

# WA Alcohol and Youth Action Coalition Position Statement

## ALCOHOL EDUCATION

Last updated: 14 January 2013

### General notes

- Alcohol education is an important component of a comprehensive strategy to prevent harm from alcohol among young people.
- The Coalition will focus on population-level prevention strategies and also supports appropriate treatment and services as part of a comprehensive approach.
- Alcohol use by young people must be seen within the context of the Australian drinking culture and measures required to reduce broader harms.

### Key messages and recommendations

The WA Alcohol and Youth Action Coalition ('the Coalition') supports comprehensive, well-supported approaches to effectively educate all sections of the community about alcohol-related harms and ways to reduce harm from alcohol.

#### School education

Well-supported alcohol and other drug education should be mandatory within the school curriculum to ensure all school students receive quality alcohol and other drug education.

Comprehensive data collection is needed to identify what alcohol and other drug education is currently provided in WA schools.

#### Public education

Comprehensive, sustained, well-funded public education campaigns should be developed and implemented at levels likely to have a significant impact to build awareness of the risks of harmful alcohol use.

Strong, specific and research-based health warning labelling should be mandated by government on all alcoholic products.

The Coalition supports measures to raise public awareness of the magnitude of alcohol-related harms among young people, the approaches we know can work and the need to act without delay.

#### Local education

Community groups should be enabled to support and, where appropriate, deliver localised best practice alcohol education within communities.

#### Parent education

Comprehensive, sustained, well-funded education campaigns targeting parents should be developed and implemented to inform and support parents in regard to young people and alcohol.

## Background

### School education

Schools have significant potential as settings where well-planned alcohol education programs can be delivered to large populations of young people<sup>1</sup> and developmentally appropriate content can be delivered at key times in young people's development, for example, before young people have their first drink.

Alcohol and other drug education in WA schools is not mandatory or comprehensively recorded. Many WA schools undoubtedly provide high calibre health and physical education (HPE) programs but no one knows exactly what is going on – what is being taught, how much, how well, and with how much teacher training.

It is well understood that schools cannot do everything and that the curriculum is already crowded, but ultimately schools have a critical role in equipping young Australians with the necessary knowledge, attitudes and skills to lead healthy lives. Young people have a right to quality information about alcohol and other drugs to support them to make educated decisions and reduce their exposure.<sup>1</sup> School alcohol and other drug education approaches should not be expected to independently defend against broader influences on young people, but rather should be seen as playing an important role in comprehensive and integrated prevention approaches.<sup>2</sup>

There is little evidence that one-off alcohol education sessions, including those delivered by an outsider who visits the school, provide benefit in terms of behavioural change. Further to this, they may be counter-productive if they increase young people's interest in alcohol use.<sup>3</sup> One-off or short term education sessions are not expected to be able to compete with other influences on young people's attitudes and behaviours, including exposure to alcohol promotion.<sup>4</sup>

School alcohol and drug education programs should be evidence-based (e.g. the School Health and Alcohol Harm Reduction Project<sup>5</sup>) and undergo regular evaluation against a range of impact measures. Traditionally, evaluations of school alcohol and drug education programs have tended to be narrow in focus which may have limited their ability to identify impact.<sup>1,2</sup> Programs should be evaluated on a range of measures, including in terms of the program's ability to contribute to informed decision making, its capacity to protect young people from alcohol- or drug-caused harm (caused by their own or others' use) and its contribution to the impact of a comprehensive suite of prevention strategies.<sup>2</sup>

Teachers should be well supported to deliver comprehensive alcohol and other drug education with appropriate teacher training, professional development and access to high quality resources.

The new Australian national curriculum for years K-10 commenced implementation in 2012. The first two phases – for which the subjects are mandatory – include English, mathematics, science and history (phase one), and geography, languages and the arts (phase two). The curriculum for further learning areas will be introduced progressively in following years. Phase three includes HPE but the level of detail within the curriculum on alcohol and other drugs, and the timing of its implementation are at best uncertain.

Parents should be entitled to expect that their children will be provided with quality HPE in school which gives sufficient emphasis to alcohol and other drugs.

An independent survey of 1600 West Australian adults conducted by the Painted Dog Research company in April 2012 (commissioned by the McCusker Centre for Action on Alcohol and Youth) showed: 94% of Western Australians (96% of parents with children attending school) support regular, well-resourced alcohol and drug education for all school students (with only 2% opposed).

A consultation with nearly 300 WA young people aged 14-17 years by the Commissioner for Children and Young People WA identified increasing education about alcohol, particularly at school, as one of the most popular strategies for reducing alcohol-related harm.<sup>6</sup> The young people who participated in the consultation felt strongly that alcohol education needed to be done in a way that resonated with young people, needed to be taught by credible people they respected, focused on relevant issues and started at a young age, before young people started drinking.

### **Public education**

There is strong evidence for the effectiveness of mass media education campaigns from other public health areas,<sup>4</sup> and mass media education approaches are recommended by major health authorities.<sup>7-9</sup> Mass media public education campaigns targeting drink-driving behaviour, smoking and skin cancer prevention have been successful particularly where implemented in conjunction with other ongoing prevention activities such as high-visibility enforcement and taxation.<sup>4, 7, 10, 11</sup>

Public education campaigns on tobacco and other issues have been successful in increasing public awareness of smoking-related health risks and have contributed to significant changes in community attitudes towards smoking which has facilitated the introduction of policy initiatives to reduce smoking-related harm.<sup>12</sup> Public education campaigns on alcohol have a role in providing information on alcohol-related health risks and in increasing attention and acceptance of alcohol on political and public agendas.<sup>13</sup>

Long term public education campaigns on alcohol have not been implemented in Australia and therefore the available evidence on alcohol campaigns is limited to short-term, poorly funded campaigns. Short-term or one-off initiatives with insufficient reach and limited evaluation are not able to compete with influences including alcohol promotion, pricing, availability and the view of drinking as a social norm.<sup>4, 7</sup> The potential of comprehensive, sustained public education campaigns to impact on alcohol use must be considered separately from short term or one off initiatives.

Public education campaigns need not specifically target young people to impact young people's drinking. Evaluations of tobacco social marketing campaigns have found that young people respond to campaigns targeted at adults and the wider community.<sup>14, 15</sup>

There is very little knowledge of Australia's official low-risk alcohol guidelines among the general Australian population.<sup>16</sup> For drinking guidelines to have any effect on alcohol consumption they need to be adequately publicised. There is a role for sustained, well-funded public education campaigns in increasing knowledge of the NHMRC guidelines among the Australian population.

"Responsible drinking" campaigns supported by the alcohol industry can be ambiguous and ineffective.<sup>17</sup> The obligations of alcohol companies to maximise profits from the sale of alcoholic products are incompatible with the development of approaches to reduce harm from alcohol. It is not appropriate for the alcohol industry to be involved in developing alcohol education programs.

### *Health warning labelling*

Health warning labelling on alcoholic products is a form of public education which enables the promotion of health warnings at the point of sale and the point of consumption. There is currently no requirement for alcohol products to carry any form of health warning in Australia.

Not all health warning labels are the same. There are specific features of health warning labels and their implementation that would ensure they achieve the desired impact: labels should be mandatory on all alcohol products and packaging; comprise both text and symbol; be consistent in size, font and application on all products; different warning messages should cover a range of harms and be rotated; appear on the front of the product and horizontally oriented; occupy a specific percentage of a products

surface; be accompanied by a comprehensive public education campaign, and be evaluated and regularly reviewed.<sup>18</sup>

Health warning labels should be developed by governments and health authorities. The alcohol industry, which spends several hundred million dollars each year promoting its products,<sup>19</sup> with much of this promotion having a clear appeal to young people, should play no part in the development of health warning labels.

Improvements to alcohol product labelling have been recommended by the National Preventative Health Taskforce<sup>7</sup> and in the *Labelling Logic: Review of Food Labelling Law and Policy* report.<sup>20</sup>

International research on health warning labels has found that they are effective both in raising awareness of health risks and changing health behaviours when applied in accordance with specific guidelines that are known to increase salience.<sup>21</sup>

### **Local education**

In some areas of WA, community groups may be well placed to deliver localised alcohol education within communities. Groups working at the community level are likely to be in the best position to be responsive to the particular needs of a community in terms of priority issues and appropriate methods of communication.

Community groups should be enabled to support and, where appropriate, deliver localised alcohol education programs that follow best practice, are evidence-based, link to state or national campaigns where possible and are appropriately evaluated.

### **Parent education**

Parents and other family members play an important role in the development of young people's attitudes and behaviours towards alcohol. Young people whose parents disapprove of teenage drinking tend to delay when they first consume alcohol or drink less or drink less often.<sup>22</sup>

Parents are in an important position to provide education about the benefits of delaying drinking in teenagers, the harms related to alcohol use, and to encourage the development of responsible attitudes towards alcohol. Parents also have important roles in monitoring their children's behaviour and supervising teenage parties, as well as in modelling drinking behaviours.<sup>23</sup>

The Australian Guidelines to Reduce Health Risks from Drinking Alcohol note that for young people under 18 years, the safest option is to delay the initiation of drinking for as long as possible.<sup>24</sup> As noted above, there is little knowledge among the general Australian population about the low risk drinking guidelines.<sup>16</sup> The *Alcohol.Think Again* parents, young people and alcohol campaign, a joint initiative of the Drug and Alcohol Office, the McCusker Centre for Action on Alcohol and Youth and the Telethon Institute for Child Health Research, aims to increase awareness of the NHMRC guideline using the message "Under 18. No alcohol. The safest choice".<sup>25</sup>

Parents are a key supply source of alcohol for underage young people. The 2011 Australian School Student Alcohol and Drug survey found that parents were the most common source of obtaining alcohol for WA 12-17 year old students.<sup>26</sup> It is likely that many parents are unclear about the best way to approach alcohol with their children.

Many young people consider parents to have a significant influence on their decisions about alcohol consumption.<sup>6, 27</sup> Consistent with this view, young people who participated in the consultation by the Commissioner for Children and Young People WA considered it important for parents to have more support and information.

Parents need to be informed and supported in their roles regarding young people's alcohol use, including in regard to the supply of alcohol.

### **The Position of the WA Alcohol and Youth Action Coalition**

#### State:

- Introduce mandatory, well-supported alcohol and other drug education within the WA school curriculum.
- Undertake comprehensive data collection on the levels of alcohol and other drug education currently provided in WA schools.
- Introduce a comprehensive, well-funded, sustained public education program targeting parents of young people to inform and support them in regard to alcohol and young people.
- Enable community groups to support and, where appropriate, deliver localised best practice alcohol education within communities.

#### National:

- Ensure Health and Physical Education is given the same level of priority within the new national curriculum as the subjects in phases one and two.
- Alcohol and drugs should be a focus area of the Health and Physical Education national curriculum, currently in development.
- Develop and implement a comprehensive, well-funded, sustained public education campaign at levels that will increase awareness and understanding of the Australian Guidelines to Reduce Health Risks from Drinking Alcohol.
- Introduce mandated, strong, specific and research-based health warning labelling on all alcoholic products.

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