aspect of alcohol abuse do likewise e.g. GALA, Alcohol Health Watch, SWAT. There are also other, more broad based organisations e.g. NCWNZ, which make their views known as opportunities arise. Concerned parents, teachers and others in the community for whom the problem of youth and alcohol is now a continuing worry, feel powerless to do anything about it.

Co-operation between the many concerned groups could make the constituency for change visible and more powerful. It is our view that without some form of co-operation each group can only expect to “tinker around the edges” for some time to come. One effective means of co-operation would be to co-ordinate the data bases of the many organisations which conduct research and collect data on alcohol consumption and its

impact throughout society. This would facilitate the spread of new information and assist efforts to reduce alcohol-related harm.

Recommendations:

- Encourage collaboration with other community groups working to reduce alcohol-related harm in order to make visible and strengthen the community lobby.
- Co-ordinate and centralise the many sources of data on alcohol issues so as to facilitate efforts to reduce alcohol-related harm and to speed the spread of new information.

8. Full List of Recommendations

Section 2

- Research is needed to determine national trends in the incidence of foetal alcohol syndrome and alcohol-related mental health disorders, sexually transmitted infections, sexual assault and sexual harassment in young people.
- More research is needed on the health impacts of alcohol consumption on young people, especially young women.
- Continue research to determine national trends in the number of young people drinking and the amount they are drinking, as a result of the reduction in the legal purchasing age for alcohol from 20 to 18 years.

Section 3

- ID should be mandatory for young people when buying drinks on licensed premises.
- Increase enforcement of the law regarding licensed premises and provide adequate resources for Police to carry this out.
- Improve collection of information on infringements taking place on licensed premises.
- Lower the fine for an infringement notice issued to a young person e.g. from \$200 to \$50 for a first offence and to \$100 for a second offence.
- Provide adequate resources to the courts to collect these fines.
- Lobby local bodies to develop comprehensive policies on the control of alcohol in their communities in consultation with the Police and District Licensing Authorities, focusing particularly on the conditions applied to the issuing of licences and the enforcement of these conditions.
- Police should focus on suppliers other than retail outlets.

Section 4

- Ban alcohol advertising in the broadcast media and ban the sponsorship of sporting events by companies supplying alcohol.
- In the interim, tighten the advertising code by reducing the number of hours alcohol advertising is allowed, particularly on Friday and Saturday nights e.g. advertising to revert to a 9pm start or even later.
- Ensure funding for continuation of research into the effects of alcohol advertising on young people.
- Make health and safety warnings mandatory on all containers of alcoholic drink.
- Index the excise tax on alcohol to inflation, and set its level in such a way that it discourages young people from drinking, and more fully recovers the costs of alcohol harm to the community.

Section 5

- Increase funding to ALAC so that it can better carry out its programmes which target communities wanting to tackle identified problems with young people and alcohol e.g. Safe Waitakere Alcohol project and Youth Access to Alcohol project (YATA).
- Provide more alcohol-free activities for young people sponsored and organised by local councils, Police, community groups, parents and young people.
- Continue to expand the Host Responsibility concept to cover licensed premises, bar staff and organisers of public events.
- Research the effectiveness and content of various social and educational programmes for minimising harm caused to young people by alcohol, with a view to making the best use of available funds e.g. school, family and community based approaches.
- Fund early recognition and ongoing treatment specifically for young people presenting with alcohol-related problems.

Section 7

- Encourage collaboration with other community groups working to reduce alcohol-related harm in order to make visible and strengthen the community lobby.
- Co-ordinate and centralise the many sources of data on alcohol issues so as to facilitate efforts to reduce alcohol-related harm and to speed the spread of new information.

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