Literature review: Consulting with children and young people about alcohol.

Background

Alcohol consumption has been identified as a priority issue for the Commissioner for Children and Young People (‘the Commissioner’). As part of the Commissioner’s wellbeing research, children and young people expressed ‘concern about the impact of alcohol on their families and friends and on their ability to enjoy recreational activities and feel safe in public areas’.1 The Commissioner intends to work with children and young people and other agencies to investigate effective strategies to reduce alcohol-related harm.

One of the main projects to be undertaken in this regard is a large scale consultation with children and young people about alcohol consumption and risking drinking behaviour. In order to provide background material for that consultation project, a number of relevant consultations that have been undertaken by others are detailed below. As far as possible, studies have been selected that focus on children and young people under the age of 18 years; however, there are a number of studies that have involved consultations with young people both below and above the age of 18 years as well as some studies which have involved consultations with children and young people as one aspect of a much broader consultation and review process. Moreover, wherever possible, projects that include consultations with young people about possible solutions to risky or problematic drinking behaviour or, at the very least, consider young people’s attitudes towards alcohol consumption have been included (rather than consultations that only document the prevalence and volume of alcohol consumption).

Key facts about alcohol consumption by children and young people

Although it appears that there are fewer children and young people who consume alcohol now than in the past, there is serious concern about the volume of alcohol that is being consumed by those young people who choose to drink. As stated in the Commissioner’s 2011 Issues Paper on Young People and Alcohol approximately 28% of 12- to 17-year-old Western Australian school students had consumed alcohol in the past week and 24% of these students had reported drinking at levels that would place an adult at risk of short-term harm.2 Research suggests that an increase in the quantity of alcohol being consumed by young drinkers is also occurring elsewhere. A study involving young people from Belfast observed that:

Comparing teenagers today with previous generations reveals that there has been little change in the proportion who consume alcohol or in the frequency of consumption. However, in recent years there does appear to have been an increase in the average volume consumed by teenage drinkers.3

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2 Commissioner for Children and Young People, Young People and Alcohol, Issues Paper (February 2011) 1.
Likewise, a United Kingdom study (referred to below) noted that there has been a decrease in the number of 11–15 year olds who drink alcohol over the 20-year period from 1988–2008; however, there has been increase in the amount consumed by those young people who do drink alcohol.4

**Impact of alcohol consumption on children and young people**

The **Australian guidelines to reduce health risks from drinking alcohol** released by the National Health and Medical Research Council in 2009 recommend that for children and young people under the age of 18 years the safest option is to not drink alcohol at all. It is further stipulated that children and young people under the age of 15 years are ‘at the greatest risk of harm from drinking’ therefore it is particularly important for this age group to abstain from alcohol consumption. For those young people aged 15 to 17 years who choose to drink alcohol they should do so in a safe setting, be supervised by adults and drink within the adult guidelines (ie, no more than two standard drinks per day to reduce long-term harm and no more than four standard drinks per day to reduce short-term harm).5 Some of the dangers associated with drinking alcohol outside these guidelines include antisocial behaviour and risky behaviour (eg, being a passenger in a car driven by an alcohol-affected driver, unwanted sexual behaviour, violence, use of illicit drugs and self-harm); alcohol overdose; and detrimental impact on brain development.6 As outlined in the Commissioner's Issues Paper ‘alcohol may have an effect on the development of memory, decision making and emotions, which can lead to problems with learning, problem solving and mental health’.7

**Consultation Projects**

**Australia**

J Borlagdan et al, *From Ideal to Reality: Cultural contradictions and young people’s drinking* (National Centre for Education and Training on Addiction, Flinders University, Adelaide, 2010)

This study represents the second stage of a national project that examines the socio-cultural influences on young people's drinking. The first stage was a literature review concerning social and cultural facts that influence the drinking behaviour of young people aged 14 to 24 years.8 The report details the results of 12 ethnographic observations of leisure events, 20 focus groups with young people (involving a total of 100 young people), and in-depth interviews with 50 young people and 50 key stakeholders. The consultations were conducted by the National Centre for Education and Training on Addiction and funded by DrinkWise Australia9 and the federal Department of Health and Ageing.10

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5 Drug Info Clearinghouse, *Young People and Alcohol*, Fact Sheet 7.11 (June 2009) 1.
6 Ibid.
7 Commissioner for Children and Young People, *Young People and Alcohol*, Issues Paper (February 2011) 1.
9 DrinkWise is an independent not-for-profit organisation and it is funded by voluntary contributions from the alcohol industry; see [http://www.drinkwise.org.au/c/dw?a=d6&a&id=1018514](http://www.drinkwise.org.au/c/dw?a=d6&a&id=1018514).
10 The contact person for this study is Professor Ann Roche, National Centre for Education and Training on Addiction (NCETA) Flinders University of South Australia, GPO Box 2100 Adelaide 5001, South Australia (Phone: +61 8 8201 7535 Email: ann.roche@flinders.edu.au Website: [http://www.nceta.flinders.edu.au/](http://www.nceta.flinders.edu.au/)).
Details of young people consulted: There were 20 focus groups in total and, of these, six involved young people aged less than 18 years, six involved young people ranging from 17 years to over 18 years, two involved unknown age groups and the remaining six focus groups involved adult young people aged 18 to 24 years. Individual interviews were also undertaken with 50 young people aged 14 to 24 years ‘representing a variety of ages, male and female, residing in various geographical locations and experiencing different life transition stages, experiences with, and patterns of, alcohol consumption’.11 Twenty-four percent of the young people interviewed were under the age of 18 years.

Style of consultation: The focus groups involved a small number of participants (ranging from three to seven participants in each group) and the focus group participants were known to each other (eg, from school, university, sporting clubs etc). Each focus group was led by a facilitator who was assisted by a note-taker. The report states that:

The facilitator’s role was to prompt discussion among participants using open-ended questions, visual stimuli (e.g. PowerPoint slides or printed materials) and a range of activities. Activities employed in the focus groups included designing an advertising campaign for a new alcohol product and drawing a picture of ‘a good night out’. This activity generated discussion about what appeals to young people in alcohol product advertisements; how they interpret marketing messages; and shed light on the context in which young people drink (e.g. location, friends, types of drinks, drinking games and other activities). While the facilitator followed a schedule of questions (see Appendix B), participants were encouraged to contribute to open discussion and express their views in their own words. Prompts for group discussion included: word association for when someone is drunk; listing likes/dislikes about drinking; and imagining a non-drinking scenario. Focus group discussions were also highly participatory and interactive. Various activities were developed by the research team to engage young people and to generate conversations around the topic questions.12

Outcomes: The report is comprehensive and the main findings are discussed in detail in Chapters 3 to 7. Chapter 8 summarises the main findings including that:

- Young people are faced with ‘contradictory and competing cultural messages’ about alcohol.
- Alcohol is an important component of young people’s social lives (and this includes discussion about drinking both before and after the particular social occasion).
- Alcohol is considered important in terms of belonging/social cohesion but interestingly in order to achieve a sense of belonging a young person needs to ‘drink in sync’ with the rest of the group (ie, not less and not more than the others drinking in the same group). Further, risky drinking behaviour is engaged in order to demonstrate one’s ‘commitment to the party’.
- Alcohol is used by young people to gain confidence in social settings.
- Alcohol appears to have less priority in social occasions involving music and dancing (eg, in relation to music concerts young people were there to listen to the music and did not want to spoil the event by drinking too much alcohol).
- Young people seek to find the ‘ideal point of intoxication’ by testing their limits and accepted that that if they went too far this was worth it in pursuit of that goal.

12 Ibid 20–21.
• Excessive drinking can be engaged in as a form of ‘risky pleasure’.

• Young women ‘increasingly matched their male counterparts in risky patterns of drinking, and risk-taking behaviour in general’. However, it was also observed in relation to gender and alcohol that ‘where there was an adverse outcome (eg, often in the form of sexual assault against women), attribution of responsibility was initially placed with the alcohol itself. Secondly, women bore the brunt of social disapproval (either being critical of themselves or other women). It was rare for males (the usual perpetrators) to be attributed with responsibility for alcohol-fuelled sexual assaults, or other forms of inappropriate behaviour.’

• Young people already employ strategies to minimise the risk of harm associated with drinking and these strategies should be built upon (eg, duty of care to friends; designated drivers and alternative transport arrangements).

It was acknowledged that further research needs to be undertaken into relation to young Indigenous people and young homeless people. In this study one of the focus groups involved young Indigenous people and was apparent that there was ‘quite a different role for alcohol in some Indigenous groups than typical mainstream roles. For example, it was more common for these Indigenous young people to drink with family members rather than friends – the opposite finding to most of the other young people we talked to’. In addition one young homeless person was interviewed and she explained that alcohol was used as an enabler and as an escape.


In 2008 a survey of school students in Years 7 to 12 was conducted to obtain information about alcohol, drug and tobacco use. A similar survey has been conducted every three years since 1984. In 2009 the National Health and Medical Research Council released revised guidelines recommending that both males and females should drink no more than two standard drinks a day to reduce the risk of long-term harm and drinking no more than four standard drinks on one occasion reduced the risk of alcohol-related injury and short-term harm. In order to make comparisons with data from 2005, this report referred to the previous guidelines about risky drinking behaviour (ie, seven or more standard drinks for males and five or more standard drinks for females on one day). The 2008 survey was conducted by the Western Australian Drug and Alcohol Office.

Details of young people consulted: 2,802 school students participated in the survey and a total of 2,719 student responses were used. All respondents were aged 12 to 17 years. Schools and students were randomly selected for participation and respondent schools included government, Catholic and independent schools (however, the majority of participating schools came from the government sector). There was a fairly even gender balance and the most common ages of the respondents were 15 and 16 years (662 and 564 students respectively).

13 Ibid 154.
14 Ibid 160.
16 The contact person is Rebecca Haynes and Rachelle Kalic, Drug and Alcohol Office, Perth Western Australia (7 Field Street Mt Lawley, WA 6050, phone: (08) 93700333 email: dao@health.wa.gov.au).
**Style of consultation:** Surveys were conducted during school time by researchers and permission was obtained from both the principals and parents. Students completed the surveys in mixed year groups of approximately 20 students in order to reduce any discipline issues and ensure that students were not influenced by the presence of their friends and peers. Responses were confidential and upon completion students placed their unnamed completed questionnaire in a sealed envelope. The report notes that the survey relies on self-reported data and answers are not validated. A further limitation is that only school students are included in the study so those young people aged between 15 and 17 years who have left school are not included in the study results.

**Outcomes:** The report documents the prevalence of drinking by young people in Western Australia as well as providing information about the views of young people towards alcohol. Significantly (as noted above) it was found that the frequency of drinking has declined since 1993; however, for those respondents who indicated that they had consumed alcohol in the past week (ie, current drinkers) 27.9% of females and 21.3% of males drank amounts that were considered to place adults at risk of short-term harm (ie, based on the pre-2009 guidelines). Well over half of the 17-year-old current drinkers, consumed in excess of the adult ‘at risk’ limits. Other findings included that:

The most popular alcoholic drinks were pre-mixed spirits (38.8%), spirits (36.1%) and ordinary beer (29.2%) although there were differences between males and females (the most popular drink for males was beer (47.8%) and for females it was premixed spirits (55.1%).

For those respondents who indicated that they had consumed alcohol in the previous week, 93% did not purchase their own alcohol (most commonly, alcohol was provided by parents (40.7%) or friends (20.9%)). Only 7% of students purchased alcohol themselves. For this cohort, the most common venues for drinking alcohol were at home (37.3%) and at parties (26.8%). Furthermore, 62.3% of the respondents who drank in the previous week said that they did so under adult supervision.

A greater proportion of younger students considered that getting drunk once or twice is very dangerous compared to older students and the majority of respondents agreed that ‘getting drunk can harm your health’.

There were no significant differences between responses for females in metropolitan and non-metropolitan areas; however, males in non-metropolitan areas were significantly more likely to have consumed alcohol in the last year and in the last four weeks. Likewise, males who had consumed alcohol in the last seven days from non-metropolitan areas had consumed an average of 9 alcoholic drinks compared to 6.6 for metropolitan males.

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18 Ibid 9.
19 Ibid 35.
20 Ibid 37.
21 Ibid 42.
22 Ibid 45–47.
23 Ibid 51–52.
The Queensland Law, Justice and Safety Committee (Legislative Assembly) Inquiry into Alcohol-Related Violence (2010)

This parliamentary inquiry was established in 2009 to report on alcohol-related violence in Queensland, in particular on ways to prevent alcohol-related violence and its consequences.24 As part of this broad inquiry the Committee undertook various consultations including targeted consultations with young people.

**Style of consultation:** In order to obtain the views of young people the Committee employed a number of different strategies. It held a schools forum in Townsville, attended the Sunshine Coast Youth Summit, engaged with the YMCA Youth Parliament and established a Facebook page to invite comments in response to the inquiry.

**Outcomes:** With assistance from a member of the Committee, members of the YMCA Youth Parliament 2009 presented speeches on alcohol-related violence. Issues that were raised included individual responsibility; the role of parents; the Australian culture of drinking with mates; responsibilities of licenses and bar staff; education; socio-economic disadvantage and alcohol abuse; the increase in the number of licensed venues; and a ‘growing culture of binge drinking’.25 Another Committee member attended the Sunshine Coast Youth Summit on 9 October 2009. This summit was independent from the inquiry but provided a useful means of obtaining young people’s views. In attendance were approximately 60 young people aged between 16 and 25 years of age and alcohol was one of a number of issues discussed. Following the summit four Committee members attended a feedback session.26 The Committee also asked local school students to attend a forum in Townsville. Information provided by students at this forum included that:

- education campaigns regarding the effects of alcohol should include shocking and graphic content, like the anti-smoking advertisements;
- many school students drink, or have peers who drink alcohol regularly;
- some students had completed studies on the harmful effects of alcohol on the teenage brain and believed that this provided useful information.27

Moreover, students said that ‘education sessions and visits from people who were about their own age and who had gone through real experiences with alcohol would resonate more with them than a book-based exercise’.28

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27 Ibid.
28 Ibid 62.

*Investing In Our Youth* is a not-for-profit organisation in the South West that works to promote the healthy development of children and young people. In 2007 *Investing In Our Youth*, in conjunction with other service providers in the South West, endeavoured to obtain project funds to ‘identify and provide effective responses to young people with mental health and substance use disorders’. A survey was developed by *Investing in Our Youth* to obtain young people’s views about effective strategies. The project was funded by Youth Grants WA, Office of Youth (Department for Communities). 29

**Details of young people consulted:** 227 young people aged 12 to 17 years across the South West Region completed the survey. Just over 53% of the survey respondents were female and the average age was 15 years. Twenty-one of the 227 respondents indicated in the questionnaire responses that they had seen a GP, social worker, counsellor, psychologist, mental health worker, and/or alcohol and drug counsellor in relation to issues such as anxiety, depression, eating disorders and alcohol and drug use.

**Style of consultation:** As a consequence of the potentially sensitive or confidential nature of the issues being considered, a questionnaire format was the preferred method of consultation. The content of the questionnaire was developed in collaboration with local service providers and young people and it provided for both quantitative and qualitative responses in relation to a range of strategies as well as providing space for the young person to write down their own personal comments. A draft questionnaire was provided to service providers for review and piloted with several young people. Young people with graphic design skills were also asked to provide advice about the presentation and style of the survey before it was released to the public. 30 Any young person aged 12 to 17 years was eligible to complete the survey and participation was voluntary and anonymous. The survey period lasted for a number of months in 2007–2008. Initially a number of ‘surveys were discarded due to doubts about the authenticity of the responses. Otherwise a high level of honesty and consideration was evident in the responses received’. 31 In order to ensure that both ‘at risk’ young people and ‘high achieving’ young people participated in the survey a number of different methods were used to connect with young people including contacting youth service providers; liaising with Youth Advisory Councils; linking in with training groups via Jobs South West, TAFE, Mission Australia and the Greater Bunbury Division of General Practice; and using contacts through *Investing in Our Youth*.

**Outcomes:** Some of the key responses to the survey included that:

- 53% of the young people surveyed thought that hearing ‘real’ people who have had mental health or drug and alcohol problems tell their story was a great idea.

- 45.6% rated activities that did not involve drugs or alcohol as a ‘great idea’ eg, throwing games after school and skate competitions (although some respondents acknowledged that alcohol and drug free social events would not necessarily prevent alcohol consumption and drug use because some young people would use these substances before the event).

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29 Contact person is Carmen Gregg, Project Officer, Investing In Our Youth Inc, PO Box 6103, Bunbury WA 6231 (Tel 08) 9721 6951, email iioy@iinet.net.au website www.investinginginouryouth.com.au.


31 Ibid 9.
• Over 65% of respondents thought a 24-hour help line was either a ‘good idea’ or a ‘great idea’.
• Over 50% thought that a confidential internet chat line was either a ‘good idea’ or a ‘great idea’.
• Over 40% of respondents supported the use of peer education.
• The top three media options selected as the most effective to educate and communicate with young people about health and wellbeing were TV advertisements, the internet and face-to-face discussions.

Other ideas volunteered by respondents included making alcohol more difficult to buy; increasing penalties for persons who sell alcohol to underage children; offering incentives to young people not to drink and drive (eg, cheaper licensing fees if the person has had no convictions in a specified period of time); and increasing the price of alcohol as a deterrent.

Youth Minister's Round Table of Young Territorians, Creative Education for Youth on Drugs and Alcohol (CEYDA) Project, 2007

The CEYDA project was established to identify options to discourage drug and alcohol use among young people in the Darwin (rural and urban) areas. As part of this project, young people were questioned and the responses analysed. The young people selected for consultations had been identified by youth workers as young people considered at risk of using alcohol and drugs. The Youth Minister’s Round Table of Young Territorians (which consists of 16 members aged from 15 to 25 years who are ‘representative of the geographic, cultural and ethnic diversity in the Northern Territory’) undertook the consultations.32

Details of young people consulted: Different age groups were targeted by different surveys (see below). For the main survey, the majority of participants were male (64%) and over half were 18 years or over. Indigenous and non-Indigenous breakdown was relatively even (44% Indigenous).33

Style of consultation: Three separate surveys were conducted with different groups. The project team was of the view that ‘the fastest, easiest and most cost efficient way to gauge community attitudes was through surveys’.34 The first survey was conducted with past detainees of the Don Dale Detention facility and addressed the issue of youth crime and drugs. The second survey was a short questionnaire in relation to current levels of drug use among 21 young people aged between 14 and 16 years. The third and main survey was aimed at young people aged between 12 and 15 years and it was distributed directly by the project coordinators with assistance from youth workers, parents and teachers and Mission Australia.

32 See http://www.nt.gov.au/health/youth_affairs/decision/round_table.shtml The project team members were Jacob Andreae and Katrina Halse (each were adult members of the Youth Minister’s Round Table of Young Territorians in 2007). Ngaree Ah Kit is the Senior Project Officer at the Office of Youth Affairs and is responsible for the management of the Youth Round Table (ph (08) 8999 2540).
33 Youth Minister’s Round Table of Young Territorians, Creative Education for Youth on Drugs and Alcohol (CEYDA) Project (2007) 8–10.
34 Ibid 5.
Outcomes: Survey responses covered drug and alcohol use and findings included that the three main sources of drug and alcohol education are school, community and family and that effective substance abuse education should primarily come from parents and schools with other community sources playing a secondary role. Other suggestions were that drug and alcohol education should include stories from people who had experienced substance abuse problems and ‘real life documentaries’.


Prior to the 2003 New South Wales Alcohol Summit, the Commission for Children and Young People spoke with a number of young people to obtain their views about reducing alcohol-related harm.

Details of young people consulted: Approximately 150 young people aged between 13 and 20 years from secondary schools, youth services and youth councils were consulted. In addition, special focus groups were held with young people who had undergone alcohol rehabilitation, who had been in juvenile detention or who had alcoholic parents.35

Style of consultation: Meetings and focus groups

Outcomes: Overall, the young people indicated that they had a good understanding of the effects of alcohol but some suggested that they did not have enough information about alcohol-related harm and how to access support. Young people advised that they usually accessed alcohol from parents, friends or siblings, although some admitted obtaining alcohol by stealing, asking strangers to purchase it or using fake ID. The young people spoken to came up with a number of practical suggestions about reducing alcohol-related harm and these ideas were presented to the Alcohol Summit. Key suggestions included age-appropriate education; better support for parents; and increasing opportunities for recreation, art or music.

Young People and Alcohol Forum, NSW Summit on Alcohol Abuse, 2003

Following the consultations with young people discussed above, the Commission for Children and Young People held a forum with young people on 25 August 2003 to discuss ways of reducing alcohol-related harm.

Details of young people consulted: The forum was held with 58 young people aged between 13 and 22 from both metropolitan and regional New South Wales.

Style of consultation: The forum commenced with a breakfast followed by an address from the Alcohol Summit coordinator and the Commissioner for Children and Young People. The forum was divided into five working groups to discuss particular issues. In order to ensure that the forum participants were at ease, television and radio personality Julie McCrossin was engaged as MC for the day. Feedback from participants indicated that she was effective.36

Outcomes: The ideas formulated during the forum were presented to the Alcohol Summit. Numerous recommendations were made including the use of technology and role models to promote messages about the safe alcohol consumption; age-appropriate education and education strategies to commence at a younger age (eg, Primary School); strategies to target excessive drinking rather than abstinence; hearing directly from people who have experienced problems with alcohol abuse; the provision of alternatives to alcohol-related activities (eg, sport, underage clubs); consideration of ‘supervised drinking spaces’ for young people under the age of 18 years; and encouraging responsible parental supervision of underage drinking (eg, parental supervision at parties).37


This study was conducted by the Albany Aboriginal Corporation and the National Centre for Research into the Prevention of Drug Abuse and arose out of concern by members of the Albany Aboriginal Corporation about the use of alcohol and drugs by Noongar children in Albany. It was funded mainly from a National Drug Strategy Education grant as well as from a small grant from the Southern Health Authority (WA).

Details of young people consulted: 105 of the 110 Noongar young people aged 8–17 years who were living in Albany in 1995 were interviewed. In addition 37 randomly selected parents (of the young people) were interviewed.38

Style of consultation: The information was collected by two Aboriginal research officers using standardised interview schedules. Consent to participate was firstly obtained from the parents/guardians and then from the young people themselves. Primary school-aged young people were given $10 and secondary school-aged young people were given $20 to participate. The report observed that:

The precedent for payment of participants has been established, and many Aboriginal people believe that participants in research projects should be reimbursed at a realistic, not a token, level for the time they contribute to such projects. The amount being offered was not regarded by the research team as a significant inducement and was not offered to the Noongar kids without the approval of their parents or guardians.39

Two different standardised interview schedules were developed to cater for different age groups (ie, 8- to 12-year-olds and 13- to 17-year-olds).40 The interview schedules were pre-tested on consenting Noongar young people from Mt Barker. As far as possible, one of the two Aboriginal interviewers were allocated to each young person on the basis of family/kinship relationships; it was thought that more reliable data would be obtained if the interviewers were from the ‘same broad family/kinship network’ as the young person being interviewed.41 Interviews were usually conducted at home or at the Albany Aboriginal

39 Ibid 10.
40 Ibid 10–11.
41 Ibid 12.
Corporation’s Noongar Centre. Once completed the interview results were recorded anonymously.

**Outcomes:** The findings covered many topics including substance abuse, education and training and recreational activities. Some of the main findings in relation to alcohol were that:

- 57% of the young people interviewed had not used any drugs or alcohol.
- Onset of alcohol, cannabis and other volatile substances usually occurred at around the age of 13 years and other drugs usually at the age of 15 years or older.
- Noongar children aged 12–14 years were less likely to consume alcohol than the same aged non-Aboriginal children but consumptions levels for 15–17 year old Noongar young people and 15–17 year old non-Aboriginal young people were similar.
- Adult female Noongar people in the region consume less alcohol than adult Noongar men; however, the proportion of Noongar female young people consuming alcohol was similar to the proportion of Noongar male young people.
- 57% of the young people were aware of the number of standard alcohol drinks required to raise blood alcohol levels in adults to 0.05%; however, only 10% knew what a standard drink was and only one young person knew the number of alcohol drinks that an adult can consume without causing serious harm to health.
- 61% of the young people wanted more information about alcohol and drugs. Primary school-aged young people believed that teachers and Aboriginal health workers were the best people to provide that information whereas secondary school-aged young people expressed a preference for Aboriginal health workers or persons from an Aboriginal organisation.
- Unemployed young people aged 15 to 17 years were 13.5 times more likely to be frequent poly drug users than young people in school, training or employment.
- Interestingly, there did not appear to be any correlation between substance use and participation in recreational activities. 42

**International**


The aim of this project was to examine ‘the small-group drinking cultures that emerge amongst underage drinkers’ by conducting interviews with different friendship groups. To identify stable friendship groups, the project used data collected during an ongoing longitudinal study of teenage alcohol and drug use (the Belfast Youth Development Study). The Belfast Youth Development Study has followed approximately 4000 young people from 2000 until 2010 and at the start of the project the participants were at school and aged between 11-12 years. They are now approximately 21 years of age and have completed surveys on a regular basis throughout the study period. 43 Groups were selected to ensure that there was a blend of social class, gender and education type. The interviews were

42 Ibid v-xiv.
43 See http://www.qub.ac.uk/research-centres/YDS/AboutUs/
conducted by researchers from Queen’s University Belfast, School of Sociology, Social Policy and Social Work and funded by the Joseph Rowntree Foundation.

Details of young people consulted: At the time of the interviews the young people were aged 18 or 19 years; however, they were questioned about their drinking behaviour from onset until the age of 18 years. Thirty-six interviews were conducted from a total of eight different friendship groups (and a further five individuals were interviewed each from one of five groups that did not drink alcohol together in a social setting). The eight main groups included male-only and female-only groups as well as mixed gender groups and the groups had different drinking patterns (ie, low-risk drinkers, moderate drinkers and high-risk drinkers).

**Style of consultation:** Interviews (which were recorded and transcribed). The main topics discussed during the interviews concerned the person’s first unsupervised consumption of alcohol; the emergence of regular drinking patterns; any drinking incident when the young person lost control; and the change from drinking on the street or at home to consuming alcohol in licensed premises.

**Outcomes:** The report is very comprehensive in its analysis of the drinking cultures for each group. Some of the important findings were that:

- Generally, initial contact with alcohol was ‘driven by individual curiosity’. Typically, one member of the friendship group experienced an episode of unsupervised drinking via older siblings, friends or relatives and then returned to the group with ‘new-found knowledge’. The report suggests that if young people can avoid exposure to unsupervised drinking with non-adult acquaintances the onset of drinking may be delayed (for both the young person and the members of their friendship group).44

- Following initial introduction to alcohol consumption, young people begin to experience pleasures associated with intoxication (eg, having fun, losing inhibitions) and the purpose then shifts – to ‘get drunk’. As the young people reach adulthood alcohol consumption ‘makes the transition from an illicit activity engaged in for its own right to being a constant part of the social lives of the young people’.45

- The influence of alcohol extends beyond the drinking occasion – ‘[t]elling drinking stories plays a big part in the group interactions before, during and after drinking sessions’.46

- Despite the media portrayal of teenagers as ‘binge drinkers’, it was found that the young people did not usually set out to drink so much alcohol that they would lose control. Conversely, there was ‘considerable stigma amongst teenagers associated with failure to handle drink’. In fact, it appears that an ability to drink large quantities of alcohol without losing control is a ‘skill recognised and respected by young people’. Hence, it was observed that ‘getting just enough drunk’ more accurately describes the attitudes of young drinkers. It was also noted that teenage drinking behaviours are in many ways similar to adult drinking behaviours with the key difference being the amount of alcohol that is considered ‘just enough’.47

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46 Ibid 29.
When drinking alcohol outside the normal social setting, young people are more likely to 'miscontrol' their alcohol consumption. For example, when young people move from drinking in the street or at other people's homes to drinking in licensed premises the rules previously used to manage alcohol consumption may no longer apply. When drinking on the street young people usually decide how much will be consumed before the event (and purchase/bring that amount); however, in a licensed venue the young people have unlimited access to alcohol and will make decisions about whether to continue drinking once they are already under the influence. The practice of 'drinking in rounds' also exposes young people to new risks.48

Alcohol consumption is an important aspect of social development and for many young people abstinence is considered abnormal.49

Most young people successfully manage to thwart parental rules in relation to alcohol consumption and this often involved a balance between getting drunk enough to have a good time and not drinking so much that they would be caught out upon returning home.50

Youth clubs and pubs tend to encourage greater consumption of alcohol in comparison to licensed venues frequented by older drinkers (ie, over-30s). It appears that young people reduced the amount they drank when in company of older drinkers so as to avoid detection.51

Young people developed strategies for self-regulation often by trial and error and only with advice from their peer group, hence mistakes did occur. It was therefore suggested that strategies should be developed to teach young people to drink sensibly although such strategies should be aimed at those teenagers who have an established pattern of drinking and not for those who do not consume alcohol or only in very minor amounts.52

Strategies used by parents to minimise alcohol-related harm can sometimes backfire because parents were seldom aware of the actual level of alcohol being consumed by their children. For example, some young people may be provided with alcohol to drink at home without knowledge that the young person was drinking considerable quantities of alcohol outside of the home and therefore the total consumption actually increased.53

Non-alcohol related activities (eg, sport, hobbies and school work) had a positive impact on alcohol consumption. Those young people with non-alcohol related goals were better at regulating their alcohol consumption, especially if drunkenness would interfere with achieving their goal (eg, sporting match the next day). However, it seems that the benefits are primarily seen for those young people who were engaged in positive activities before the onset of alcohol consumption so it may be that once a regular pattern of drinking has commenced strategies to increase engagement with positive non-alcohol related activities may not necessarily have any beneficial impact.54

48 Ibid 71.
49 Ibid 72.
50 Ibid 72.
51 Ibid 73.
52 Ibid 73.
53 Ibid 75.
54 Ibid 75.
In 2008 the Minister for Public Health asked Young Scot\(^{55}\) (a national youth information and citizenship charity) to establish a Youth Commission\(^{56}\) to enable young people to have a say about alcohol policy. Sixteen young people aged 14 to 21 were recruited via advertisements placed in magazines and on websites. Half of the Youth Commissioners were aged 14 to 17 years and the other half were 18 to 21 years of age and they came from a wide range of social backgrounds. An advisory group comprised of representatives from government, media, business, education, health, police and other agencies was formed to provide support to the Commissioners in addition to the assistance provide by Young Scot. After a one-year investigation, the Youth Commission reported to the Scottish Government in March 2010 and a total of 38 recommendations were made. During the investigation the Youth Commission attended conferences, consulted with a wide range of stakeholders, undertook research and specifically sought the views of young people themselves.

Details of young people consulted: There were 1,280 respondents to one survey (43% of respondents were male and the majority of respondents said that they were ‘white’ Scottish and were aged between 13 and 17 and still in full time education) and 2000 responses were received from young people aged 11 to 25 years for another survey.

Style of consultation: The Youth Commission obtained the views of more than three thousand young people through surveys, consultations and focus groups. An interactive consultation toolkit was used which included a video that allowed respondents to provide their opinions at particular stages as well as a more detailed survey (the ‘Young Scot Says Who? Survey’). One thousand two hundred and eighty young people responded to the ‘Young Scot Says Who? Survey’ in 2009. Another bi-annual national survey (‘Being Young in Scotland survey 2009’) was utilised by the Youth Commission. This survey was commissioned by YouthLink Scotland and carried out by Cello MRUK Research. More than 2000 responses were received from young people aged 11 to 25 years. The Youth Commissioners in conjunction with Young Scot staff held two gender balanced focus groups each with six participants to discuss the Youth Commission’s proposed recommendations. In 2009 the Youth Commission also took evidence from members of the Scottish Youth Parliament (who are aged 14 – 25 years).

Outcomes: The Young Scot Says Who? Survey found that:

- 68% of the respondents to the survey either agreed or strongly agreed that it is easy for young people under the age of 18 years to get hold of alcohol.

- The most supported strategy to reduce alcohol consumption was to ‘make alcohol harder to get hold of’ (23%) followed by ‘more choice of affordable things to do’ (17%).

- Over 55% of the respondents agreed or strongly agreed that ‘young people would drink less if they could take part in alternative activities’. In particular, many young people said that they would like to attend cinemas or other gigs or participate in sporting activities and the main reasons why they didn’t were availability and cost.

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\(^{55}\) The general contact details for Young Scot are: Rosebery House, 9 Haymarket Terrace Edinburgh EH12 5EZ (Tel: 0131 313 2488, email: info@youngscot.org , Web: www.youngscot.net).

\(^{56}\) See Young Scot, Building the Boat: Young people are co-producers of policy (undated); Scottish Youth Commission on Alcohol: Recommendations (undated); and Scottish Youth Commission: Report on evidence (March 2010).
The majority of respondents agreed or strongly agreed that they would rather learn about alcohol from their peers than from teachers yet education via parents, teachers and peers received similar support as the best method for learning about alcohol.

As noted above the Youth Commission made 38 recommendations. One of the more innovative proposals included strategies to encourage greater involvement in non-alcohol related leisure activities such as the one developed by Glasgow Young Scot (cardholders gain points for being involved in leisure activities and making healthy lifestyle choices and points are converted into rewards such as iTunes vouchers).\(^{57}\) It was also recommended that alcohol education should be delivered in schools as part of a dedicated subject on health and wellbeing and peer education strategies should be supported.\(^{58}\)


In order to inform the final recommendations of the Law Commission of New Zealand’s review of the regulatory framework for the sale and supply of liquor, various individuals and organisations were consulted and numerous submissions obtained in response to an earlier Issues Paper. A final report was completed in 2010.\(^{59}\) In order to effectively gauge the views of young people, the Ministry of Youth Development worked in conjunction with the Law Commission to create a specific survey for young people. The survey dealt with a number of different topics (discussed below).

**Style of consultation:** The views of young people were obtained via a survey and the Ministry of Youth Development received 171 responses. A report was produced for the Law Commission summarising the responses.

**Outcomes:** The main topics considered by the survey and the responses are summarised below:

- **Attitudes:** 59% of the respondents thought getting drunk is ‘ok’.

- **Education:** 47% of the respondents thought that young people didn’t understand the risks of heavy drinking (and 52% of these young people thought there should be greater education in schools).

- **Tax and pricing:** 47% of respondents thought that increasing tax on alcohol would not influence how much alcohol they consumed (but it might alter the type of alcohol consumed).

- **Minimum age:** 58% of respondents said that the minimum purchase age of alcohol should remain at 18 years (with the remaining respondents supporting an increase in the minimum purchase age to somewhere between 19 and 21 years). Also, 64% of respondents believed that the legal age to be allowed to drink alcohol in a pub, club bar or restaurant should remain at 18 years.

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\(^{57}\) Scottish Youth Commission on Alcohol: Recommendations (undated) 14.

\(^{58}\) Ibid 17.

Responsibility: 60% of respondents thought that it should be illegal for a person (other than a parent or guardian) to supply alcohol to a person under the age of 18.

Restrictions: 51% of respondents considered that there should be changes to the law in relation to when alcohol can be sold.

Packaging: 71% of respondents supported health warning labels on alcohol products.

Enforcement: 54% of respondents agreed that there should be harsher penalties for serious breaches of liquor laws.

Treatment: 61% of respondents believed that there should be a sobering up centre for people who are drunk.

United Kingdom Department for Children, Schools and Families, *Consultation on Children, Young People and Alcohol: Summary of Responses (2009)*

On 29 January 2009 a three-month consultation project about children, young people and alcohol was launched. Views were sought from a range of people including parents, carers, teachers, health professionals, youth workers, peer educators, GPs and children and young people themselves. Specifically, views were sought about whether the respondents understood the Chief Medical Officers’ Guidance about the consumption of alcohol by children and young people; whether the advice equips parents etc to make good decisions and support their children to make healthy choices and how the key messages should be communicated. The Chief Medical Officer’s advice is that an alcohol free childhood is the best option; that children under 15 years should not drink; that children aged 15 to 17 years should never drink more than the daily limit applicable to adults; and children aged 15 to 17 years should drink infrequently (and never more than once a week).60 The consultations were undertaken by the Department of Children, Schools and Families61 in conjunction with others organisations (including a media partnership to enable responses via targeted magazines and websites).

**Details of young people consulted:** A total of 659 people were interviewed and of these there were 132 young people aged between 15 and 17 years and 23 young people aged 14 or younger were consulted. A stakeholder engagement support pack produced 137 responses mainly from young people. Well over 20,000 responses were received to online surveys.

**Style of consultation:** As noted above, different processes were used including a stakeholder engagement support pack containing questions and discussion material (and this was sent to schools and other organisations); an online survey targeting young people; online forum discussions; qualitative research methods such as focus groups and interviews. The online survey appeared to generate the most responses (1,750 young people completed a survey at the Need2Know website; 3,000 at the Sugarscape website; and over 20,000 at the MSN website).62

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60 See also United Kingdom Department for Children, Schools and Families, *Consultation on Children, Young People and Alcohol (2009)* 7.

61 The Department for Children, Schools and Families was replaced by the Department of Education in 2010.

Outcomes: As noted above, the consultation focused on the Chief Medical Officer’s Guidance. Eighty-six percent of respondents agreed that the five key points in the Guidance were clear and easy to understand. However, some respondents believed that there should be further information on the dangers of binge drinking and relevant health information (including specific information for young people about the effect of drinking alcohol on weight, skin and sporting performance). In terms of delivering effective messages to children and young people, respondents felt that technology should be used to communicate with young people (i.e., television, internet, social networking sites) and schools were also considered an important communication tool. 63

Williams et al, *Children, Young People and Alcohol* (GfK NOP Social Research for Department for Children, Schools and Families, UK: 2010)

Linked to the above study, the Department for Children, Schools and Families commissioned GfK NOP Social Research to undertake a research project in relation to young people and alcohol in order to understand the attitudes of parents and young people toward alcohol. Hence both parents and young people were consulted; however, the discussion below only deals with the details concerning the responses of young people.

Details of young people consulted: The young people consulted came from England and were aged between 9 and 17 years.

Style of consultation: Interviews with randomly selected parents and young people. A total of 2,017 45-minute interviews were conducted with parents/carers and a total of 2,017 30-minute interviews were conducted with young people. Parental interviews were conducted first and efforts were made to ensure privacy (some questions could be answered by the participant self completing their response in an electronic survey instrument). The questions included in the survey instrument were designed in collaboration with the Department for Children, Schools and Families and others. The questions were slightly adjusted following a test run on a small group of parents and young people. 64

Outcomes: The report contains extensive results about the behaviours and attitudes of young people towards alcohol. Some of the findings included that:

- About 35% of young respondents agreed that ‘it is never right for young people under the age of 18 years to drink alcohol’ and 27% disagreed. The proportion of respondents who disagreed with this statement increased with age and increased among those young respondents who had consumed alcohol in the previous week. 65

- Just over a quarter of the young respondents said that their parents had never had a discussion with them about alcohol. 66

- A third of the young respondents said that their parents had forbidden them from drinking alcohol with the proportion who said this decreasing with age (only 13% of children in Years 12–13 had been told that they could not drink alcohol at all). 67

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63 Ibid 7–8.
65 Ibid 65.
66 Ibid 67.
67 Ibid 67.
• In response to the question ‘why do you think young people under the age of 18 years drink alcohol’ the most common answer related to peer pressure (the next most common answers were to escape boredom or pressure).  

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• Those young people who drank alcohol were asked why they personally drank and the most common response was because it ‘tastes nice’ (followed by curiosity and peer influences).  

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• The most common venue for drinking alcohol was private households (either their own home or someone else’s). Further, over half of young respondents who had consumed alcohol said that they were provided with the alcohol by their parents.  

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Office of the Minister for Children Ireland, Teenagers’ views on solutions to alcohol misuse (2008)

In February 2007 it was announced that the Office of the Minister for Children (the OMC) would consult with teenagers about the misuse of alcohol with a particular focus on devising solutions to teenage alcohol misuse.  

71 The OMC recognised the importance of participation of young people in decision-making. To this end, it invited its Children and Young People’s Forum (CYPF) to work with it in planning and delivering the consultations. The CYPF was set up in 2004 to ‘act as a reference panel and advise the [OMC] and the Minister for Children on issues of concern to children and young people’.  

72 The CYPF is comprised of 35 young people aged between 12 and 18 years.

Details of young people consulted: A total of 257 young people aged between 12 and 18 years were consulted in five separate locations across the country. The young people who participated were ‘broadly representative’ of gender, age and social background.  

73 Style of consultation: The CYPF was involved from the planning stage and it expressed the view that consultations should be ‘peer-led’. However, during training it was recognised that acting as a consultation facilitator required specialist skills so instead many chose to act as co-facilitators with adults. Consultations were organised in five separate locations. Invitations to participate were sent to various schools and youth organisations. A Child Protection Designated Officer was present at each consultation and other adults directly involved in the project were also in attendance. The project employed the ‘Open Space’ methodology.

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68 Ibid 81.

69 Ibid 82.

70 Ibid 84–85.

71 Office of the Minister for Children, Teenagers’ views on solutions to alcohol misuse: Report on a national consultation (April 2008) 1. The project consultant and author of the report is Olivia McEvoy (email olivia@cnagandoras.ie & website www.cnagandoras.ie. Project staff from the Office of the Minister for Children who were involved in the project are Anne-Marie Brooks, Sinead Hanafin and Anne O’Donnell (email omc@health.gov.au & website www.omc.gov.ie).

72 http://www.omc.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FChildYouthParticipation%2FChildrenandYoungPeoplefor um.htm&mn=chic&nID=4

Following a brief introduction to the topic and methodology, each participant was asked to identify what they considered the two most important solutions to alcohol misuse. Having been given two ‘post-its’ each, the participants were then invited to ‘post’ their contribution on an open wall. With the help of young people from the CYPF, these issues were then clustered for form the themes for the workshops for the day. At some consultations, as many as eight different themes were identified for workshops, but as few as four separate themes were identified in one location. Whatever the number, it was the issues and themes identified by the participants themselves that formed the agenda and workshops for each consultation. Young people could chose to go to any of the four workshops in the morning and any of the four workshops in the afternoon. They could choose to use the ‘law of two feet’ and move from one workshop to another. 74

The workshops were either facilitated by trained adult facilitators or jointly facilitated by adults and representatives from the CYPF. After the top three recommendations were determined by each workshop, a plenary session was conducted. At this session the participants were given three sticky dots and asked to vote on the most important solutions to alcohol misuse. Each participant could choose where to place the sticky dots (eg, vote for three separate solutions or place all three dots on one solution). The report observed that:

While the ‘sticky dot’ voting process is an age-old methodology, it is also an extremely empowering one allowing young people to identify their preference precisely, without having to articulate their reasons why or without having to vote with the crowd.75

The style of consultation used in this project appears to be particularly youth-friendly. The report notes that 97% of participants who responded to the evaluation survey following the project were happy with the use of Open Space as a style of consultation.76 Moreover, the workshop style enabled the issues to be discussed and decided upon to be driven by the young people themselves rather than predetermined by the consultation facilitators.

**Outcomes:** The report contains some very interesting observations from young people about solutions to teenage alcohol misuse. In summary, the four highest ranked solutions (in order) concerned:

1. **The legal age of drinking:** It was suggested that the legal drinking age should be lowered to 16 years with special conditions (eg, an electronic ID card that would allow a ‘safe-limit’ for drinking at pubs/hotels or a system where young people could only drink certain alcoholic beverages with specified alcohol content).77 The reasoning behind these suggestions was that young people considered it safer to drink in a pub and drinking in this environment would be less likely to lead to binge drinking. It was also observed that prohibiting alcohol consumption prior to 18 years ‘created a lot of the “buzz” or excitement around getting drunk and drinking, whereas if it was possible to go to the pub and be social, this “buzz” would be greatly diminished’.78 Overall, the view was that most 16- and 17-year-olds are drinking anyway so it is preferable for their drinking to be monitored and supervised.

2. **Alternative alcohol-free facilities:** The provision of alternative alcohol-free facilities was considered an important solution although it was acknowledged that such facilities would not eliminate youth drinking altogether. The most favoured option was youth cafes; it was suggested that youth cafes need to be alcohol-free,
incorporate sporting activities (eg, skateboarding, dancing, and basketball) and discos/cinemas; be open late on weekends; be easily serviced by public transport; and be youth-led and youth-friendly.\textsuperscript{79}

3. **The role of parents:** Some of the issues concerning the role of parents included that parents need to have realistic expectations; set reasonable boundaries; take responsibility for setting a good example in relation to drinking; and take responsibility for knowing where their children are.\textsuperscript{80}

4. **Age-appropriate education programs:** The main recommendations concerning education programs were that alcohol education should commence in Primary School, be repeated annually and in an age-appropriate way.\textsuperscript{81} It was also suggested that such programs should be delivered by an 'objective professional' rather than a teacher and that there should be information provided about responsible drinking because the message that young people shouldn’t drink at all is unrealistic. Moreover, young people who drink responsibly should be used as role models for younger children.

**Discussion**

**Consultation styles**

Obtaining the views of young people about serious social issues such as alcohol misuse is not an easy task. As was recognised by a recent federal parliamentary committee, traditional ways of seeking input from the community may not necessarily be appropriate for young people. In 2010 the federal House of Representatives Standing Committee on Family, Community, Housing and Youth conducted an inquiry on youth violence. In order to obtain the views of young people the Committee decided to conduct an online survey because it recognised that young people would be unlikely to provide written submissions (and this proved to be correct). The survey questions were formulated in partnership with an experienced social research consultant and were written in plain English and in accessible language so that young people could complete the survey without adult assistance. The target population was young people aged 12 to 24 years. In order to promote participation, the survey was advertised through emails to youth organisations; through advertisements on Google and Facebook; and through links to the survey which were placed on the websites of members of Parliament.\textsuperscript{82}

It is apparent from the description of the various consultation projects above that there are a variety of consultation styles employed to obtain the views of young people about alcohol and related issues. The main types used in the above projects were surveys and questionnaires; interviews (both individual and in group settings); and workshops and forums. It appears that there are benefits and drawbacks for each method. For example, surveys (especially online surveys) appear to result in the largest number of responses and are relatively cost effective; however, the veracity of responses is difficult to confirm. On the other hand, it is arguable that anonymity may encourage more honest responses than face-to-face interviews. Clearly, interviews (individual and small groups) have the potential to

\textsuperscript{79} Ibid 23.
\textsuperscript{80} Ibid 24.
\textsuperscript{81} Ibid 25.
\textsuperscript{82} House of Representatives Standing Committee on Family, Community, Housing and Youth, Avoid the Harm -- Stay Calm: Reports on the *Inquiry into the Impact of Violence on Young Australians* (2010) Appendix D.
obtain more in-depth responses and have the benefit of flexibility. Yet, young people may be embarrassed or reluctant to answer questions openly in this format. The use of pre-existing youth councils or forums to conduct consultations and workshops appears to be another useful approach. Having young people drive the issues to be discussed may ensure that the information obtained is both relevant and accurate. In this regard it is noted that the McCusker Centre for Action on Alcohol and Youth (MCAAY) is in the process of establishing MCCAY Youth Committees (for different age groups). The stated aims of the Youth Committees are:

- To provide opinions and comments to inform the work of MCAAY;
- To empower young people to be part of raising awareness of harmful drinking and the need of urgent action; and
- To provide ideas on communication with young people on alcohol and related issues.  

In summary, it would seem prudent to adopt of multi-faceted approach so that different consultation processes are used. For example, an online survey (targeted to young people via social networking sites, other youth media and schools) could be used in addition to youth-led and youth-friendly workshops to consider the issues in more detail. Significantly, in the Western Australian context it will be imperative to devise specific processes to obtain the views of Indigenous young people (especially those in regional and remote areas). To do this effectively, the active involvement of Indigenous young people and organisations will be required.

Outcomes

Various suggestions and options have been put forward by young people in the abovementioned consultation projects. Common themes emerging from the research are that many young people believe that promotion of and access to non-alcohol related activities will reduce consumption (eg, sport, music concerts, and youth clubs). In addition, education about alcohol-related harm should commence early, should include peer-led education; should include real life stories from people who have experienced problems with alcohol misuse; and should include ‘shocking’ or ‘graphic’ information about the risks associated with alcohol. Some innovative solutions included introducing ‘rewards’ for appropriate behaviour (eg, cheaper licensing fees for not drinking and driving and vouchers issued for healthy lifestyle choices). Interestingly, it was also noted in one study that young people already adopt harm reduction strategies (eg, alternative transport arrangements and duty of care to friends) and that further research should be undertaken to build on such strategies.

In conclusion, solutions to risky drinking behaviour among young Western Australians should be devised in conjunction with young people in this state. Solutions suggested elsewhere may not be applicable to the circumstances of young Western Australians. Thus, consultation with a broad range of young people representing different socio-economic backgrounds, different cultural and language groups and different geographical communities should be undertaken.

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83 See MCAAY Youth Committee Fact Sheet available at www.mcaay.org.au .
References

Note

Please see a section by section list of resources referenced in this literature review.

If you are aware a consultation with children and young people about alcohol consumption and risking drinking behaviour that is relevant to this literature review, please contact Trish Heath, Principal Policy Officer at Commissioner for Children and Young People on (08) 6213 2211 or at trish.heath@ccyp.wa.gov.au.

Key facts about alcohol consumption by children and young people


Commissioner for Children and Young People WA, Young People and Alcohol, Issues Paper (February 2011) 1.


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Impact of alcohol consumption on children and young people

Drug Info Clearinghouse, Young People and Alcohol, Fact Sheet 7.11 (June 2009) 1.

Commissioner for Children and Young People WA, Young People and Alcohol, Issues Paper (February 2011) 1.

Roche AM et al, Young People and Alcohol: The role of cultural influences (National Centre for Education and Training on Addiction, Adelaide: 2007).

DrinkWise is an independent not-for-profit organisation and it is funded by voluntary contributions from the alcohol industry: see http://www.drinkwise.org.au/c/dw?a=da&did=1018514

J Borlagdan et al, From Ideal to Reality: Cultural contradictions and young people’s drinking (National Centre for Education and Training on Addiction, Flinders University, Adelaide, 2010)

The contact person for this study is Professor Ann Roche, National Centre for Education and Training on Addiction (NCETA) Flinders University of South Australia, GPO Box 2100 Adelaide 5001, South Australia (Phone: +61 8 8201 7535 Email: ann.roche@flinders.edu.au Website: http://www.nceta.flinders.edu.au


The contact person is Rebecca Haynes and Rachelle Kalic, Drug and Alcohol Office, Perth Western Australia (7 Field Street Mt Lawley, WA 6050, phone: (08) 93700333 email: dao@health.wa.gov.au).


The Queensland Law, Justice and Safety Committee (Legislative Assembly) Inquiry into Alcohol-Related Violence (2010)


Contact person is Carmen Gregg, Project Officer, Investing In Our Youth Inc, PO Box 6103, Bunbury WA 6231 (Tel 08) 9721 6951, email iioy@iinet.net.au, website www.investinginouryouth.com.au.


Youth Minister's Round Table of Young Territorians, *Creative Education for Youth on Drugs and Alcohol (CEYDA) Project, 2007*

See http://www.nt.gov.au/health/youth_affairs/decision/round_table.shtml. The project team members were Jacob Andreae and Katrina Halse (each were adult members of the Youth Minister's Round Table of Young Territorians in 2007). Ngaree Ah Kit is the Senior Project Office at the Office of Youth Affairs and is responsible for the management of the Youth Round Table (ph (08) 8999 2540).

Youth Minister's Round Table of Young Territorians, *Creative Education for Youth on Drugs and Alcohol (CEYDA) Project (2007)* 8–10.


**Young People and Alcohol Forum, NSW Summit on Alcohol Abuse, 2003**


See http://www.qub.ac.uk/research-centres/YDS/AboutUs/


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Scottish Youth Commission on Alcohol: Recommendations (undated) 14.

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Office of the Minister for Children, Teenagers’ views on solutions to alcohol misuse: Report on a national consultation (April 2008) 1. The project consultant and author of the report is Olivia McEvoy (email olivia@cnagarandoras.ie & website www.cnagarandoras.ie). Project staff from the Office of the Minister for Children who were involved in the project are Anne-Marie Brooks, Sinead Hanafin and Anne O'Donnell (email omc@health.gov.ie, website www.omc.gov.ie) See http://www.omc.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FChildYouthParticipation%2FChildrenandYoungPeopleforum.htm&mn=chic&nID=4


Consultation styles

House of Representatives Standing Committee on Family, Community, Housing and Youth, Avoid the Harm -- Stay Calm: Reports on the *Inquiry into the Impact of Violence on Young Australians* (2010) Appendix D.

Outcomes

See MCAAY Youth Committee Fact Sheet available at www.mcaay.org.au.