

YOUTH ACTION PLAN

2009-2012

Alcohol Advisory Council of New Zealand

FOREWORD

I am delighted to introduce the Alcohol Advisory Council of New Zealand's (ALAC's) action plan, which will guide our approach to working with youth in the next three years.

The social and economic costs that excessive use of alcohol imposes on society are high. While most New Zealanders enjoy alcohol in moderation most of the time, problem drinking is creating some serious health and social issues.

While ALAC works on alcohol issues as they affect all New Zealanders, we also recognise three priority populations – Māori, Pacific peoples and young people – who suffer more harm than other New Zealanders from alcohol misuse.

Drinking excessively is one of a range of risky behaviours typically experienced, to varying degrees, by young people as part of growing up. It is not surprising that young people partake in risky drinking though, given that they are surrounded by adults (often the ones they love and look up to) who frequently model excessive drinking and/or supply alcohol to their young ones who cannot legally purchase it themselves. Regardless of this, we know that there is a higher percentage of youth drinkers (particularly those between 15 and 24 years of age) consuming large amounts of alcohol in a typical drinking session than drinkers in any other age group. Consequently young people are also experiencing a greater amount of alcohol-related harm.

This action plan's overarching aim is to help build healthy futures for young people and their families and communities by reducing alcohol-related harm among young people and supporting youth to lead a social change in the way New Zealanders drink. In developing the plan we were guided by six principles, which recognise:

- that wider social and economic contexts and dominant cultural values set the big picture within which young people grow up
- that positive youth development is closely linked to healthy families, strong whānau, hapu, iwi and communities, healthy schools, universities, training institutions and workplaces and supportive peers
- the importance of designing policies and programmes that both build young people's capacity to resist risk factors and enhance protective factors
- that the way that people relate, listen and respond to young people is important, and different relationships are more important at different life stages, although relationships with parents are continually important. It is essential to support and equip others for successful relationships with young people. Communication between caregivers, parents and wider whānau and young people is paramount
- the importance of providing opportunities for young people to increase their control of what happens to them and around them, through advice, participation and engagement
- that youth development is continually informed by effective research, evaluation and information gathering.

This plan for success consists of six broad interrelated areas for action – information to help young people make informed choices, positive role-modelling, youth participation, interventions that work for young people, working together and youth messages.

While this action plan provides us with some guidance on what we need to do to work towards reducing alcohol-related harm among young people, we recognise that the task is not something we can do alone. We are acutely aware that, to really make a difference, we need to team up with young people, their families and communities, service providers, central and local government and the non-government sector.

We are also aware that our action plans for Māori, Pacific peoples and young people are strongly inter-linked despite addressing different needs. We believe that these additional efforts will pay off in accelerated gains towards a general reduction in alcohol-related harm.

This plan will be reviewed and updated regularly to ensure that it remains relevant.

Peter Glensor

Council Chair

ACKNOWLEDGEMENTS

The Alcohol Advisory Council of New Zealand (ALAC) wishes to acknowledge all participants from the various government agencies, District Health Boards, non-government organisations, Primary Health Organisations, Alcohol and Drug treatment agencies, youth agencies, young people, and ALAC Council members who contributed through meetings and personal feedback to the development of its youth action plan.

Thank you to Rod Baxter and Casey James from the Boys and Girls Institute and Magnum Tuipulotu from the Ministry of Youth Development, who assisted in facilitating the youth caucus of the youth action plan engagement meetings. In addition, a further acknowledgement to the ALAC Youth Action Plan Working Group and Youth and Caregivers Reference Group for assisting ALAC in developing its strategic framework.

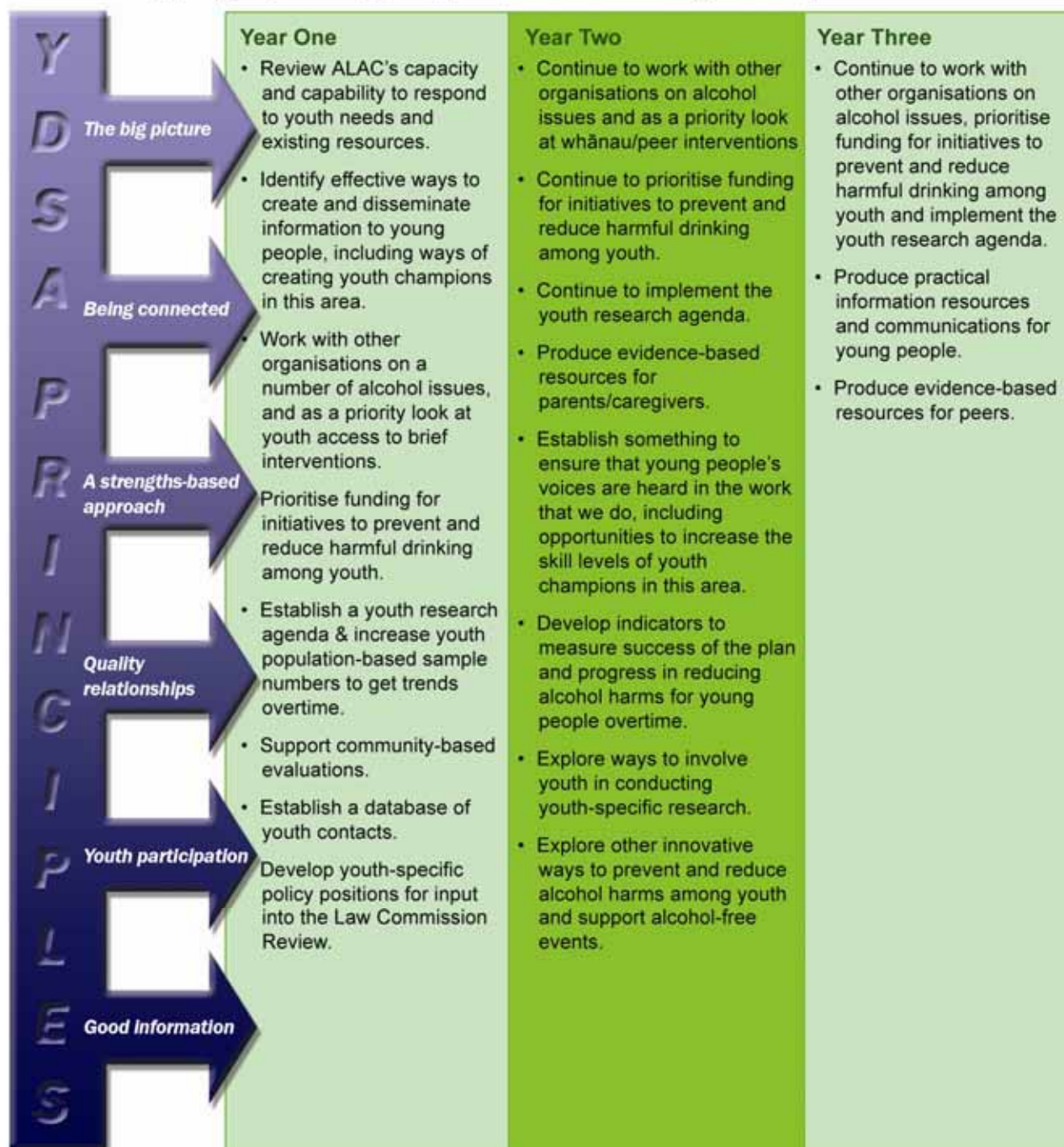
Finally, a very special thank you to all the young people who took time out of school, training and work to come along and provide their thoughts on what ALAC could do to reduce alcohol-related harm for young people throughout New Zealand. This feedback has really enriched the action plan.

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YOUTH ACTION PLAN

Aim: To help build healthy futures for young people, their families and communities by reducing alcohol-related harm among young people and supporting youth to lead a social change in the way New Zealander's drink



A FOCUS ON HARM-FREE DRINKING

Alcohol is the most commonly used recreational drug in Aotearoa/New Zealand (Alcohol Advisory Council of New Zealand & Ministry of Health, 2001). Approximately 80 percent of us drink from time to time (Stefanogiannis et al., 2007).

While most of us who do drink consume alcohol in a safe and responsible manner, just under one-quarter consume large amounts of alcohol on a typical occasion (Stefanogiannis et al., 2007; Ministry of Health, 2008; Palmer et al., 2007) and in doing so place ourselves and others in risky and harmful situations.

In recognition of the health and social harms that can result from alcohol misuse, the Alcohol Advisory Council of New Zealand, *Kaunihera Whakatupato Waipiro o Aotearoa* (ALAC) was established in 1976 as an autonomous Crown entity with a specific focus on alcohol. Our prime objectives, as outlined by law, are to:

- encourage and promote moderate consumption of alcohol
- discourage and reduce the misuse of alcohol
- minimise the personal, social and economic harm resulting from alcohol misuse.

ALAC is fully aware of the challenges we face in achieving these objectives. Everywhere we turn alcohol seems to be there. It's right in our faces when we go to get our groceries at the supermarket and it's even in some of our corner dairies. It's cheap enough to buy and many of our young people are finding it easy enough to access even though they are legally under age to buy it themselves. Fundamentally we are living in a society that generally accepts, tolerates, and to some extent celebrates, binge-drinking and drunkenness. ALAC is therefore focusing its efforts on finding ways to move our society from this current norm to one of responsible drinking so that our whānau and communities enjoy life, free from alcohol harm.

For various reasons, certain population groups in Aotearoa/New Zealand experience proportionately more alcohol harm than others. These are:

- young people (aged 12-24 years)
- Māori
- Pacific peoples.

While law changes to reduce the availability and accessibility of alcohol will have positive flow-on effects for addressing harm within these population groups, additional work is required. As such, in addition to our general efforts to transform the drinking environment we have developed specific action plans for each of these populations. These plans remind us that 'one size does not fit all' and that we may need to think in a different way when developing our policies and interventions. These plans also identify the key actions we need to be taking over and above what we are already doing to make a difference for these population groups, and are strongly inter-linked despite addressing different needs.

This action plan is about...

‘contributing to a healthier future for young people, their families and communities by addressing the disproportionate amount of alcohol-related harm that is being experienced by young people, compared with the rest of the New Zealand population, and supporting young people to lead a change in the way we currently drink’.

It is ALAC’s roadmap for guiding where its efforts should be placed in the next three years to prevent and reduce alcohol-related harm among young people. It builds on previous efforts and takes into account the importance of working with our rangatahi and others to improve overall outcomes for young people, their families and communities.

Some key things to note about the Youth Action Plan...

1. While this action plan is focused on young people, it is much broader than that. The action plan’s overarching aim is to help build healthy futures for young people, their families and communities by reducing alcohol-related harm among young people and supporting youth to lead a social change in the way New Zealanders drink. A key component of the plan is its three-year schedule for action, which details six interrelated areas for action, each with its own specific goal and range of initiatives for implementation. In developing the plan we were guided by the Youth Development Strategy Aotearoa¹ (YDSA) principles.
2. This action plan is strongly linked to the other two priority population action plans. This is not surprising given that the Māori and Pacific population is also a very youthful one. In fact, the 2006 census data shows that about one-quarter of both the Māori and Pacific populations were between the ages of 12 and 24 years. In comparison, young people aged 12-24 years who identified as European/New Zealander made up approximately 17 percent of the total European population.
3. We convened a working group to assist with designing a robust process for engaging young people in the development of this plan and brought together a youth and caregivers reference group to help draft the aim, principles and broad areas for action. We held a series of nationwide hui with a range of young people, youth workers and other key youth stakeholders to both inform and consult on the broad direction we were taking.
4. The plan for success in the next three years was identified primarily through an analysis of:
 - what our young people told us
 - the common themes that emerged from the hui
 - what the current research and other evidence tell us about alcohol in the lives of young people and where we could best place our efforts

¹ The YDSA promotes the application of a youth development approach as a way of understanding what needs to happen for, around and with young people in New Zealand. It’s about how government and society can support young people aged 12 to 24 years. Young people consulted in the development of the action plan told us that these principles made sense to them and should be used as the foundation of this action plan and to remind us of what is important to them.

- what we know other government and non-government agencies are doing or not doing in this area
 - ALAC's statutory role and ability to deliver.
5. In moving forward we will be reviewing our organisational capacity and capability to respond to young people's needs and to implement this plan. We will also be reviewing our current youth initiatives for relevance and to ensure that they align with this pathway forward. A report outlining the progress made on implementing the plan, as well as any changes to the plan in subsequent years, will be released annually.

STRATEGIC FIT

Why do we need a Youth Action Plan?

Drinking excessively is one of a range of risky behaviours typically experienced, to varying degrees, by young people as part of growing up. It is not surprising that young people partake in risky drinking though, given that they are surrounded by adults (often the ones they love and look up to) who frequently model excessive drinking and/or supply alcohol to their young ones who cannot legally purchase it themselves. Further, other factors such as the strategic marketing of alcohol products to young people and cheap alcohol also impact on youth drinking.

Despite these environmental factors and influences, we know that there is a higher percentage of youth drinkers (particularly those between 15 and 24 years of age) consuming large amounts of alcohol in a typical drinking session than drinkers in any other age group (Stefanogiannis et al., 2007). Consequently young people are also experiencing a greater amount of alcohol-related harm.

While ALAC is involved in a number of youth initiatives and supports a range of other youth activities there is nothing in place to coordinate and guide decisions. In this respect we believe that we can do much better and that we need to be smarter about what we should be doing and why. We also need to take more of a strategic and balanced approach to addressing youth drinking, which considers both the environmental and youth-specific factors that impact on the decisions they make. It made sense therefore to develop a comprehensive three-year plan that clearly identifies those initiatives that are likely to make the most difference for preventing and reducing alcohol-related harm among young people.

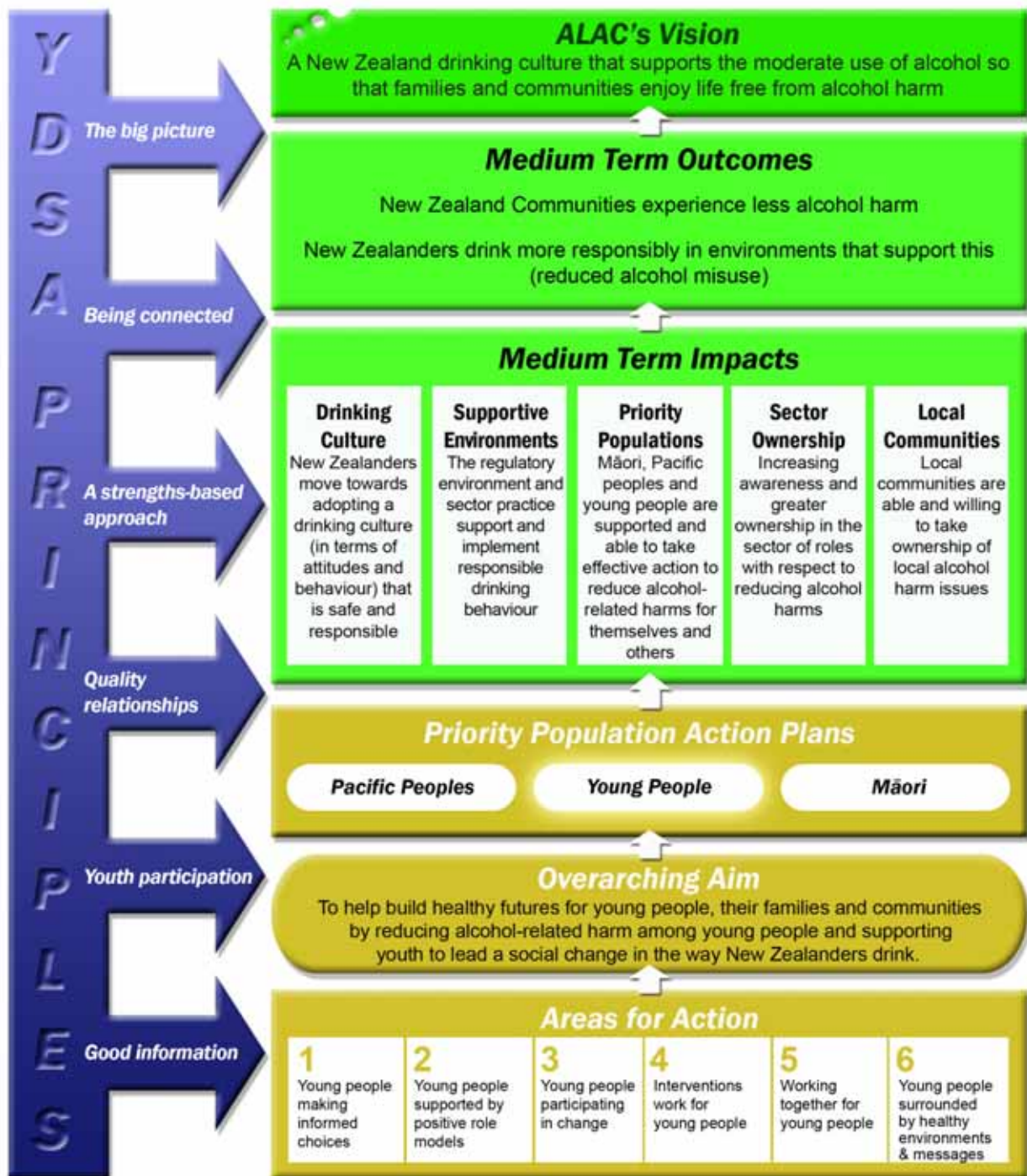
How does it fit with other work in this area?

The Youth Action Plan sits within the broader Government framework on alcohol and other drugs, and the YDSA, and concentrates specifically on what 'we' can do to reduce alcohol-related harm for young people and to support young people to lead a positive change in New Zealand's drinking culture.

Supporting young people to take effective action to reduce alcohol-related harm for themselves and others is also one of five medium-term impacts on which ALAC is focusing in the next three years to achieve our medium-term outcomes and ultimately our vision of a:

'New Zealand drinking culture that supports the moderate use of alcohol (or abstinence if that is what people choose) so that whānau and communities enjoy life, free from alcohol harms'.

The framework (which follows) provides a snapshot of how the Youth Action Plan fits with ALAC's overall vision and direction and outlines the broad areas for action on which we will be focusing for young people, in the next three years.



We are also aware of a range of other strategies and initiatives² that are similarly aiming to improve the wellbeing of young people, particularly those strategies:

- in the general health area
- that aim to prevent and/or reduce youth offending
- that specifically focus on youth development or addressing/responding more effectively to youth issues
- that are focused on strengthening whānau.

² For example, national strategies such as: the Ministry of Youth Development's YDSA; the Department of Corrections' Drug and Alcohol Strategy 2009-2014; the Ministry of Health's Te Tāhuhu: Improving Mental Health 2005-2015 (the second New Zealand Mental Health and Addiction Plan) and Te Kōkiri: the Mental Health and Addiction Action Plan 2006-2015; and the Ministry of Justice's Te Haonga: Youth Offending Strategy and work on 'Drivers of Crime'.

We intend to work more closely with the agencies responsible for these strategies to ensure that our efforts are coordinated and resources maximised. We will also be ensuring that the Law Commission takes into account the key aspects of this action plan as part of its two-year comprehensive review of the laws that currently govern the sale and supply of liquor.

ALCOHOL-RELATED HARM AND YOUNG PEOPLE

What are some of the harms that can result from drinking too much?

Alcohol consumption can be linked to a range of diseases, such as chronic health problems in many organ systems (e.g. cirrhosis of the liver), mental health disorders and several cancers. Alcohol can also affect foetal development and contributes to death and injury, including falls, drownings and car crashes (Ministry of Health, 2008). Health effects relate to both the average volume of alcohol consumed and the pattern of drinking (Connor et al., 2005).

Alcohol consumption is also one of a number of factors that can contribute to criminal offending, and there is considerable research to show that a large number of offenders have been drinking before they commit an offence. At a population level, studies show that more drinking tends to lead to more violence and less drinking to less violence, and that this association may be stronger in countries (like ours) with binge-drinking cultures (Alliston, 2007).

In addition, alcohol consumption can impact on an individual's work life, home life, social life and finances. Harmful drinking can result in risky and unwanted sexual behaviour (Stefanogiannis et al., 2007; Cashell-Smith et al., 2007). There is also research to suggest that heavy parental alcohol use is associated with a range of negative child and adolescent outcomes, including poorer physical and psychological health and an increased rate of subsequent alcohol problems (Girling et al., 2006).

What do we know about young people's drinking patterns and harms?

"Young people binge-drink for fun, to relieve depression/stress, to fit in, look cool, because of peer pressure, it's part of being young and enjoying being young."

Comments by a young person attending Anamata 08³

In most Western countries, alcohol consumption and heavy episodic drinking tend to be higher during young adulthood than at any other time across the lifespan (Guo et al., 2001⁴). There also appears to be an increase in binge-drinking and drinking to intoxication by young people internationally (World Health Organization, 2004⁵).

³ Anamata was a national youth forum run by ALAC. Its purpose was to bring together young people from throughout Aotearoa to discuss alcohol issues and to determine strategies and solutions, both nationally and locally. Anamata also provided an opportunity for young people to give feedback on ALAC's work.

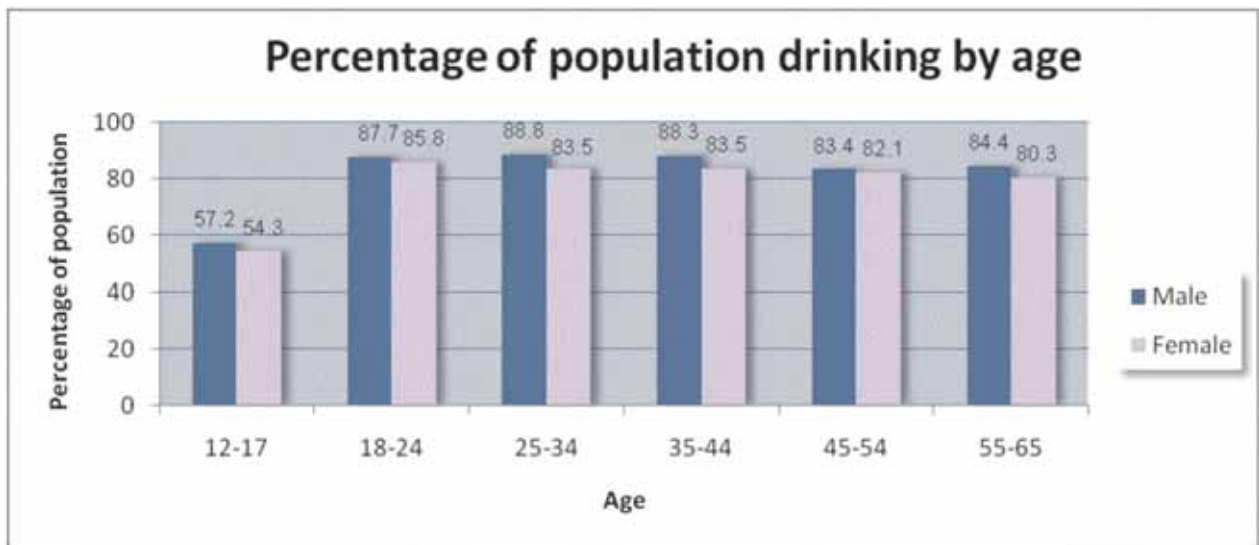
⁴ Cited in Cagney & Palmer, 2007.

⁵ Ibid.

Consumption rates

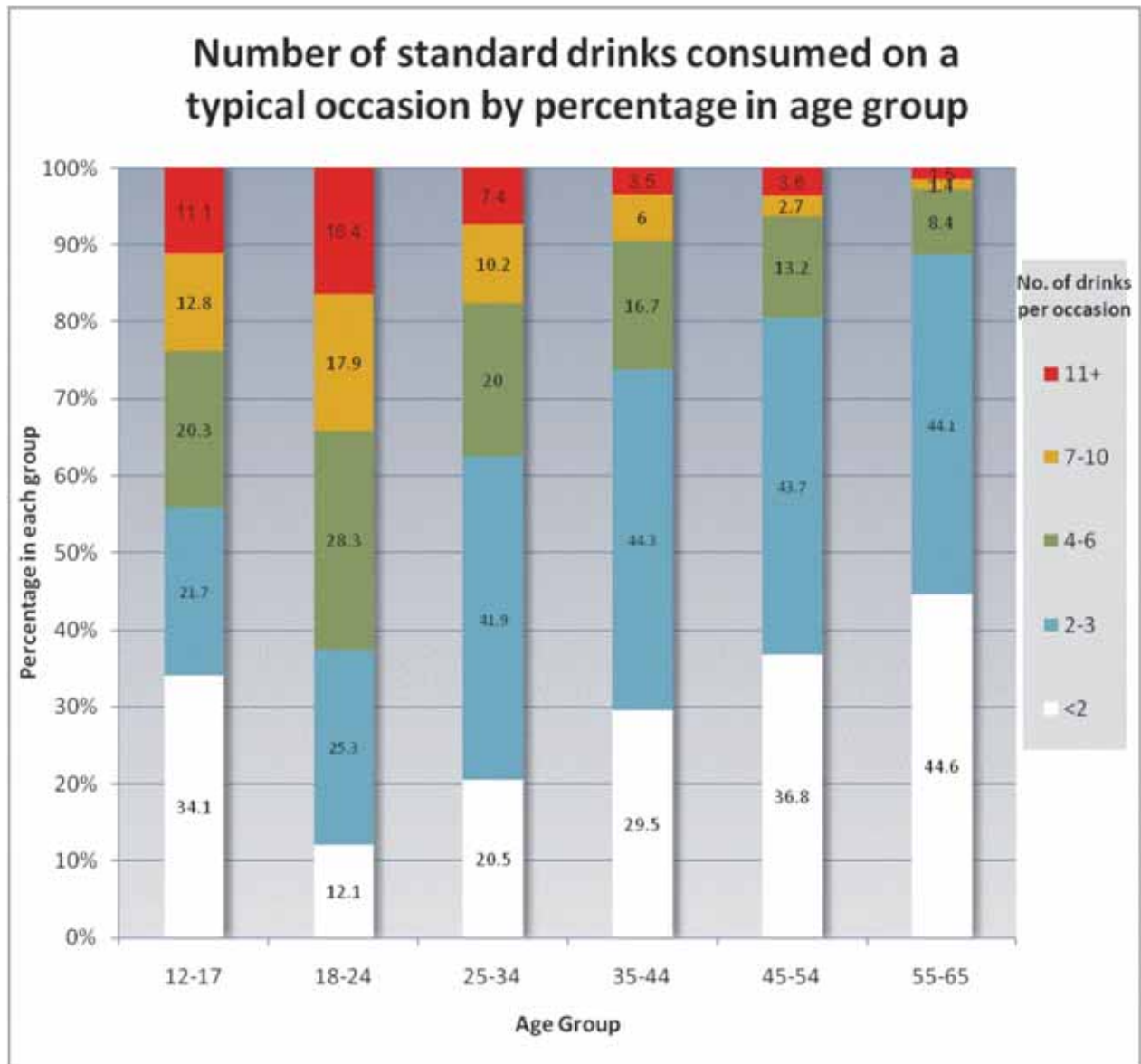
Research in New Zealand indicates that most secondary school students have tried alcohol at least once (approximately 72 percent) (University of Auckland, 2008) and that those aged 12-24 years who do drink (predominantly those over 14 years) are more likely to consume large amounts of alcohol on an occasion than any other age group (Stefanogiannis et al., 2007). Figures 1 and 2⁶ (below) highlight the significantly different consumption rates in the 12 to 17 and 18 to 24-year age groups compared with all the other age groups.

Figure 1: Percentage of population drinking by age



⁶ Sourced from Ministry of Health (2004) alcohol use survey data.

Figure 2: Number of standard drinks consumed on a typical occasion by percentage in age group



Research also suggests that teenagers are more likely than adults to believe that drinking to get drunk is okay as long as it is not every day (De Bonnaire et al., 2004). Despite this, young people aged 12-17 years do not drink as frequently as those aged 18 and over. For example, the 2004 alcohol use survey found that over half of the young people aged 12-17 years who reported drinking in the previous 12 months (59 percent) consumed alcohol less than once a week, with almost one-third (31 percent) consuming alcohol one to three times a week (Stefanogiannis et al., 2007).

According to the November 2008 ALAC Alcohol monitor, the majority (70 percent) of young people aged 12-14 years reported being non-drinkers. Of the remaining 30 percent who reported drinking, 8 percent had consumed five or more drinks on a single occasion compared with 44 percent of 15 to 17-year-olds (Raggett et al., 2009b). This is consistent with findings from the Youth 2000 and 2007 surveys, which showed that about one-third of secondary school students reported engaging in binge-

drinking (i.e. five or more drinks within four hours) within a four-week period (University of Auckland, 2004, 2008).

Only 12 percent of young people aged 18-24 years reported being non-drinkers compared with 29 percent of those aged 15-17 years. Of those 18 to 24-year-olds who reported drinking, 38 percent were classified as binge-drinkers (i.e. consumed seven or more drinks on a single occasion) (Raggett et al., 2009b).

There are slightly more male than female binge drinkers aged 12-24 years (56 percent compared with 44 percent) and more than a third of youth drinkers (37 percent) reported that they had *got drunk* on their most recent drinking occasion, with one-quarter reporting that they had *planned* to get drunk on their most recent drinking occasion. Thirty-two percent of all youth drinkers reported that they were drinking more than in the previous year, with 65 percent of those aged 15-17 years reporting this. A further 36 percent of all youth drinkers reported that they were drinking less than in the previous year, with those aged 18-24 years more likely to report this (Raggett et al., 2009b).

What young people drink

Overall, beer appears to be the drink of choice for all youth drinkers aged 12-24 years, with 43 percent reporting drinking beer on their most recent drinking occasion. Young males were significantly more likely than young females to drink beer (61 percent compared with 20 percent females). The next most commonly consumed alcoholic beverage was RTDs (ready-to-drink beverages), with 27 percent of all youth drinkers reporting drinking RTDs on their most recent occasion. Young females were significantly more likely than young males to drink RTDs (41 percent compared with 15 percent) and those aged 15-17 years were more likely than 18 to 24-year-olds to report drinking RTDs (46 percent compared with 18 percent).

Where minors drink and who supplies them with alcohol

Youth drinkers reported drinking most frequently at a friend's or relative's house (39 percent) or at home (35 percent). Those drinkers aged 12-14 years were more likely than those aged 15-17 years to report drinking at home (46 percent compared to 21 percent) (Raggett et al., 2009b).

Research consistently shows that most young people under the minimum legal purchase age acquire alcohol from parents and friends, with a small minority (an estimated 6-15 percent of those young people who drink) purchasing alcohol themselves, despite being under the legal purchase age (University of Auckland, 2004, 2008; Raggett et al., 2009b). More than half (57 percent) of those youth drinkers aged 12-17 years reported accessing alcohol from their parents or guardians, with a further 28 percent reporting that they obtained their alcohol from friends (this was particularly evident among binge-drinking youth aged 15-17 years) (Raggett et al., 2009b). There is also some research to suggest that intoxication and binge-drinking among young people aged 12-17 years is closely linked to unsupervised situations where alcohol is often supplied by parents (Kalafatelis et al., 2003; Kypri et al., 2005⁷).

⁷ Cited in Cagney & Palmer, 2007.

When young people start drinking and why they drink

There is evidence to suggest that youth who drink tend to start drinking before the age of 15 years. For example, the Youth 2000 survey found that almost half (48 percent) of secondary school drinkers first consumed alcohol between the ages of 13 and 15 years, while a further 33 percent first consumed alcohol between the ages of 10 and 12 years. According to the Youth 2000 research, the most frequently reported reasons why secondary school student drinkers chose to drink alcohol included “to have fun” (75 percent), “to enjoy parties” (64 percent), “to relax” (42 percent) and “to get drunk” (42 percent) (Cagney & Palmer, 2007).

Alcohol-related harm

When asked about experiences of alcohol-related harm within a 12-month period (as part of the 2008 ALAC monitor):

- 80 percent all youth drinkers reported having had some form of harmful or regrettable experience (95 percent of whom reported binge-drinking)
- 56 percent of all youth drinkers reported having experienced some form of short-term effect from drinking too much, such as vomiting, hangover and loss of memory
- 33 percent reported having done something embarrassing while drinking or caused accidental harm to themselves as a result of drinking.

A similar pattern is identified in a Ministry of Health analysis of the data gathered as part of the 2004 alcohol use survey. This analysis showed that in comparison with the total drinking populations:

- 12- to 17-year-old drinkers were more likely to have experienced almost every alcohol-related problem, including being between two and six times more likely to have had unprotected sex, had sex and later regretted it, got into a physical fight, been arrested or detained in a police station and been sexually assaulted
- young people aged 12-24 years experienced higher rates of some harms resulting from other people’s drinking, including physical assault, sexual harassment, motor vehicle accidents and other accidents (Law Commission, 2009).

A recent analysis of national hospital admission data found that a total of 5,413 young people aged 15-24 years were hospitalised with alcohol-related admissions between 2002 and 2006. Almost 35 percent of these admissions presented with injuries, 28 percent with mental health problems and 11 percent with intoxication. Admissions of young people living in the most deprived areas were more than three times more common than admissions of those from the least deprived areas. Young males were twice as likely as young females to be admitted (Craig et al., 2007⁸). Further, a national alcohol assessment of police data found that over half of alleged offenders who had consumed alcohol prior to offending in 2007/08 were young males under 25 years of age (Law Commission, 2009).

According to the Youth 2007 survey, secondary students who reported regularly drinking also reported experiencing some form of alcohol-related problem, such as unsafe sex (14 percent), unwanted sex (7 percent) and/or injuries (22 percent). Sixteen percent of these students had been told by friends or

⁸ Cited in Law Commission, 2009.

family that they needed to reduce their drinking. Almost one-third of students reported that they had been driven by someone who had been drinking, while 13 percent had driven themselves after they had drunk more than two glasses of alcohol in the two hours prior to driving (University of Auckland, 2008). Further, according to 2007 Ministry of Transport data, young people aged 15-24 are more likely than any other age group to have been involved in a fatal crash owing to the driver being under the influence of alcohol or drugs.⁹

⁹ Ministry of Transport. (2008). Alcohol/drugs crash factsheet (in progress).

AIM AND PRINCIPLES

The overarching aim of the Youth Action Plan is:

‘To help build healthy futures for young people and their families and communities by reducing alcohol-related harm among young people and supporting youth to lead a social change in the way New Zealanders drink’.

In developing the Youth Action Plan, ALAC was guided by the principles outlined in the YDSA. The YDSA promotes the application of a youth development approach as a way of understanding what needs to happen for, around and with young people in New Zealand (Ministry of Youth Affairs, 2002).

- **Principle 1: The big picture.** The need to recognise that wider social and economic contexts and dominant cultural values set the big picture within which young people grow up.
- **Principle 2: Being connected.** Positive youth development is closely linked to healthy families, strong whānau, hapu, iwi and communities, healthy schools, universities, training institutions and workplaces and supportive peers.
- **Principle 3: A strengths-based approach.** The importance of designing policies and programmes that both build young people’s capacity to resist risk factors and enhance protective factors.
- **Principle 4: Quality relationships.** The way that people relate, listen and respond to young people is important, and different relationships are more important at different life stages, although relationships with parents are continually important. It is essential to support and equip others for successful relationships with young people. Communication between caregivers, parents and wider whānau and young people is paramount.
- **Principle 5: Youth participation.** It is important to provide opportunities for young people to increase their control of what happens to them and around them, through advice, participation and engagement.
- **Principle 6: Good information.** Youth development is continually informed by effective research, evaluation and information gathering.

In addition, we are mindful of the significant differences in maturity across the 12-24 year age group and that there is a huge difference between what would be appropriate for a 12-year-old and what would be appropriate for a 24-year-old. As such, age appropriateness is another factor we have taken into account in developing this action plan. The youth development principles and age appropriateness will continue to guide ALAC’s efforts in building healthy futures for young people and their families and communities.

PLAN FOR SUCCESS

The plan for success consists of six broad interrelated areas for action and a number of specific initiatives to be implemented in a three-year timeframe. This timeframe was chosen because it aligns well with ALAC's business planning, but more importantly it tends to allow sufficient time to test the success of a particular course of action, while also maintaining relevance.

In prioritising key actions we have been guided by: the high-level principles (outlined above); what young people, their caregivers, youth workers and other youth stakeholders told us throughout the engagement process; what the current evidence says; what we know other agencies are doing or not doing in the area; and what we as ALAC can influence.

Each area for action details:

- what we are trying to achieve
- why and how we should focus our efforts
- what we are going to do to get there and by when.

Consistent with our business planning, the estimated timeframes for completing each action are based on the following:

- Year 1 – 1 July 2009 to 30 June 2010
- Year 2 – 1 July 2010 to 30 June 2011
- Year 3 – 1 July 2011 to 30 June 2012.

As in any action plan, the timeframes for completing work are purely best guesses and are therefore subject to change. We will highlight any changes to these timeframes in our annual progress reports.

Area for Action 1: Young People Making Informed Choices

“Most young people have the information but do not apply it to themselves or their friends. We need to find a way to promote safe drinking so that young people will care.”

A young person’s word of hope at the Wellington engagement hui

“Youth see so many of the positives to drinking; when the negatives happen we are normally drunk and so don’t care about them as much.”

“It seems there are heaps of reasons to drink, we aren’t often shown reasons not to drink – this would be good.”

Comments made by young people attending the engagement hui

What we are trying to achieve

- Young people have good information and support to make informed decisions about drinking.
- Young people who choose to drink do so in a way that keeps them safe and reduces the risk of harm to themselves and others.

Why this is important

Ensuring that young people have the right information and support to make informed decisions about drinking and to keep themselves and others safe, should they choose to drink, is an important part of any multi-faceted strategy to reduce alcohol-related harm. This was strongly supported by young people and adults in a number of forums. For example, educating young people on ‘how best to handle the party years’ was identified as one of three top priorities by ALAC’s Youth Reference Group and a top priority by some of the young people’s caregivers. Young people also told us about the pressure they are often put under by their friends and other peers to drink, and are looking to us and others to help them identify strategies to deal with this in a ‘cool’ way.

Further, young people attending Anamata 08 suggested that ALAC needed to find ways of discouraging irresponsible drinking and promoting responsible drinking among young people, and that providing good information in a youth-friendly way that is relevant to youth will help with this (Robertson, 2009). In fact both young people and adults engaged in the development of the action plan commented that the information needed to be practical, accessible and age appropriate and that the delivery and deliverer were key to reaching young people. Some young people also told us that we should consider using support groups like the Attitude Team (Parents Incorporated) or SADD (Students Against Driving Drunk), who are cool, work in schools and talk about the choices they have made and why.

Despite this strong endorsement to provide good information and support to young people, we are very aware of the challenges that we face in doing this, including identifying what, to whom and how we should communicate and support young people to make more informed decisions. We are also aware

that there is evidence to suggest that interventions aimed at influencing the decision-making behaviour of young people have limited effectiveness on their own (Cagney & Palmer, 2007).

What appears to be promising, however, is making sure that any preventative effort aimed at informing young people's decision-making is based on a clear understanding of what influences the use of alcohol among young people, including those factors that are likely to increase the risk of harm and those that may offer some protection against it (Cagney & Palmer, 2007). In this respect parents/caregivers may be the more appropriate audience, in the shorter term, to whom to target information, with a longer-term plan to provide better information to young people once the environment is more conducive and supportive of such efforts.¹⁰ This was generally supported by adults consulted on the action plan.

Increasing access to alcohol and other drug (AOD) early and brief interventions for young people will also help to get critical information to youth. In fact, we believe that increasing brief interventions, particularly in primary health care settings, is a priority. Primary health care providers are well positioned to screen for heavy and high-risk alcohol use during routine clinical encounters. In the early stages of harmful alcohol use, a brief conversation, advice and encouragement are often enough to enable the patient to adjust their drinking behaviour (George, 2007; Kaner et al., 2007¹¹.)

Despite all of this, there is still a need to provide good information to young people and to develop youth-specific resources (particularly given the scarcity of youth-friendly resources on alcohol-related issues and the need to update those that are available). It makes sense, however, to work on other interventions that we know are more likely to affect behaviour change in the first instance, such as brief interventions (Kaner et al., 2007). The success of these other approaches will also help to increase the efficacy of education efforts, aimed specifically at young people, later down the track.

¹⁰ For example, young people consulted in the development of the action plan told us that as long as rugby and league players are the key role models for young people, getting drunk will be the norm.

¹¹ Cited in Health Promotion & Protection Addiction Services, 2007.

What we plan to do in the next three years to make a difference

	Description	Timeframe
1.1	Review existing ALAC resources, national marketing campaigns and other forms of communication for their relevance to young people and update and/or revise these where appropriate. As part of this review, also undertake an environmental scan of other alcohol-related resources and information being taught in schools and other areas, and identify any improvements that will need to be made.	Year 1
1.2	Explore innovative and effective ways to create and disseminate information to young people.	Year 1
1.3	Produce, in consultation with young people, other practical resources and communications for young people that will assist them in making informed decisions about whether to start drinking or not, and if they do decide to drink, how to keep themselves safe.	Year 3
1.4	As a priority, work with relevant organisations (such as the Ministries of Health, Education and Social Development) to increase young people's access to AOD early and brief interventions.	Year 1
1.5	Prioritise funding for innovative and promising practices that: <ul style="list-style-type: none"> • help to support young people making informed choices • promote non-drinkers as being 'cool' and getting drunk as being 'un-cool' to young people. 	Year 2

Area for Action 2: Young People Supported by Positive Role Models

“If whānau and peers drink responsibly and role-model that they are safe and mature enough to control their actions, the young would then have a positive thing to look up to.”

“People that don’t drink aren’t cool – all of the popular kids in school do drink most weekends.”

“You would be surprised at how easy underage drinkers get alcohol – they can get it from older siblings, family members, older friends and through connections.”

Comments made by young people participating in the engagement hui

“There are mixed messages from family – tell us not to drink but then they go and get drunk. It’s kinda ‘do as I say, not as I do’.”

A comment made by a young person at Anamata 07

“Peer pressure is a big part of the youth drinking attitude.”

“There’s a need to put emphasis on having fun with mates and that alcohol isn’t the fun part.”

Comments by young people attending Anamata 08

What we are trying to achieve

- Whānau and peers support young people through role-modelling safe and responsible drinking.
- Whānau and peers support young people to make healthy choices, including the choice not to drink.

Why this is important

Family and friends are the most significant people in the lives of young people, and the influence family and friends exert, whether positive or negative, powerfully affects them. This was confirmed by young people involved in the development of this action plan. Young people consistently told us that:

- there is a lot of peer pressure to drink and that the adults in their lives often drink excessively too
- drinking starts at a really early age and that there is heaps of underage drinking.

Research consistently shows that parents and friends are the main suppliers of alcohol to young people under the minimum legal purchase age (University of Auckland, 2004, 2008; Raggett et al., 2009b). Adults involved in the development of the action plan commented that with the purchase age at 18 years, school students can now buy alcohol and it is easy for younger peers to access it this way. There is also some evidence to suggest that excessive drinking among those under the purchase age is closely linked to unsupervised situations where alcohol is often supplied by parents (Kalafatelis et al., 2003; Kypri et al., 2005¹²). Interestingly, young people told us that perhaps parents should supervise

¹² Cited in Cagney & Palmer, 2007.

parties so they know how their youth are drinking, and also suggested that parents be educated on how their behaviour affects young people so that they become more conscious of what they are role-modelling to their children. A number of young people also commented that parents shouldn't encourage their children to drink but should guide them when they do.

While most parents see themselves as primarily responsible for teaching their teenagers to drink responsibly (Palmer & Kalafatelis, 2008), some struggled with what to say to their teenagers about this. According to ALAC's survey of parental attitudes and behaviours towards teen drinking (12- to 17-year-olds):

- one in every two parents of teenage drinkers admits to experiencing problems with their young one drinking
- parents may be underestimating how much drinking is going on (and research suggests that this may be particularly so for Pacific parents (Raggett et al., 2009a)
- many parents supply their teenagers with alcohol for apparently 'genuine' reasons, but often quantities are excessive and drinking is occurring without parental supervision (Palmer & Kalafatelis, 2008).

Adults consulted on the development of this action plan reminded us that whānau are not health practitioners, so they needed good information and tools to have informative discussions with their teenagers about alcohol. This is something that ALAC has been supporting communities to do in the past three years and we are now looking to improve this information (i.e. parent packs or educational toolkits/booklets for parents/caregivers and other adults) based on the findings of an evaluation we commissioned in 2007.

Adults consulted on the development of the action plan also told us that some whānau will need some form of intervention themselves before they can help guide their teenagers.

The YDSA highlights that positive youth development is closely linked to healthy families, strong communities, healthy schools and supportive peers (Ministry of Youth Affairs, 2002). Adults participating in the engagement process commented that when delivering information and messages to young people, it is more likely to be effective if delivered to their peer group at the same time. This was because a more informed discussion could then take place within the group, helping to increase the members' readiness to make change together. Despite this, we are aware that we still don't know enough yet about how to work effectively with peer groups to create a safe and responsible drinking environment, and need to do more research in this area.

The significant role that whānau and peers play in young people's lives means that they have a powerful ability to influence the decisions youth make when it comes to drinking. While we need to know more about how to influence peers positively, we do know that whānau want to do the right thing for their children but need more information to do so. For these reasons we believe that providing evidence-based information to parents/caregivers and other whānau members on (among other things) the short- and long-term harms of drinking and what they can do to keep their youth safe is an immediate priority. Interventions with peers would be a slightly longer-term goal.

What we plan to do in the next three years to make a difference

	Description	Timeframe
2.1	<p>Produce and disseminate, through the most appropriate means, evidence-based resources and other communications that provide information to parents/caregivers and other whānau members that aims to:</p> <ul style="list-style-type: none"> • educate them on the importance of role-modelling and the impact on their tamariki of their behaviours and attitudes towards alcohol • educate them on the short- and long-term harms of drinking • help parents/caregivers to manage situations confidently when their teens ask to go to parties • help them to keep their children safe • delay the onset of drinking • get them to reconsider supplying alcohol to youth who are under the legal purchase age • ensure that those who do supply understand the importance of supervision while drinking. 	Year 2
2.2	Work with relevant agencies to ensure that there is access to AOD whānau/peer group interventions for young people that focus on the whole whānau.	Year 2
2.3	<p>Prioritise research on young people to better understand:</p> <ul style="list-style-type: none"> • the level and nature of peer influences on youth drinking • the situations within which peers would intervene • the reasons behind young people consciously moderating their drinking • any differences in peer influence and intervention depending on the age, gender, ethnic and other background features of the young person and peer group. 	Year 1
2.4	Produce evidence-based resources and communications that will increase the ability of peers to intervene and keep their friends safe when drinking.	Year 3
2.5	Assist parents/caregivers to make informed decisions about their teenagers' drinking.	Year 2
2.6	Prioritise funding for innovative ideas/strategies to increase whānau communication and interaction on alcohol and other social issues affecting young people.	Year 1

Area for Action 3: Young People Participating in Change

"If we can have change in this generation then the next one will follow our lead!"

A comment by a young person at the Rotorua engagement hui

What we are trying to achieve

- Young people want to, and can, lead a change in the way New Zealanders drink.

Why this is important

Adults consulted during the development of the action plan commented that young people are the leaders of today and tomorrow and it was necessary to support that leadership in order for young people to learn from the experiences, lessons and expertise of adults. Young people also told us that youth would like to be in a position to lead a change in the way that New Zealanders drink and that they were very keen to have their voices heard at decision-making levels.

The YDSA highlights the importance of providing opportunities for young people to increase their control of what happens to them and around them through advice, participation and engagement. It further states that effective participation can lead to more 'ownership' of the activity/idea and help ensure that policies, services and programmes meet young people's needs (Ministry of Youth Affairs, 2002).

ALAC already provides some leadership and participatory opportunities for young people. For example, we support youth participation workshops for health professionals to increase their knowledge on youth participation theory and to provide practical ways to involve young people at both operational and strategic levels. Young people also participated in developing 'Smashed 'n Stoned' (an early intervention programme that assists 'at-risk' young people to focus on their alcohol and drug use and seeks to empower them to make informed choices that will improve their health and wellbeing. Further, Anamata has also provided an opportunity for young people to provide feedback on ALAC's work. Youth and adult participants at Anamata generally find these gatherings fun and informative and the discussions have assisted with planning projects to reduce alcohol-related harm at a local level.

Some of the adults consulted on the development of the action plan commented that we should continue to provide forums like Anamata where young people's voices and perspectives are heard and encouraged. One young person also commented that Anamata has the effect of creating youth leaders on alcohol issues or 'agents for change'. For example, we have been told by others that a number of the young people who participate in Anamata leave the forum wanting to take action on alcohol issues in their communities and wanting to influence others positively. While process evaluations involving young people have taken place, there has not been any outcome evaluation of Anamata conducted to date. It would be useful to get a better insight into the impact that Anamata may have on creating leadership or 'agents for change' among young people, as would getting a better picture of any other youth leadership and participatory processes that exist across the sector off which we could potentially leverage.

Given that young people are our next generation of leaders, it is important to identify the most effective ways of ensuring that young people's views are considered in the work that we do and to build their capacity to lead change.

What we plan to do in the next three years to make a difference

	Description	Timeframe
3.1	Review ALAC's capacity and capability to respond to young people's needs and implement any changes that may be required.	Year 1
3.2	Establish a mechanism or mechanisms to: <ul style="list-style-type: none"> • ensure that young people's views are properly considered in all the work that ALAC does • support young people to have input into central and local government decision-making processes on alcohol issues • build and maintain good relationships between ALAC and young people. 	Year 2
3.3	Complete a stocktake and analysis of youth leadership initiatives across the sector, including Anamata, and based on the findings of the analysis identify the most effective way for creating youth 'champions/agents for change' and implement it.	Year 1
3.4	Identify and implement opportunities to increase the skill levels of youth 'agents for change'.	Year 2

Area for Action 4: Interventions Work for Young People

“There is a need for further investigation of expectations of disinhibition. As long as people expect that fun, companionship, sociability and sexuality are impossible without alcohol, alcohol will continue to be used in the search for these things.”

(Taiwhati, 1999)

What we are trying to achieve

- Policies and interventions to reduce alcohol harm are effective for young people as they are informed by robust evidence and knowledge.
- Young people, whānau and practitioners are supported in evaluating efforts to reduce alcohol harm.

Why this is important

Having access to quality information is critical to ensuring policies and interventions to reduce alcohol-related harm for young people have the greatest impact possible. This is consistent with the YDSA principle that acknowledges that youth development is continually informed by effective research, evaluation and information gathering. It further suggests that we should involve young people and those who work with them in collecting and analysing data and sharing the findings (Ministry of Youth Affairs, 2002).

Young people consulted in the development of the action plan indicated that they wanted more involvement in research on young people and that it was important to communicate research and evaluation findings in youth-friendly and interesting ways, as well as using technology and other modes of communication that reach young people. Both adults and young people consulted suggested a range of topics for research investigation (some of which ALAC has already completed) and also asked for statistical data that is easy to read, understand and access.

In addition, adults suggested that we explore ways in which we could help community-based organisations to conduct good evaluations.

In terms of research priorities, we have some indications (from a number of information sources) of an increasing trend in the prevalence of excessive drinking among women, especially young women (Field & Casswell, 1999; Savage & Coursey, 2007). For example, there is data to show an increase in women who have been hospitalised with alcohol poisoning, particularly young women aged 15-24 years. In 2001, the number of women admitted to hospital with severe alcohol poisoning surpassed men for the first time and kept climbing to 60 percent of admissions in 2004.¹³ Consequently, as a priority, we need to find out more about what is driving this emerging trend.

¹³ Cited in Savage & Coursey, 2007. The data was obtained from the Public Health Information Service. The age-standardised rates work was done by John Wren for ALAC. Note, however, that the information is based on very small samples.

What we plan to do in the next three years to make a difference

	Description	Timeframe
4.1	Produce and regularly update a young people's resource document that collates the available literature and information on young people and alcohol in New Zealand. Compile and widely disseminate youth-friendly fact sheets to young people and their families and communities, as well as youth workers, schools and other agencies to inform their work in the alcohol area.	Year 2
4.2	<p>As a priority undertake qualitative research on young women to get a better insight into the underlying reasons for the emerging trend of harmful drinking among young women and ways to address this.</p> <p>Undertake research in the following areas:</p> <ul style="list-style-type: none"> • urban versus rural experiences of youth drinking and developing interventions that work in different settings • resiliency and risk factors, and in particular identifying any differences between girls and boys • the differences (in values and other factors such as disposable income) between those young people who drink to excess and those who drink moderately or not at all (e.g. what makes young people drink the way they do or not drink at all, how they make these decisions and what supports and maintains the decisions) • the relationship between alcohol and sports, the impact this has on young people's drinking patterns, and ways to improve the current situation. 	Year 1
4.3	Increase young people's sample numbers in ALAC population-based research to enable better analysis to be conducted (e.g. include a booster sample in the national marketing campaign research monitors) and to establish trends over time.	Year 1
4.5	Support communities to evaluate their efforts in reducing alcohol-related harm among young people.	Ongoing
4.6	Develop a set of indicators that will be effective in measuring the success of this action plan and, in particular, progress in reducing alcohol-related harm for young people over time.	Year 2
4.7	Explore ways in which ALAC could involve youth in conducting research on young people.	Year 2

Area for Action 5: Working Together for Young People

“The networks are good but not good enough – it still seems like there are lots of people pushing their agenda and not working together for the good of young people.”

How a young person at the Christchurch engagement hui viewed current collaborative efforts

What we are trying to achieve

- ALAC is working collaboratively and effectively with central and local government and the non-government sector to help build healthy futures for young people, their families and communities.
- ALAC is working with young people and their whānau to assist with creating healthy futures.

Why this is important

Alcohol is a cross-cutting issue that affects health, social and economic outcomes. Often excessive drinking is a symptom of broader societal and/or personal pressures and problems. It therefore requires a multi-faceted approach and a coordinated effort to prevent and reduce adverse outcomes.

ALAC also acknowledges that we need to work a lot better with other agencies and community groups toward our vision of whānau and communities enjoying life, free from alcohol harm. We are acutely aware that, like other agencies with limited resources, we cannot transform the drinking culture and reduce alcohol-related harm on our own. Adults consulted in the development of the action plan expressed a desire for ALAC to take a leadership role in collaborating on alcohol issues and to look at a broad range of issues, such as strengthening whānau, rather than focusing solely on alcohol.

The relationship between alcohol and a range of adverse outcomes is touched on in a number of local, regional and national strategies and other significant work across the health, justice, social and economic sectors. For example, reducing alcohol-related harm is an important aspect of the Ministry of Justice-led ‘Drivers of Crime’ work. ‘Drivers of Crime’ involves working more effectively across the government sector to respond to the underlying drivers of crime along pathways to offending. Alcohol is seen as a facilitator of and contributor to crime. Reducing alcohol-related harm and improving access to and the availability of treatment services are key components of this work.

It makes sense therefore to identify ways in which we could work more efficiently and effectively towards our shared outcomes, without watering down key messages. In particular we need to be thinking about how we could work together to:

- Reduce the number of young people engaging in unsafe and risky behaviours
- increase youth leadership and participation in matters that affect them
- build the capacity of the youth service sector
- increase AOD brief interventions in primary health settings and improve youth health overall
- strengthen family functioning
- align funding for similar outcomes.

Adults and youth both told us that we needed to work across the sector, but in particular we needed to concentrate on forming strong relationships with agencies that work at the ‘top of the cliff’ rather than those at the bottom. As a priority we should be working with agencies to increase AOD brief interventions for young people, especially in the primary care and educational settings, as there is strong evidence to suggest that such interventions are effective for changing behaviours (Kaner et al., 2007; Kypri et al., 2004).

What we plan to do in the next three years to make a difference

	Description	Timeframe
5.1	<p>Work with relevant central and local government and non-government agencies to:</p> <ul style="list-style-type: none"> • recognise more consciously the connection between alcohol and the adverse outcomes the agency is aiming to prevent and reduce • look for opportunities to align strategies and communications where alcohol is likely to be a factor (e.g. crime) • identify joined-up solutions and innovative interventions, in a range of settings and in consultation with young people, that are likely to be effective for reducing alcohol-related harm and other adverse outcomes for young people • identify opportunities for greater collaboration and integration of services to young people • establish a coordinated approach to monitoring and reporting on common outcomes and trends • strengthen youth leadership and participation in matters that affect young people • strengthen family functioning. 	Ongoing
5.2	Work with local councils to ensure that their alcohol policies, plans and interventions are effective for young people and are communicated in appropriate ways to young people.	Ongoing
5.3	<p>Work with central government agencies, district health boards and primary health organisations to:</p> <ul style="list-style-type: none"> • increase AOD early and brief interventions to young people • ensure there is access to AOD whānau/peer group interventions for young people that focus on the whole whānau • identify opportunities for building the capacity and capability of the workforce to meet the needs of young people more effectively, including increasing support and training for existing youth workers to respond appropriately to alcohol issues • identify opportunities for aligning funding for youth services. 	Ongoing
5.4	Establish and maintain a comprehensive database of youth contacts.	Ongoing

Area for Action 6: Young People Surrounded by Healthy Environments and Messages

"Shop owners and liquor outlets should think more about the wellbeing of youth than their products."

"Liquor licences should not be given out like candy."

Comments made by youth attending the engagement hui

What we are trying to achieve

- Legislation and other forms of regulation help to minimise the availability, access and other forms of youth exposure to alcohol.
- Producers and sellers of alcohol adopt socially responsible practices that minimise youth exposure to alcohol and alcohol promotion.
- Tertiary and training institutions, workplaces, sports clubs and other settings with large numbers of youth actively support and encourage abstinence or drinking safely in moderation.

Why this is important

New Zealand's liquor legislation appears to support a New Zealand binge-drinking culture that generally accepts, and in some ways encourages, drunkenness. This is because, to a large extent, the current laws:

- emphasise the freedom to trade in a legal commodity rather than recognise the significant health effects and other social harms and costs associated with alcohol misuse
- focus more on removing restrictions on drinking alcohol than on identifying what restrictions might be necessary to reduce alcohol-related harm
- promote individual rather than collective responsibility toward alcohol use (ALAC, 2008a).

Alcohol is also prominently displayed in most retail outlets. Since the introduction of the 1989 Sale of Liquor Act the number of on-licences in force has more than tripled (from 2,423 in 1990 to 8,006 as at 23 September 2008) and the number of off-licences has more than doubled (1,675 to 4,508).¹⁴ Further, through its links into communities, ALAC is aware of the harms experienced in neighbourhoods where there are many liquor outlets in the vicinity. Recent studies have also found an association between liquor outlet density and individual drinking and related problems (such as an increase in crime). For example:

- a New Zealand study of students at six university campuses found positive associations between liquor outlet density (particularly off-licence outlets) and individual drinking and related problems. These associations remained after controlling for other variables such as hazardous pre-university drinking levels (Kypri et al., 2008)

¹⁴ Sourced from Liquor Licensing Authority data on the numbers of on-, off- and club licences in force as at 23 September 2008.

- a study of drinkers aged 12-17 years found that outlet density was among the predictors associated with quantities consumed, as was neighbourhood deprivation (Huckle et al., 2008).

Further, retailers are able to obtain 24-hour licences, blood alcohol content limits are high, which means that young people have less incentive to abstain from drinking when driving, and while there is evidence to suggest that price is an effective tool for reducing alcohol consumption, particularly among young people (Slack et al., 2007), alcohol is relatively inexpensive and often cheaper than water.

Sixty-three percent of parents surveyed by ALAC (as part of the attitudes and behaviours towards teen drinking study) also believed that the New Zealand laws should be changed to help parents and guardians control their teens' drinking. Parents believed that the current laws on purchasing and drinking were too lenient (Palmer & Kalafatelis, 2008).

In relation to alcohol advertising and sponsorship, young people told us that they felt really targeted and adults consulted also expressed this concern. A steering group, set up to advise Government on the current regulatory approach to alcohol advertising, found evidence to suggest a "small but statistically significant association" between the level of exposure to alcohol advertising and the level and patterns of alcohol consumption (Steering Group for the Review of the Regulation of Alcohol Advertising, 2007). In addition, another study found that sportspeople sponsored by alcohol companies drank more than those who were not industry sponsored (*Newsquest*, 2008). As such, it appears that alcohol advertising and sponsorship are linked, in some way, to harmful drinking behaviours, and target young people in particular.

Adults consulted in the development of the action plan viewed 'influencing producers, sellers and regulators' as a top priority and the area where most gain could be made to protect young people from alcohol-related harm (particularly given the current Law Commission's review of the sale and supply of liquor laws). Conversely, many of the youth consulted told us that a 'settings approach' would be more effective than laws and regulations for reducing alcohol harm among young people, particularly if we targeted sports events and clubs.

Young people told us that we needed to create safer environments for alcohol consumption (Robertson, 2009) and suggested that there be sober zones in clubs, bars and communities. On the other hand, adults suggested that:

- there needed to be more trained, professional staff at on-licence premises and events
- host responsibility needed to be increased in a range of settings
- something needed to be done about the excessive drinking occurring during university 'orientation' weeks
- the 'work hard, play hard' philosophy in a lot of workplaces (particularly the armed forces) needed some attention
- home-based drinking events should be a key area of focus
- marae should be encouraged to go alcohol free
- we support community organisations, in some way, with after-ball functions
- we needed to provide practical information and guidance on how to keep events safe and fun.

What we plan to do in the next three years to make a difference

	Description	Timeframe
6.1	<p>Develop policy positions, for input into the Law Commission's review of the sale and supply of liquor laws, that aim to:</p> <ul style="list-style-type: none"> • reduce the general availability and accessibility of alcohol • increase communities' input into liquor licensing decisions • reduce young people's exposure to alcohol advertising and sponsorship • make it more difficult for young people (under the current legal purchase age) to access alcohol • make it easier for parents to control and monitor young people's drinking • ensure laws on host responsibility are monitored and enforced. 	Year 1
6.2	Support appropriate alcohol-free events for young people and identify effective ways to engage with those young people who choose not to drink as well as identify ways to actively promote getting drunk as 'un-cool'.	Year 2
6.3	<p>Prioritise within the ALAC Community Alcohol Action Fund:</p> <ul style="list-style-type: none"> • initiatives that focus on preventing and reducing harmful drinking among young people in settings where large numbers of young people congregate • innovative initiatives that engage young people in activities that involve abstaining from or reducing current drinking for a set period of time. 	Year 1
6.4	Prioritise within the ALAC sponsorship fund events that attract large numbers of young people (and that are typically known to be drink fests) and work with them to go alcohol-free or, where alcohol is available, ensure it is managed responsibly.	Year 1
6.5	Work with communities in settings where large numbers of young people congregate, in particular sports settings, tertiary institutions and workplaces (such as the armed forces), to explore innovative ways in which communities can help to prevent and reduce alcohol harm among young people.	Year 2

HOW WE WILL KNOW WE HAVE BEEN SUCCESSFUL

Young people and adults involved in developing this action plan were asked about the outcomes they would expect to see if ALAC got the 'plan for success' right. Responses included, among other things:

- key places and events at which young people typically drink are alcohol free or have alcohol policies in place that minimise the risk of harms
- there are tougher restrictions on advertising that appears to target youth, and effective consequences when the standards are breached
- young people are drinking less on a per occasion basis
- there are reduced sales of alcohol to intoxicated young people and young people under the legal age to purchase alcohol
- there are fewer retailers selling alcohol, particularly near schools
- drunkenness is seen as unattractive by young people
- all sectors are working together to reduce alcohol-related harm among young people
- communities are able to access user-friendly information on alcohol-related matters easily
- adults are role-modelling positive change
- youth are engaged in the work that ALAC is doing and are leading a change in the way New Zealanders drink at a local level
- young people feed back to ALAC that they see a positive change happening because of the actions ALAC is taking.

These responses, in conjunction with ALAC's impact and outcome statements (as outlined in our *Statement of Intent*) will be used as a starting point for developing a set of indicators for measuring the effectiveness of this action plan and, in particular, progress in reducing alcohol-related harm among young people.

We are already working on improving our data on young people, and in particular increasing our samples in the 12- to 14-, 15- to 17- and 18- to 24-year age groups, to give us a much better insight into what is happening within the different age groups and more generally. We anticipate having baseline information available by the end of 2009, at which time we will be able to make more informed decisions on what specific indicators can be used to measure and monitor performance reliably over time.

MOVING FORWARD

This action plan provides us with some guidance on what we need to do to work towards reducing alcohol-related harm for young people. Preventing and reducing alcohol harm among young people is not something we can do alone though. We are acutely aware that we need to team up with young people and their families and communities, youth workers and service providers, central and local government and the non-government sector to really make a difference.

As a first step, in moving forward, we will need to review our organisational capacity and capability to ensure that we are able to respond effectively to young people's needs and implement this plan. This will include a review of current youth-specific initiatives for their continued relevance and to ensure that they align with our pathway forward.

We will also be reviewing and updating the plan regularly to ensure that it remains relevant.

BIBLIOGRAPHY

- Alcohol Advisory Council of New Zealand. (2008a). *Issues with the Sale and Supply of Liquor Laws*. A paper to the Law Commission outlining ALAC's views on the problems with the current liquor laws. (Unpublished.)
- Alcohol Advisory Council of New Zealand. (2008b). *Statement of Intent: 2008 – 2011*. Wellington, N.Z.: Alcohol Advisory Council of New Zealand.
- Alcohol Advisory Council of New Zealand & Ministry of Health. (2001). *National Alcohol Strategy 2000-2003*. Wellington, N.Z.: Alcohol Advisory Council of New Zealand: Ministry of Health.
- Alliston, L. (2007). *Defining Alcohol-Related Offending: A literature review for the Alcohol Advisory Council* [confidential report]. Alcohol Advisory Council of New Zealand.
- Cagney, P., & Palmer, S. (2007). *The Sale and Supply of Alcohol to Under 18 Year Olds in New Zealand: A systematic overview of international and New Zealand literature: final report*. Wellington, N.Z.: Ministry of Justice.
- Cashell-Smith, M., Connor, J., & Kypri, K. (2007). Harmful effects of alcohol on sexual behaviours in a New Zealand university community. *Drug and Alcohol Review*, 26, 645-651.
- Connor, J., Broad, J., Jackson, R., Vander Hoom, S., & Rehm, J. (2005). *The Burden of Death, Disease and Disability Due to Alcohol in New Zealand*. Wellington, N.Z.: Alcohol Advisory Council of New Zealand.
- De Bonnaire, C., McMillen, P., & Kalafatelis, E. (2004). *The Way We Drink: The current attitudes & behaviours of New Zealanders (aged 12 plus) towards drinking alcohol*. Wellington, N.Z.: Alcohol Advisory Council of New Zealand.
- Field, A., & Casswell, S. (1999). *Drugs in New Zealand: National survey, 1998*. Auckland, N.Z.: Alcohol & Public Health Research Unit.
- Girling, M., Huakau, J., Casswell, S., & Conway, K. (2006). *Families and Heavy Drinking: Impacts on children's wellbeing: systematic review*. Wellington, N.Z.: Families Commission.
- Health Promotion & Protection Addiction Services. (2007). *Changing the Culture of Alcohol Use in Nova Scotia: An alcohol strategy to prevent and reduce the burden of alcohol-related harm in Nova Scotia*. Nova Scotia: Health Promotion and Protection Addiction Services.
- Huckle, T., Huakau, J., Sweetsur, P., Huisman, O., & Casswell, S. (2008). Density of alcohol outlets and teenage drinking: living in an alcogenic environment is associated with higher consumption in a metropolitan setting. *Addiction*, 103(10), 1614-1621.
- Kaner, E., Beyer, F., Dickinson, H., Pienaar, E., Campbell, F., Schlesinger, C., et al. (2007). Effectiveness of brief alcohol interventions in primary care populations. *Cochrane Database of Systematic Reviews* (2).
- Kypri, K., Bell, M. L., Hay, G. C., & Baxter, J. (2008). Alcohol outlet density and university student drinking: a national study. *Addiction*, 103(7), 1131-1138.
- Kypri, K., Saunders, J. B., Williams, S. M., McGee, R. O., Langley, J. D., Cashell-Smith, M. L. & Gallagher, S. J. (2004). Web-based screening and brief intervention for hazardous drinking: A double-blind randomised controlled trial. *Addiction* 99, 1410-1417.
- Law Commission. (2009). *Alcohol in Our Lives: An issues paper on the reform of New Zealand's liquor laws*. Wellington, N.Z.: Law Commission.

- Liquor Licensing Authority. (2008). *Liquor Licence Statistics: New Zealand*. Liquor Licensing Authority.
- Ministerial Committee on Drug Policy. (2007). *National Drug Policy 2007–2012*. Wellington, N.Z.: Ministry of Health.
- Ministry of Health. (2008). *A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey*. Wellington, N.Z.: Ministry of Health.
- Ministry of Transport. (2008). *Motor vehicle crashes in New Zealand 2007: Statistical statement calendar year 2007*. Retrieved 28/10/2008, from <http://transport.govt.nz/assets/NewPDFs/Motor-Vehicle-Crashes-in-New-Zealand-2007.pdf>.
- Ministry of Youth Affairs. (2002). *Youth Development Strategy Aotearoa*. Wellington, N.Z.: Ministry of Youth Affairs.
- Newsquest. (2008). Study links alcohol sponsorship to athletes' drink problems. 17 November 2008.
- Palmer, S., Fryer, K., & Kalafatelis, E. (2007). *ALAC Alcohol Monitor: Adults & youth 2006-07 drinking behaviours report*. Wellington, N.Z.: Alcohol Advisory Council of New Zealand.
- Palmer, S., & Kalafatelis, E. (2008). *Parental Attitudes and Behaviours Towards Teen Drinking: Survey of parents of 12 to 17 year olds: final report*. Wellington, N.Z.: Alcohol Advisory Council of New Zealand.
- Raggett, N., Palmer, S., Fryer, K., & Kalafatelis, E. (2009). *Volume 2: Pacific: Draft report ALAC Monitor November 2008* [confidential draft]. Wellington, N.Z.: Alcohol Advisory Council of New Zealand.
- Raggett, N., Palmer, S., Fryer, K., & Kalafatelis, E. (2009). *Volume 3: Youth: Draft report ALAC Monitor November 2008* [confidential draft]. Wellington, N.Z.: Alcohol Advisory Council of New Zealand.
- Robertson, J. (2009). *Anamata: ALAC national youth forum, Tapu te Ranga Marae, Island Bay Wellington 7th-9th October 2008: final report*. Wellington, N.Z.: Alcohol Advisory Council of New Zealand.
- Savage, J., & Coursey, M. (1 July 2007). Women hit the bottle like men. *New Zealand Herald*. Retrieved 13/10/2008 from http://www.nzherald.co.nz/brewing-and-liquor-industry/news/article.cfm?c_id=136&objectid=10448849.
- Slack, A., Stokes, F., Norman, D., & Nana, G. (2007). *Liquor Market Regulation, Literature Scoping Report: Report to Alcohol Liquor Advisory Council*. Wellington, N.Z.: Alcohol Advisory Council of New Zealand.
- Steering Group for the Review of the Regulation of Alcohol Advertising. (2007). *Report of the Steering Group for the Review of the Regulation of Alcohol Advertising*. Wellington, N.Z.: Ministry of Health.
- Stefanogiannis, N., Mason, K., & Yeh, L.-C. (2007). *Alcohol Use in New Zealand: Analysis of the 2004 New Zealand Health Behaviours Survey – alcohol use*. Wellington, N.Z.: Ministry of Health.
- Taiwhati, M. (1999). *'I drink to have fun': Maori women's expectation of disinhibition from alcohol*. Alcohol Advisory Council of New Zealand.
- University of Auckland. (2004). *Alcohol and New Zealand Youth: A snapshot of young people's experiences with alcohol: findings of Youth2000 a national secondary school youth health survey*. Auckland, N.Z.: University of Auckland, Adolescent Health Research Group.
- University of Auckland. (2008). *Youth'07: The health and wellbeing of secondary school students in New Zealand: initial findings*. Auckland, N.Z.: Adolescent Health Research Group, University of Auckland.

