



Policy brief
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Education on alcohol

"I think the best possible way to reduce the amount of young people drinking would be to educate them about alcohol. You will never be able to stop people obtaining alcohol and drinking, the best option is to educate people."

In 2017, there is still considerable concern across the community about the harms caused by alcohol consumption, particularly the effect on young people. Encouragingly, national data shows that fewer young people are drinking, with 82 per cent abstaining from alcohol in 2016, compared to 72 per cent in 2013.¹ Recent research conducted in WA² also shows that the proportion of students reporting they have never consumed alcohol has more than tripled over three decades (from nine per cent to 31.5 per cent). However, those who do drink are doing so at increasingly risky levels, and the upward trend is continuing.

These statistics are pleasing and show that public health campaigns promoting key messages and harm minimisation strategies are important and can have a positive effect. They also show however that there is still more to be done to reduce alcohol-related harm on children and young people.

Education at school, for parents and across the wider community, is an important component of reducing alcohol-related harm to children and young people. Public education campaigns can be effective in both raising awareness and changing drinking behaviour if they are sustained, properly resourced, and part of a comprehensive policy framework.³

What do young people say about education on alcohol?

In 2011 the Commissioner for Children and Young People WA consulted nearly 300 young Western Australians aged 14 to 17 years to find out their views on alcohol-related harm and the strategies they saw as likely to work in reducing this harm.

In the online survey conducted as a part of the Commissioner's consultation, 43.5 per cent of young people identified 'education at school' as an extremely effective strategy. It was considered one of the most effective strategies among drinkers (31%) and non-drinkers (48.3%). Overall, the top two strategies identified by young people were providing more alcohol-free activities (52.5 %) and stronger enforcement of the laws prohibiting the sale of alcohol to intoxicated people and to people under the age of 18 (45.8 %). In addition to these strategies, young people thought community-based alcohol education strategies (such as media campaigns, targeted programs, public health campaigns and product warning labels) would be likely to reduce alcohol-related harm to young people.

Education at school

Young people also made a number of suggestions about how school-based alcohol education programs could be improved to have a greater effect on them. They said programs could be more effective if they started before drinking behaviour had commenced. When developing alcohol education programs and activities, it is important to understand the needs of children and young people at particular stages of their development, so that these programs can be implemented accordingly. The 'middle years' for example, is an important developmental phase, typically understood to be from the ages of nine to 14. During this time, significant biological and neurological developments take place, which see an increase in risk-taking and sensation-seeking behaviours such as disengaging from school, involvement in criminal behaviour and experimentation with drugs and alcohol.⁴ This is a time during which important *interventions can be made to achieve positive behaviour change.*

"If they do it at a younger age – when you're not so, 'I know everything about it', should start in Year 8 or Year 9 before the get into that drinking culture." male

Consistent with the evidence⁵, young people also recognised that it was important for education campaigns to aim to modify behaviour, not just increase their knowledge base. They thought alcohol education strategies should seek to influence traditionally-held attitudes and beliefs about alcohol consumption, targeting parents, older siblings and the community more broadly. Their view was that this was more achievable if messages were delivered by credible people, including older peers, particularly those who have been negatively affected by alcohol.

"I think educating people in a casual and supportive approach early on might help them make the right decisions concerning alcohol and then hopefully they will spread the message to other young people. My idea would be that if younger spokesman (such as their peers) were to educate and spread the message of the harm caused by drinking to young people then they may be able to relate more, rather than feel like they're being lectured by adults or others that don't understand them." male

Young people said they also wanted practical information and tips on what to do to help keep friends safe when drinking.

*"We want strategies to solve things, hints on what you can do like if this happens, lay the person down or if this happens here is how you deal with it."*female

*"To help us with strategies so like when your friends are drunk how to sober up and like what to do before you drink."*female

"Definitely effective, so long as they don't lecture us. If it's like, 'don't drink, don't drink, don't drink, then we will – we need tips.'"female

Schools also have a significant role in harm prevention and reduction by promoting a holistic approach to wellbeing, including the protective factors that improve outcomes for children and young people. Some of these factors include fostering positive engagement in the school community, as well as in learning and achievement. Schools also have an important role in identifying young people who consume alcohol, supporting and educating them about the harms associated with doing so. Research has shown that children who are not engaged with learning and have poor relationships with teachers and peers are more likely to use alcohol and other drugs, develop anxiety/depression and fail to complete school.⁶

As part of the Commissioner's Engagement in Education project, the School and Learning consultation explores these issues, and the views of children and young people in the school context, in more detail. For more information visit the Commissioner's website ccyp.wa.gov.au.

Education for parents

For young people participating in the online survey, parents were the most significant influence on non-drinkers (56.6%) and the second most significant influence on drinkers (38.1%).

Consistent with these findings, young people considered it important for parents to have more information and support to help their children make informed decisions about drinking. This includes modelling their own positive alcohol consumption patterns and being cognisant of important public health messages about the developing adolescent brain and delaying their children's drinking for as long as possible.

For further discussion about the role of parents in reducing alcohol-related harm to children and young people, see the Commissioner's Alcohol and the role of parents policy brief on the Commissioner's website ccyp.wa.gov.au.

What is happening in WA?

School Drug Education and Road Aware (SDERA)

School Drug Education and Road Aware (SDERA) is the State government's primary drug and road safety education strategy. SDERA works with schools and the wider community to provide prevention education aimed at keeping young people safe.

SDERA works with hundreds of government, independent and Catholic primary and secondary schools across the State. They offer a range of print and online resources to help school staff deliver alcohol and road safety education programs through the Health and Physical Education learning area of the Western Australian Curriculum.

The 'whole school community' approach is a strong focus for SDERA, which is evident in their Changing Health Acting Together (CHAT) initiative. The CHAT model aims to embed a more comprehensive approach to resilience, alcohol and other drugs, and road safety education in WA schools. To date, the CHAT model has been adopted by 109 schools across Western Australia.⁷ In 2015, the initiative was evaluated by the Child Health Promotion Research Centre at Edith Cowan University. The evaluation acknowledged the evidence base supporting a whole-school approach to addressing risk and protective factors affecting student health and wellbeing, with the CHAT initiative being a good example of this approach. The evaluation noted however that a 'research to practice' gap exists, highlighting the need for evidence-based implementation strategies to better support schools undertaking a whole-school process.⁸

The School Health and Alcohol Harm Reduction Project (SHAHRP)

Curtin University's National Drug Research Institute (NDRI) has conducted research into reducing alcohol-related harm in a school context.⁹ The studies reflect the aims of the *National Drug Strategy*¹⁰ by adopting a harm-minimisation approach.

The SHAHRP teaching program has been rated highly¹¹ in terms of its flexibility and innovative approach to program delivery.¹² Results of the program show that 'SHAHRP students had greater alcohol-related knowledge, lower levels of total and risky consumption and alcohol consumption, and lower levels of harm associated with alcohol use'.¹³ In 2013 the program materials were evaluated and updated, with the report attributing SHAHRP's success not only to the paradigm shift from an abstinence to harm-reduction approach, but also to its inclusion of young people in both the development and piloting of the program.¹⁴

SHAHRP program materials are available from the NDRI website.

What does the research say about what works and what doesn't?

Reducing alcohol-related harm is a whole of community issue that requires a community-wide response. While education on alcohol is an important component of this, in isolation it is unlikely to have a significant effect on the drinking behaviours of children and young people.

What works?

Action on reducing alcohol-related harm needs to happen at a community, family and individual level, and education on alcohol is an important component of this response. The strategies to reduce alcohol-related harm now have a well-understood evidence base, and what is needed going forward is strong leadership and a desire to drive change. In its 2016 election platform, the Foundation for Alcohol Research and Education (FARE) outlined five key action areas, one of which was to conduct nation-wide public education campaigns.¹⁵

The Australia Medical Association (AMA) has similarly called for a targeted and sustained mass-media campaign on the harms of excess alcohol use, funded from a levy on alcohol products, as well as school-based and parent education programs that develop young people's decision-making skills.¹⁶ These approaches are consistent with the Commissioner's, and others¹⁷, advocacy over a number of years.

What doesn't work?

There is mixed evidence about the effectiveness of 'scare-tactic' strategies, such as graphic images or real-life stories, despite their prevalence in schools and their popularity with young people. While graphic stories are memorable for young people, behaviour modification does not necessarily follow:

"In general, the more serious and tragic consequences of drinking are inconsistent with young people's own experience and what they see happening when friends and family consume alcohol. Thus, while scare tactics are compelling to watch, adolescents may still fail to make the connection between their own risky behaviour and the potential for such dire consequences. Moreover, the use of scare tactics subverts the normative approach, which aims to dispel the myth that all young people consume alcohol in a risky manner."¹⁸

Research has also shown¹⁹ that while school-based education programs have a role, they are unlikely to be successful in isolation. This is of particular significance for Aboriginal children and young people, where the 'effects of most school-based AOD (alcohol and other drug) education appear to be weak and short term.'²⁰ Partnerships with parents and the wider community are a key component of successful alcohol education programs. Alcohol industry-supported programs are also generally considered ineffective, with some research finding them counter-productive.²¹

Priorities for policy and program development

Considerable work is already being done by a range of agencies in WA to reduce alcohol-related harm on young people. When developing education and public awareness strategies, the following considerations should be taken into account:

- School-based alcohol education programs should be delivered using a 'social influence' approach that involves parents and the wider community. Promoting protective behaviours and a positive school culture is a key component of this approach. School-based alcohol education programs should aim to modify behaviour, not just increase knowledge and competence.
- Young people should be an integral part of the ongoing development and implementation of strategies to reduce alcohol-related harm.
- Policy makers and educators should consider the unique developmental period of the middle years (nine to 14 year olds) as the stage to commence school-based alcohol education programs.

Public education campaigns can be effective in both raising awareness and changing drinking behaviour if they are sustained, properly resourced, and part of a comprehensive policy framework. Any public education campaigns need to target not only children and young

people but the broader community, and be complemented by other strategies that support efforts to reduce excessive alcohol consumption. These strategies include:

- reducing the availability of cheap and discounted alcohol through means such as volumetric taxation, introduction of a minimum floor price, and abolishment of the Wine Equalisation Tax (WET)
- legislation to restrict the advertising and promotion of alcohol, particularly where it is visible or exposed to children and young people
- reform that includes a robust and effective regulatory framework which can sufficiently cover all forms of marketing and promotion, including social media
- strategies and alternatives to replace the widespread alcohol industry sponsorship of sport
- the provision of more alcohol-free events for children, young people and families.

Further information

For further discussion about these issues and the Commissioner's work on reducing alcohol-related harm, visit the website ccyp.wa.gov.au:

- Alcohol and sport policy brief
- Alcohol availability policy brief
- Alcohol and the role of parents policy brief
- Foetal Alcohol Spectrum Disorder (FASD) issues paper

More information on the problem of alcohol-related harm:

- McCusker Centre for Action on Alcohol and Youth mcaay.org.au
- National Alliance for Action on Alcohol actiononalcohol.org.au
- National Preventative Health Taskforce preventativehealth.org.au
- Foundation for Alcohol Research and Education fare.org.au

Endnotes

- ¹ Australian Institute of Health and Welfare (2017) *National Drug Strategy Household Survey (NDSHS) 2016 Key Findings*, Australian Government. Viewed 6 June 2017, <<http://www.aihw.gov.au/alcohol-and-other-drugs/data-sources/ndshs-2016/key-findings/>>
- ² Mental Health Commission 2014, *2014 Australian School Students Alcohol and Drug (ASSAD) Survey*, Government of Western Australia
- ³ Centre for Alcohol Policy Research (CAPR) 2016 *Hidden Harm: Targeting Alcohol's Impact on Children and Families*, Foundation for Alcohol Research and Education (FARE)
- ⁴ Commissioner for Children and Young People 2011, *Middle Years Issues Paper 7*, Commissioner for Children and Young People WA 2011, *Middle Years Issues Paper 7*, Commissioner for Children and Young People WA
- ⁵ National Drug Research Institute *School Health and Alcohol Harm Reduction Project* [website], viewed May 2017, <<http://ndri.curtin.edu.au/research/shahrp/>>
- ⁶ Bond, Butler, Thomas et al., 2007; Bond, Patton, Glover et al., 2004, cited in Roche AM, et al 2010, *The Role of Schools in Alcohol Education: Final Report to Australian Government Department of Education, Employment & Workplace Relations*, National Centre for Education and Training on Addiction (NCETA), Canberra, p. 26.
- ⁷ School Drug Education and Road Aware (SDERA) 2015, *Annual Report 2015-2016*, Government of Western Australia
- ⁸ Child Health Promotion Research Centre 2015, *Final CHAT Evaluation Report 2015*, Edith Cowan University
- ⁹ National Drug Research Institute *School Health and Alcohol Harm Reduction Project* [website], viewed May 2017, <<http://ndri.curtin.edu.au/research/shahrp/>>
- ¹⁰ Ministerial Council on Drug Strategy 2011, *National Drug Strategy 2010 – 2015: A framework for action on alcohol, tobacco and other drugs*, Commonwealth of Australia
- ¹¹ Roche AM et al 2010, *The Role of Schools in Alcohol Education: Final Report to Australian Government Department of Education, Employment & Workplace Relations*, National Centre for Education and Training on Addiction (NCETA), p. 58, p. 81
- ¹² National Drug Research Institute *School Health and Alcohol Harm Reduction Project* [website], viewed May 2017, <<http://ndri.curtin.edu.au/research/shahrp/>>
- ¹³ Roche AM et al 2010, *The Role of Schools in Alcohol Education: Final Report to Australian Government Department of Education, Employment & Workplace Relations*, National Centre for Education and Training on Addiction (NCETA), p. 81
- ¹⁴ National Drug Research Institute *School Health and Alcohol Harm Reduction Project* [website], viewed May 2017, <<http://ndri.curtin.edu.au/research/shahrp/>>
- ¹⁵ Foundation for Alcohol Research & Education (FARE) *FARE Election Platform 2016* [website], viewed 6 June 2017, <<http://fare.org.au/election-platform-2016/>>
- ¹⁶ Australian Medical Association (AMA) *Alcohol Consumption and Alcohol-related Harms – 2012* [website], viewed May 2017, <<https://ama.com.au/position-statement/alcohol-consumption-and-alcohol-related-harms-2012>>
- ¹⁷ McCusker Centre for Action on Alcohol and Youth (MCAAY), National Alliance for Action on Alcohol, WA Alcohol and Youth Action Coalition
- ¹⁸ Roche AM et al 2010, *The Role of Schools in Alcohol Education: Final Report to Australian Government Department of Education, Employment & Workplace Relations*, National Centre for Education and Training on Addiction (NCETA), p. 86
- ¹⁹ Australian Institute of Health and Welfare and the Australian Institute of Family Studies, *Closing the Gap Clearinghouse 2010 Reducing alcohol and other drug related harm*, Australian Government, pp. 5-6
- ²⁰ *ibid*
- ²¹ McCusker Centre for Action on Alcohol and Youth (MCAAY), Australian Medical Association (AMA), Foundation for Alcohol Research & Education (FARE)