

# Alcohol and young people.

Adolescence is a time when positive steps can be taken to reduce the potential for alcohol related harms. Younger people are particularly vulnerable to alcohol related harms for several reasons. They are experiencing profound physical and emotional changes, they are heavily influenced by role models, they may engage in increased risk-taking, and their brains are still developing and therefore sensitive to even low amounts of alcohol.

Parents, policymakers, schools and communities can all act to protect younger people from alcohol related harms. This paper outlines why young people are important and some of the action that can be taken.



## Why focus on young people?

Adolescence is the natural transition from childhood to adulthood that places a person at a crossroads of – often intensely felt – physical and emotional changes. The physical changes include the introduction of sex hormones during puberty and significant change and development in the brain. The adolescent period is typically between 10–19 years, although research suggests we should recognise that development continues into the mid-20s.

As part of adolescent development many young people engage in increased risk-taking and sensation-seeking behaviours, and related experiences may play an important role in shaping and preparing the brain for adulthood.<sup>1,2</sup>

This common shift in behaviour towards searching for novelty and excitement can be expressed in many ways, including experimentation with alcohol.

Drinking is part of Australia's culture and adolescents have traditionally sought access to alcohol as a badge of adulthood.

Yet while adolescence may be a seemingly natural time to start drinking, it is a particularly risky time to do so because of the substantial development occurring in the brain.

Current evidence indicates that many of the regions of the brain undergoing development during adolescence are "particularly sensitive to even fairly low doses of alcohol."<sup>1</sup>

Exposure to alcohol during this period can mean a young person never reaches their full intellectual potential. Drinking alcohol during adolescence increases the risk of problematic drinking in the future.<sup>1,3,4</sup>

## Why focus on alcohol?

Alcohol is the most common drug in Australia, and it's the drug most commonly used by young people.<sup>5,6</sup>

Alcohol contributes to all the leading causes of death for young people; suicide, land transport accidents, accidental poisoning, and assault.<sup>7,8</sup>

Of the young Australians aged 14–19 years who are drinking at risky levels, 83% reported being injured as a result of that drinking in the past year.<sup>9</sup>

Early drinking, even sips or tastes, is connected to earlier and more harmful patterns of alcohol consumption.<sup>3,10</sup>

Long-term alcohol consumption is linked to six different types of cancer, cardiovascular disease, and liver disease.<sup>7</sup>

Although some young people are still drinking, and drinking in risky ways, fewer young people overall are choosing to drink and those who do are starting later.<sup>6,11</sup> Research suggests that decreases in youth alcohol consumption may be connected to changes in Australian parents attitudes and reductions in the availability of alcohol.<sup>11,12</sup>



## The importance of parents

### Parents as role models

Parents play a significant and powerful role in shaping their child's beliefs and attitudes about alcohol, through their role-modelling of alcohol-related behaviours.<sup>10,13</sup> Watching adults drink frequently and enjoy alcohol is linked to the development of a young person's positive expectations of their own use of alcohol.<sup>13</sup> But this knowledge can cut both ways – observing adults have fun without alcohol, demonstrate they can refuse a drink, and not have alcohol as the central focus of all social gatherings can positively shape a young person's understanding of the role alcohol may, or may not, play in their life.

Parental disapproval of their children drinking, and young people believing that underage drinking is considered unacceptable, can reduce the likelihood that adolescents will drink.<sup>3,14</sup> Setting clear boundaries about the unacceptability of alcohol, and not giving alcohol to young people, can help to communicate this disapproval.

### Parents supplying alcohol

Parents are still the most likely group to have given alcohol to 12–17-year-olds in Australia.<sup>5</sup> This suggests that many parents are not yet aware of the negative impact such supply can have on their children.<sup>15</sup> There may also be a lack of awareness about the damage caused to the brain by alcohol consumption during adolescence, and that the National Health and Medical Research Council recommends not drinking as the safest option for those under 18-years.<sup>16</sup>

There is now an opportunity to leverage the decreasing rates of adolescent alcohol consumption, and a growing body of knowledge around what works in prevention, to take positive, evidence-based action to empower parents and communities to further reduce the harms of alcohol to young people in Australia.

### Empowering parents

There is strong evidence that empowering parents with knowledge and understanding about why their children shouldn't drink during adolescence, and the actions they can take, will reduce the likelihood their child will drink and drink in harmful ways.<sup>10,11</sup>

Mass media campaigns are another strategy to educate Australians about adolescent alcohol consumption. Awareness-raising campaigns can educate the public that not drinking when under 18 is the safest option, and inform parents about the power of role-modelling alcohol behaviour to their children.<sup>17</sup>

Programs that engage with parents may be a good strategy to combine with a mass media campaign. Programs could reinforce knowledge about the harms of alcohol to young people, while also fostering communication between parents. Creating a parental culture that recognises the harms of adolescent drinking can help to create a community-level culture, which disapproves of youth drinking. The message that adolescent drinking is unacceptable can be more effective when it is clearly and consistently repeated to young people both inside and outside of their home.

When adolescents are developing problematic drinking behaviours, parents can play a key role in supporting them to seek help, talking to their local doctor or other specialist services (such as those listed on page 6).



## Empowering communities

### Controlling the availability of alcohol

Australian research has found a higher density of outlets selling alcohol in a community – specifically take-away liquor outlets – is linked to a higher risk of alcohol consumption for adolescents between 12–14. In short, the more places selling take-away alcohol, the more likely adolescents 12–14-years will drink.<sup>18</sup> Managing the density of alcohol outlets in a community may be an important element in a more holistic strategy to reduce young people’s alcohol consumption. Communities and regulators should be given the ability to have meaningful input and control over the density, and type, of liquor outlets licenced in their local area.

Enforcing purchase laws of 18 years and secondary supply laws (provision of alcohol to those under 18 years) is another important aspect of reducing the availability of alcohol to young people.<sup>11</sup>

### Evidence-based drug education

It’s critical that the education provided to young people about alcohol be evidence-based and aligned with best practice, to ensure we have the greatest chance of success.<sup>19</sup>

Education attempts based in exaggeration of risks and scare tactics have been demonstrated ineffective, and in the worst cases have backfired.<sup>20</sup> Successful alcohol education is oriented towards developing young people’s social competence and capacity to cope with stressful situations without relying on alcohol. All Australian schools have access to evidence-based alcohol education, which should be adopted by every school.<sup>21</sup>

### Why information isn’t enough

Expecting information to change behaviour in the face of strong social, personal and environmental factors is unrealistic.

The issue is that young people’s decision-making and risk assessment abilities are still developing while their emotional reactivity is heightened.<sup>2</sup>

Adolescents are more likely to make decisions based in emotion and sometimes a young person may make a decision ‘in the heat of the moment’ even though they may ‘know better’.<sup>2</sup>

While information might not be enough, it’s still important that adolescents have the facts – especially the fact that fewer of their peers are choosing to drink.



# Taking action



## Parents

Know the facts about alcohol in adolescence. Explain why you don't want your kids under 18-years drinking. Talk to your kids about boundaries, expectations, and consequences.

Don't give alcohol to your children. Secondary supply laws make it illegal for anyone else to supply your child with alcohol without your permission.

Communicate and share information with other parents to create a community culture that does not support adolescent drinking.

Role model positive behaviour around alcohol, with actions like:

- showing you don't need a drink to have fun or relax
- turning down a drink
- holding celebrations without alcohol
- drinking within the Australian guidelines.\*

If you're worried a young person is struggling with alcohol, contact one of the services listed (on page 6) for help.

## Schools

Only use evidence-based alcohol and other drug education in classrooms.\*\*

Adopt current best practice recommendations about taking a whole-of-school approach to creating a positive, healthy, and engaging space for young people.†

## Communities

Consider how to share this information with as many parents and other influencers as possible, such as through mass media campaigns or workshops.

Consider how your community can have a say in liquor licensing decisions so we reduce the availability of alcohol to adolescents.

Make supervised extra-curricular activities, such as sport and art, more available to young people.

## Health workers

Talk to your clients about how much they're drinking, drinking within the Australian guidelines,\* and the importance of role modelling to children.

## Policy makers

Assist the community in having meaningful influence and control over the density of alcohol outlets, and the type of alcohol outlets, that are licenced in their community.

Support the delivery of evidence-based education in schools.\*\*

\* The National Health and Medical Research council guidelines for alcohol consumption recommend that not drinking under 18 years is the safest option. For adults, not consuming more than two standard drinks per day or more than four standard drinks on any occasion is recommended. See [nhmrc.gov.au/health-advice/alcohol](http://nhmrc.gov.au/health-advice/alcohol)

\*\* Evidence-based school education resources can be accessed through the Positive Choices website: [positivechoices.org.au/resources/recommended-programs](http://positivechoices.org.au/resources/recommended-programs)

† Read more about what a whole-of-school approach is and how to adopt one: [dovetail.org.au/resources/alcohol-and-other-drugs-in-schools](http://dovetail.org.au/resources/alcohol-and-other-drugs-in-schools)

# Services



## Drug Info

If you want to talk about alcohol and adolescents, this free information line can assist.

1300 85 85 84

## YoDAA

Victoria's Youth Drug and Alcohol Advice service provides support and information for parents, young people, schools and workers who are concerned about a young person.

1800 458 685

[yodaa.org.au](http://yodaa.org.au)

## Kids Helpline

Provides information and counselling for young people aged 5–25-years.

1800 551 800

[kidshelpline.com.au](http://kidshelpline.com.au)

## Lifeline

Provides emergency support for suicide prevention.

13 11 14

[lifeline.org.au](http://lifeline.org.au)

## Headspace

Provides mental health and wellness online, and phone support and programs through centres.

03 9027 0100

[headspace.org.au/eheadspace](http://headspace.org.au/eheadspace)

## YSAS

The Victorian-based Youth Support and Advocacy Service, provides acute treatment services and support.

03 9415 8881

[ysas.org.au](http://ysas.org.au)



## References

1. L. P. Spear, "Effects of adolescent alcohol consumption on the brain and behaviour," *Nature Reviews Neuroscience*, vol. 19, pp. 197–214, 2018.
2. B. J. Casey, R. M. Jones and T. A. Hare, "The Adolescent Brain," *Annals of the New York Academy of Sciences*, pp. 111–126, 2008.
3. C. R. Colder, K. Shyhalla and S. E. Frndak, "Early alcohol use with parental permission: Psychosocial characteristics and drinking in late adolescence," *Addictive Behaviours*, vol. 76, pp. 82–87, 2018.
4. J. McCambridge, J. McAlaney and R. Rowe, "Adult Consequences of Late Adolescent Alcohol Consumption: A Systematic Review of," *PLoS Medicine*, vol. 8, no. 2, 2011.
5. V. White and T. Williams, "Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014," Cancer Council Victoria, 2016.
6. Australian Institute of Health and Welfare, "National Drug Strategy Household Survey 2016," AIHW, 2017.
7. Australian Institute of Health and Welfare, "Impact of alcohol and illicit drug use on the burden of disease and injury in Australia: Australian Burden of Disease Study 2011," Australian Government, Canberra, 2018.
8. AIHW, "Deaths in Australia," Australian Government, Online, 2018.
9. Lam, T et al., "Young Australians' Alcohol Reporting System (YAARS): National Report 2016/17," National Drug Research Institute, Perth, 2017.
10. S. M. Ryan, A. F. Jorm and D. I. Lubman, "Parenting factors associated with reduced adolescent alcohol use: a systematic review of longitudinal studies," *Australian and New Zealand Journal of Psychiatry*, vol. 44, no. 9, pp. 774–783, 2010.
11. J. W. Toumbourou, B. Rowland, M. Ghayour-Minaie, S. Sherker, G. C. Patton and J. W. Williams, "Student survey trends in reported alcohol use and influencing factors in Australia," *Drug and Alcohol Review*, vol. 37, no. S1, pp. 58–66, 2018.
12. R. K. Hodder, E. Campbell, C. Gilligan, H. Lee, C. Lecathelinais, S. Green, M. MacDonald and J. Wiggers, "Association between Australian adolescent alcohol use and alcohol use risk and protective factors in 2011 and 2014," *Drug and Alcohol Review*, vol. 37, no. S1, pp. 22–33, 2017.
13. K. Smit, C. Voogt, M. Hiemstra, M. Kleinjan, R. Otten and E. Kuntsche, "Development of alcohol expectancies and early alcohol use in children and adolescents: A systematic review," *Clinical Psychology Review*, vol. 60, pp. 136–146, 2018.
14. P. Larm, M. Livingston, J. Svensson, H. Leifman and J. Raninen, "The increased trend of non-drinking in adolescence: The role of parental monitoring and attitudes toward offspring drinking," *Drug and Alcohol Review*, vol. 37, no. S1, pp. S34–S41, 2018.
15. M. I. Jongenelis, R. Johnston and J. Stafford, "Factors Associated with Parents' Belief in the Appropriateness of Providing Alcohol to their Child," *Substance Use and Misuse*, vol. 53, no. 14, 2018.
16. National Health and Medical Research Council, "Australian guidelines to Reduce Health Risks from Drinking alcohol," NHMRC, Canberra, 2009.
17. R. S. Johnston, J. Stafford, M. I. Jongenelis, T. Shaw, H. Samsa, E. Costello and G. Kirby, "Evaluation of a public education campaign to support parents to reduce adolescent alcohol use," *Drug and Alcohol Review*, vol. 37, no. 5, pp. 588–598, 2018.
18. B. Rowland, J. W. Toumbourou, L. Satyen, G. Tooley, M. Livingston, J. Hall and J. Williams, "Associations between alcohol outlet densities and adolescent alcohol consumption: A study in Australian students," *Addictive Behaviours*, vol. 39, no. 1, pp. 282–288, 2014.
19. C. Werch and D. Owen, "Iatrogenic Effects of Alcohol and Drug Prevention Programs," *Journal of Studies on Alcohol*, pp. 581–590, 2002.
20. H. Cahill, "Devising classroom drug education programs," in *Drug Education in Schools: Searching for the Silver Bullet*, East Hawthorn, IP Communications, 2006, pp. 147–165.
21. C. Davis, C. Francis, C. Mason and J. Phillips, "A Best Practice Guide to Policy, Prevention and Planning for Alcohol and Other Drugs in Schools," *Dovetail*, Brisbane, 2018.
22. K. J. Pegg, A. W. O'Donnell, G. Lala and B. L. Barber, "The Role of Online Social Identity in the Relationship Between Alcohol-Related Content on Social Networking Sites and Adolescent Alcohol Use," *Cyberpsychology, Behaviour, and Social Networking*, vol. 21, no. 1, 2018.
23. J. C. Scott, S. T. Slomiak, J. D. Jones, A. F. Rosen, T. M. Moore and R. C. Gur, "Association of Cannabis With Cognitive Functioning in Adolescents and Young Adults: A Systematic Review and Meta-analysis," *JAMA Psychiatry*, vol. 75, no. 6, pp. 585–595, 2018.
24. L. Cooper, "Motivations for Alcohol Use Among Adolescents: Development and Validation of a Four-Factor Model," *Psychological Assessment*, vol. 6, no. 2, pp. 117–128, 1994.
25. N. Comeau, S. H. Stewart and P. Loba, "The relations of trait anxiety, anxiety sensitivity, and sensation seeking to adolescents' motivations for alcohol, cigarette, and marijuana use," *Addictive Behaviors*, vol. 26, pp. 803–825, 2001.
26. M. Pompili, G. Serafini, M. Innamorati, G. Dominici, S. Ferracuti, G. D. Kotzalidis, G. Serra, P. Girardi, L. Janiri, R. Tatarelli, L. Sher and D. Lester, "Suicidal Behaviour and Alcohol Abuse," *International Journal of Environmental Research and Public Health*, vol. 7, no. 4, pp. 1392–1431, 2010.