

The Tasmanian Early Intervention Pilot Program: Helping Reduce Alcohol Misuse Among Young Australians

Evaluation Report

Isabelle Bartkowiak-Théron



The Tasmanian Institute of Law Enforcement Studies

The Tasmanian Institute of Law Enforcement Studies (TILES) is committed to excellence in law enforcement research. Collaborative research that links academics with practitioners is a hallmark of that research. The institute focuses on four strategic priorities, namely research, teaching, communication, and professionalism. These support university and faculty initiatives for the University of Tasmania to be in the top echelon of research universities in Australia. The priorities also support DPEM initiatives to meet the goals of Tasmania Together '*Confident, friendly and safe communities*'.

Our vision

To achieve an international reputation for excellence in law enforcement research.

Our mission

To conduct and promote evidence-based research to improve the quality of law enforcement and enhance community safety.

Contents

| | |
|--|-----------|
| CONTENTS | 5 |
| FIGURES AND TABLES | 6 |
| ACKNOWLEDGEMENTS | 7 |
| SUMMARY | 9 |
| CHAPTER 1 – BACKGROUND: THE TEIPP INITIATIVE AND ITS EVALUATION | 11 |
| THE TEIPP INITIATIVE..... | 11 |
| EVALUATION | 13 |
| <i>Aims and objectives</i> | 13 |
| <i>Research plan</i> | 14 |
| <i>Methodology</i> | 15 |
| <i>Data analysis</i> | 15 |
| RESEARCH TIMELINE | 16 |
| THE RESEARCHER | 16 |
| CHAPTER 2 – YOUNG PEOPLE AND ALCOHOL CONSUMPTION | 17 |
| THE AUSTRALIAN NATIONAL STRATEGY AGAINST BINGE DRINKING | 17 |
| YOUNG PEOPLE AND ALCOHOL..... | 18 |
| <i>Studies on youth and alcohol consumption</i> | 18 |
| <i>Youth, alcohol and risk-taking behaviour</i> | 21 |
| YOUNG PEOPLE, ALCOHOL AND THE POLICE | 22 |
| <i>The normative approach</i> | 22 |
| <i>The enforcement approach</i> | 23 |
| CHAPTER 3 – POLICE AND PARENTS’ FEEDBACK AND ATTITUDES TOWARDS THE SCHEME | 27 |
| DEMOGRAPHICS | 27 |
| WORLDVIEWS | 33 |
| IMPACT OF THE TEIPP: THE VIEWS OF PARENTS AND STAKEHOLDERS..... | 39 |
| <i>High visibility response</i> | 39 |
| <i>Education and inclusiveness components of the scheme</i> | 40 |
| <i>Impact on alcohol-related deviance</i> | 42 |
| CHAPTER 4 – CONCLUSION AND RECOMMENDATIONS | 47 |
| RECOMMENDATION N° 1..... | 47 |
| RECOMMENDATION N° 2..... | 48 |
| RECOMMENDATION N° 3..... | 48 |
| RECOMMENDATION N° 4..... | 48 |
| RECOMMENDATION N° 5..... | 49 |
| RECOMMENDATION N° 6..... | 49 |
| RECOMMENDATION N° 7..... | 49 |
| RECOMMENDATION N° 8..... | 49 |
| REFERENCES | 51 |
| APPENDIX A – LIST OF ACRONYMS AND ABBREVIATIONS | 53 |
| APPENDIX B – RESEARCH TIMELINE | 54 |
| APPENDIX C – TEIPP PERFORMANCE INDICATORS | 55 |

Figures and Tables

| | |
|--|----|
| Figure 1 - Police Survey: Respondents' ranks | 28 |
| Figure 2 - Police Survey: Officers Authorised under the YJA 1997 | 28 |
| Figure 3 - Police Survey: Respondents' gender | 29 |
| Figure 4 - Parent Survey: Respondents' gender | 29 |
| Figure 5 - Police Survey: Respondents' age | 30 |
| Figure 6 - Parent Survey: Respondents' age | 30 |
| Figure 7 - Police Survey: Do you have children? | 31 |
| Figure 8 - Parent Survey: In your view, is 18 an appropriate age for young people to be drinking? | 31 |
| Figure 9 - Police Survey: In your view, is 18 an appropriate age for young people to be drinking? | 32 |
| Figure 10 - Police Survey: If not, what should the legal age be? | 32 |
| Figure 11 - Underage drinking is a problem in today's society (Police and Parents)..... | 33 |
| Figure 12 - Young people under 18 drinking alcohol are likely to engage in dangerous behaviour (Police and Parents). | 33 |
| Figure 13 - It's OK for young people under 18 to drink on special occasions (Police and Parents)..... | 34 |
| Figure 14 - There is too much talk about underage drinking in the media (Police and Parents) | 35 |
| Figure 15 - All young people under 18 are going to drink alcohol; we can't do anything about it. | 35 |
| Figure 16 - Drinking with friends is a phase young people under 18 go through (Police and Parents).... | 36 |
| Figure 17 - Young people should be allowed to drink anywhere if an adult is present (Police and Parents)..... | 36 |
| Figure 18 - Young people under 18 should never drink without supervision (Police and Parents). | 37 |
| Figure 19 - Parents should moderate the amount of alcohol their children drink (Police and Parents).. | 37 |
| Figure 20 - Parents should prohibit children from drinking (Police and Parents)..... | 37 |
| Figure 21 - Parents are usually aware of their children's drinking habits (Police and Parents)..... | 38 |
| Figure 22 - Young people under 18 do not listen to what parents have to say about alcohol use (Police and Parents) | 39 |
| Figure 23 - Do you think the TEIPP is a good idea? (Police and Parents). | 39 |
| Figure 24 - Police Survey: What is the level of youth alcohol-related crime and disorder in your geographical area? | 43 |
| Figure 25 - Police Survey: Has this changed since the implementation of the TEIP? | 44 |

Acknowledgements

I would like to thank to Tasmania Police for funding this research. I also extend my gratitude to the many stakeholders who provided support for the research from its very beginning. They deserve particular thanks for their support, their assistance with setting up this evaluation, and for facilitating some of the logistics of the data gathering. Particularly, I would like to acknowledge Ursula Horlock, Caroline Palmer, and Bernice Johnson at ROCU (UTAS), as well as Debra Salter, Kirilee Tilyard, and Georgia Burbury from Tasmania Police for their help in this project.

My gratitude goes to all survey respondents (police and parents) who reflected on the aims and objectives of the scheme and their expectations of it, and especially to those who communicated their thoughts in the survey. This report would not be complete without their views and input.

Last but not least, my thanks go to Dr Robert Trevethan for editing.

Isabelle Bartkowiak-Théron, PhD

September 2012

Summary

The Tasmanian Early Intervention Pilot Program (TEIPP) is an initiative run by the Department of Police and Emergency Management (DPEM) in collaboration with the Department of Health and Human Services (DHHS) to address the unlawful and sometimes excessive consumption of alcohol by young people, and its consequences on their wellbeing and behaviour and on public health in general.

The purpose of this research was to evaluate the TEIPP in the two target districts chosen for implementation. As per consultation with the DPEM and DHHS, this evaluation is essentially a desktop analysis of outcomes established by the DPEM and DHHS prior to the implementation of the initiative in Tasmania. This evaluation focuses on two types of data emerging from two surveys (these map the attitudes and expectations of police and parents about the scheme) and on additional organisational information provided by the main stakeholders in these initiatives.

Importantly, the specific aims of the TEIPP evaluation were to:

- determine the ongoing need in Tasmania for an early intervention approach for young people under the age of 18 years in relation to alcohol;
- determine the effectiveness of the TEIPP in relation to the extent it impacted on changes in attitudes, use and behaviours surrounding the consumption of alcohol by young people under the age of 18 years; and
- provide recommendations to the Tasmanian Government and initiative stakeholders in relation to the continuation of the TEIPP at the completion of the commonwealth-funded EIPP (DPEM Early Intervention Policy Framework, 2010).

The TEIPP, in its first year of implementation, seems to have met some of its objectives and to attract strong support by stakeholders and parents alike. There are therefore good grounds to recommend a consolidation of parts of the scheme, as well as a tightening up of some of the more fragile of its components.

The important contribution of the scheme to overall alcohol education, and particularly to parents' awareness of their child's drinking, is important, and was stressed by police officers and parents alike. This would on its own justify retention of the scheme; however, there exist several other justifications for not only the continuation, but also the strengthening of the initiative. First, the scheme meets the objective **to raise the awareness of parents** about their child's unsupervised drinking, whether sporadic or more regular. Second, it strengthens **parents' familiarity with regulatory options and processes** set in place by various government and non-government agencies. Third, the cautioning process contributes to **the highly visible**, and yet not overly onerous, **mobilisation of police resources** in addressing what is regarded as a considerable societal problem. Fourth, the referral to alcohol

education allows *young people to re-assess risk levels* and be *more aware of their own behaviour*. Finally, the scheme starts to *involve parents in the implementation* of solutions and in the education process. In addition to supporting the scheme, this report makes the following recommendations:

- **Recommendation n° 1:** strengthening of the scheme, particularly the articulation of the cautioning process with police contacting parents
- **Recommendation n° 2:** continuation of the scheme, particularly on the grounds of parental awareness and involvement
- **Recommendation n° 3:** strengthening of the scheme, particularly face-to-face assessments and alcohol-education
- **Recommendation n° 4:** 'de-clouding' the issue
- **Recommendation n° 5:** a consolidation police check mechanisms (i.e., police checking the child's 'caution history')
- **Recommendation n° 6:** a consolidation of early intervention partnerships
- **Recommendation n° 7:** a reconciliation of TEIPP aims with restorative justice / conferencing
- **Recommendation n° 8:** an enhanced visibility for the scheme.

Chapter 1 – Background: the TEIPP initiative and its evaluation

The TEIPP initiative

The Tasmanian Early Intervention Pilot Program (TEIPP¹) is an initiative run by the Department of Police and Emergency Management (DPEM) in collaboration with the Department of Health and Human Services (DHHS) to address the unlawful and sometimes excessive consumption of alcohol by young people, and its consequences on their wellbeing and behaviour and on public health in general.

According to the *Tasmania Early Intervention Pilot Program Policy Framework* (2010, p1), the intervention is premised on the view that the ‘best programs are the least obtrusive as possible’. Furthermore, in view of the acknowledged and well documented role parents play in the life of their children, ‘in achieving good educational, health and well being outcomes’ (Hayes et al., 2004), the TEIPP aims to build on parental practices to tackle alcohol drinking among young people. In this, ‘Tasmania Police recognises parents as a crucial resource in reducing and preventing harm associated with alcohol consumption’ (ibid.).

The TEIPP stems from the National Binge Drinking Strategy established by the Australian Government in 2008 (see Chapter 2). From a national point of view, early intervention pilot programs (EIPPs) are administered by the Australian Government Department of Health and Ageing (DoHA) and aim to assist young people to deal with issues and consequences associated with unmonitored and excessive consumption of alcohol². According to the National Framework 2009-2013, EIPPs are intended to contribute to:

- reducing levels of alcohol intoxication and incidence of heavy episodic drinking by young Australians;
- fostering acceptable standards of alcohol use and associated behaviour among young people through a renewed understanding of the need to take personal responsibility for their actions; and
- creating a safer environment and lifestyle for individuals, families and the broader community.

¹ See Appendix A for a full list of acronyms

² See also the cognate document of the National Drug Strategy 2010-2015, which is based on the same principles of harm minimisation and early intervention.

In Tasmania, three additional TEIPP objectives were agreed upon in the memorandum of understanding between DPEM and DHHS. They were to:

- determine the ongoing need in Tasmania for an early intervention approach for young people under the age of 18 years in relation to alcohol;
- determine the effectiveness of the TEIPP, in particular the degree to which it has assisted to enact changes in attitude, use and behaviours surrounding the consumption of alcohol by young people under the age of 18 years; and
- provide recommendations to the Tasmanian Government in relation to the continuation of the TEIPP at the completion of the Commonwealth-funded EIPP.

Following a series of public statements by national political figures, the 2009-2013 Early Intervention Pilot Program National Framework was endorsed in 2009 and handed out to state governments and agencies for implementation.

The scheme targets children (i.e., under 18 years of age) who have been apprehended by police in the possession of alcohol, or have misbehaved in a public place while under the influence of alcohol. In Tasmania, the program operates according to two options:

Option 1 – concerns the delivery of an informal caution to a child by a police officer at the time of the offence, and

Option 2 – refers the young person to the Alcohol and Drug Service (ADS) for assessment, education and intervention; this includes information delivered to parents about their child's behaviour.

The TEIPP consisted of a multiple-pronged approach delivered to a variety of stakeholders (namely: young people and their parents (or guardians), police and cognate agencies). This approach consisted in the delivery of:

- an information card, in the form of a Youth Caution Action Notice (YCAN), which records the details of the informal caution as well as providing contact details for relevant support services.
- a documentation package which includes: a booklet developed by the ADS worker and serves as an information brochure for parents; a letter from Tasmania Police outlining the details of the offence and highlighting parental responsibility in tackling youth alcohol consumption; a guide for parents on alcohol and young people; and a pamphlet on drugs, produced by the Drug Education Network Inc.

- training for police officers and health workers (in relation to the EIPP, the national strategy, and the cautioning and assessment processes)
- the development of organisational protocols for data gathering, contacting parents and possible follow up in cases where parents were not immediately reachable.
- some evaluation components, of which this report is part.

After an initial pilot phase, state-wide implementation of TEIPP occurred in November 2011 for Option One (YCANs) and June 2012 for Option Two (ADS referrals). In light of a successful pilot in the two original target pilot districts, and according to good governance principles, this rollout also involves the creation of new referral mechanisms to DHHS (the ADS) for assessment and intervention, with possible referrals coming from the Youth Court and the Department of Education (via schools and school social workers). A project team has also been gathered to develop further resources for young people regarding alcohol consumption and the unlawful possession of alcohol. A prospective business plan was developed mid 2012, and the steering committee is scheduled to convene for the first time in September 2012. The steering committee will consist of representatives from DPEM, DHHS, DoE, DEN and the University of Tasmania.

Evaluation

Aims and objectives

The purpose of this research was to evaluate the TEIPP in the two target districts chosen for implementation. As per consultation with the DPEM and DHHS, this evaluation is essentially a desktop analysis of outcomes established by the DPEM and DHHS prior to the implementation of the initiative in Tasmania. This evaluation focuses on two types of data emerging from two surveys (these map the attitudes and expectations of police and parents about the scheme) and on additional organisational information provided by the main stakeholders in these initiatives.

Importantly, the specific aims of the TEIPP evaluation were to:

- determine the ongoing need in Tasmania for an early intervention approach for young people under the age of 18 years in relation to alcohol;
- determine the effectiveness of the TEIPP in relation to the extent it impacted on changes in attitudes, use and behaviours surrounding the consumption of alcohol by young people under the age of 18 years; and
- provide recommendations to the Tasmanian Government and initiative stakeholders in relation to the continuation of the TEIPP at the completion of the commonwealth-funded EIPP (DPEM Early Intervention Policy Framework, 2010).

Research plan

This research used a desktop analysis design, and evaluated the scheme in terms of both processes and outcomes. Desktop analysis allows researchers to gauge the full picture of an initiative once all data have been collated from various government areas and stakeholders, allowing for an 'at a glance' perspective on the effectiveness of an initiative.

We collected qualitative and quantitative data from primary and secondary sources. These consisted of structured attitudinal surveys and official data collected by the DPEM. These data structured the analysis according to several compartmentalised topics:

- a. a first survey captured attitudinal data from young people's parents or guardians in relation to their child's behaviours before and after the administration of an informal caution. It looked at changes in awareness of parental responsibility and of support services in the respondents' local area, as well as the impact of key messages provided with the YCAN.
- b. a second survey captured attitudinal data from police officers in relation to the introduction of an alternative informal cautioning process, and in relation to policies and procedures relating to the initiative (including the YCAN), the perceived impact of the process by young person and parents/guardians at the time of the incident, and a comparison with the former DPEM processes for issuing formal cautions.

Both surveys were mostly administered through SurveyMonkey – an online survey instrument. Parents also received a survey by the post, to cater for those parents not having the time or resources to go online or access the internet, and also in order to try to increase response rates. Police were offered the choice to either complete the online survey or to fill it in on paper (in which case they would return it by post to the researcher; only one police officer chose the latter option). The parent online survey was available for a period of 12 months. Both surveys allowed for respondents' 'worldviews' to emerge. Worldviews 'constitute an overall perspective on life that sums up what individuals or social groups know about the world, how they evaluate it emotionally and respond to it volitionally' (Makkreel, cited in Gauch, 2006, 668). From a macro-qualitative perspective, they serve as a backdrop to understanding the context of social issues (Bishop, 2007, 11). They are often a preparatory process for research that is intended to study a particular phenomenon as they help locate the research in broader social contexts (ibid). They help bring perspective on an issue and usually highlight its complexity by pinning it against a complex system of understandings and vantage points. These vantage points provide a 'picture' of how people make meaning of their world and what they perceive as important.

- c. The researcher also examined officially collected statistical data from the DPEM and DHHS. These data comprised:
 - number of young people referred to alcohol education via the TEIPP;
 - compliance rates of those referred to alcohol education;

- number of places made available and waiting period;
- number of assessments undertaken of people under the age of 18 years;
- number of young people diverted to TEIPP assessed as displaying normative behaviour;
- number of young people diverted to TEIPP assessed as having the potential to meet criteria for a substance dependence disorder;
- number of young people diverted to TEIPP assessed as meeting criteria for a substance dependence disorder;
- number and types of early interventions provided to people under the age of 18 years and their parent/guardian;
- number of parent packages distributed;
- number of referrals to other services or organisations;
- the services or organisations to whom people under the age of 18 years are referred;
- qualitative information in relation to attitudes and behaviours regarding alcohol consumption pre- and post-intervention;
- qualitative information in relation to attitudes of police and health workers about the effectiveness and ongoing need for the program (qualitative information in relation to attitudes and behaviours regarding alcohol consumption at 6 month period post intervention); and
- for each of the above, the number relating to Aborigines or Torres Strait Islanders.

Methodology

The resourcing, nature and target population of this project have led predominantly to the use of online surveys for gathering data in the first phase (phone surveys were not affordable under budget constraints). Parents were encouraged to participate through specifically designed material (letters, etc.) which were designed by Tasmania Police under advice of TILES staff, and made available to them by post. They were also encouraged by police officers to partake in the research. The printing and distribution of this material was the responsibility of the DPEM. This material had the added benefit of drawing attention to the TEIPP more widely across target areas.

Data analysis

Given the mix of qualitative and quantitative data collected throughout this evaluation, analysis relied on a number of qualitative and quantitative methods.

- Information entered into the survey instrument was managed by entering the data into Excel or SPSS (a function allowed by the online SurveyMonkey software) and analysed using descriptive statistics.
- All data supplied by DPEM and DHHS was delivered to researchers on 30 April 2012. Resource limitations did not permit data to be entered on a regular basis (in so-called 'drip-feed' mode) but instead input and analyse all the data at one time and analyse the data at that time (at the end of a full year of implementation).

Research timeline

From the onset, there were a number of identifiable key phases:

Phase one was largely focused on the design of this evaluation and development of the related surveys. This phase immediately followed the formal conclusion of the tender process.

Phase two involved the ongoing fine-tuning of methodological considerations needed to ascertain the deliverables and reliability of this research. It started at the same time as the first phase, and was ongoing throughout the research process. The researcher and the implementation team at TasPol met several times to discuss how to boost survey responses, discuss dissemination protocols and establish reporting guidelines.

Phase three was analytical in nature. Data were collated from 1 April 2011 onwards – allowing a 12 month formal period for the scheme. A small draft report detailing the impact of the scheme after a one-year implementation timeframe was drafted and was delivered in May 2012. This report included a commentary in relation to the potential continuation of TEIPP at the completion of the Commonwealth-funded EIPP. A detailed research timetable is featured in Appendix B. The final report was delivered in September 2012.

The researcher

Dr Isabelle Bartkowiak-Théron is the coordinator of Police Studies at the University of Tasmania, and a senior researcher at the Tasmanian Institute of Law Enforcement Studies. Having worked with youth at risk in France, she became known in Australia for having managed the Youth Pilot Project of the Nexus Policing ARC linkage from 2004 until 2006. She also ran the 2 year evaluation of the School-Liaison Police in New South Wales, for the New South Wales Police Force, from 2007 until 2009. She specialises in the qualitative and quantitative study of policing and policing services targeting vulnerable populations (young people, refugees, Aboriginal community members, etc.) and is in regular contact with representatives of these vulnerable populations. She contextualises data according to information gathered from the field and relevant literature. She is used to handling confidential information gathered by government and non-government organisations as well as sensitive information garnered from police data gathering systems. Her work in partnership with a number of government and non-government agencies has contributed to her being contracted in 2011 on a Proceeds of Crime Funding scheme to evaluate a restorative conferencing project in the area of Albury (NSW), an initiative run and monitored by Albury Family Youth that targeted young recidivist offenders. She is the co-editor (with Nicole Asquith) of *Policing Vulnerability* (Federation Press, 2012). She is a member of several research governance and community engagement committees throughout Australia, and sits on the Australian Crime Prevention Council as an executive member for Tasmania.

Chapter 2 – Young people and alcohol consumption

Drinking among young people is increasingly perceived as a societal problem. As this literature review will demonstrate, many studies have focused on the phenomenon from a variety of angles, and have striven to find solutions to what is seen as a growing problem in modern society. Considered from the perspectives of psychology, sociology and criminology, many factors and consequences have been scrutinised by scientists. It is acknowledged that while alcohol consumption does not necessarily cause offending³, among young people or adults there is a strong association between alcohol and offending and, more importantly, between alcohol and risk taking behaviour (Collins, 2003, 169; ABS, 2008; Hughes et al., 2008;). Naturally, this has caused concerns to policy makers and public health officials who aim to assure the safety of all members of the community.

The Australian national strategy against binge drinking

In the midst of a growing phenomenon dubbed an 'epidemic' by social commentators and journalists and a 'blight on Australia's young' by the Australian Medical Association (AMA, 2004), in 2008 the federal government of Australia announced the launch of a national strategy to 'address the binge drinking epidemic' of young Australians. Three practical measures were set in place to 'help reduce alcohol misuse and binge drinking: \$14.4 million was invested in community level initiatives to confront the culture of binge drinking, particularly in sporting organisations; \$19.1 million was invested to intervene earlier to assist young people and ensure they assume personal responsibility for binge drinking; and \$20 million was set aside to fund advertising that confronts young people with the costs and consequences of binge drinking' (Prime Minister of Australia, Press release, 10/3/2008).

The TEIPP stems from the second of these measures. The early intervention focuses not only on culture and environment, but also on young people's personal responsibility. Through this measure, young people under 18 who have been involved in an episode involving alcohol can be required to participate in educational and/or diversionary activity and can see police confiscate alcohol and deliver a warning or caution (*ibid*).

One pilot of this nature is supported in each state. All require buy-in from communities, state and local governments, health organisations, and local police. Whilst all members of the government agreed that there was a problem of binge drinking throughout Australia, with many praising the efforts to start working with parents and community groups on this issue (Owen, Labor MP for Western Sydney,

³ Although 'an association has been found between the frequency of alcohol intoxication and violent behaviour by older teenagers' (Collins, 2003, 174).

11/3/2008), many were also cautious to tone down the problem as having been over documented and exaggerated in terms of its proportions. Indeed, other studies have found that the 'majority of adolescents drink responsibly [despite] a high incidence of alcohol problems amongst some young people (Collins, 2003, 169; see also Hugues et al., 2008). As argued by Ritson in 1983 (cited in Collins, 2003, 170), the vast majority of young people merely stick to experimenting with alcohol within acceptable limits, while literature documents the 'deplorable behaviour of younger generations which often reveals more about the memory and selective perception of adults than it does about the young!' Collins goes on to say that 'there are very few "alcoholic" young people'. It is important to tackle this problem early on, though, as heavy drinking and drinking problems are likely to increase with age (*ibid.*).

This context to the national strategy against binge drinking warrants a closer look at the topic of young people and alcohol consumption, nationally and internationally. The following paragraphs provide a brief summary of how the topic of youth consumption of alcohol has been analysed and the various efforts that have been set up to address this problem.

Young people and alcohol

Studies on youth and alcohol consumption

In recent years, many studies have focused on young people and binge drinking. These studies have examined alcohol consumption triggers (see Collins for a summary of the various studies conducted on the topic); the social impacts of binge drinking (Borlagdan, 2009), including its impact on athletic involvement and adolescent violence (Miller et al., 2006; Collins, 2003); the relationship between alcohol availability and enforcement of possession laws as predictors of youth drinking (Dent et al., 2005) and the impact of community institutions' policies and practices on alcohol flow (in order to reduce the number of outlets that sell alcohol to young people (Wagenaar et al., 1999). Researchers have also examined the norms that permit and glamorise underage drinking, associating it with success and sex, attractiveness and popularity (Wagenaar et al., 1999; Collins, 2003); the micro- and macro-level dimensions of social behaviour (Duncan et al., 2005); the interactive and contextual effects of community structure and neighbourhood influences on individual problem behaviour (Duncan et al., 2005); and the link between youth alcohol consumption and the media (Measham & Brain, 2005).

Youth substance use and patterns are 'numerous, complex and interrelated' (Duncan et al., 2002, 130), and studies have indicated that the geographic component of alcohol consumption cannot be underestimated, with components such as location, neighbourhood poverty, number of alcohol outlets, and social cohesion bearing significantly on the consumption of alcohol by at-risk youth

(Duncan et al, 2002, 130). Some studies have also demonstrated the impact of a burgeoning 'night-time' economy on perceived levels of drink-related disorder and binge drinking (Measham & Brain, 2005, 263). Personality factors (e.g., unconventionality, high levels of sensation seeking, low self-esteem, and stress) have also been found to predict alcohol abuse, as have peer and family characteristics (with peer influence increasing and parental influence decreasing as youths reach adolescence -Yanovitzky & Stryker, 2001, 214; Hugues et al., 2003).

Many studies have aimed at providing a picture of the state of youth consumption of alcohol at various points in time.

In the UK:

- in the 1970s, surveys indicated that 'many young people become regular drinkers by their mid-teens' (Collins, 2003);
- in the 1980-90 period, a third of boys and girls were drinking regularly by the age of 14 and 15;
- whilst reduction in youth alcohol consumption had occurred over the previous 2 decades, drinking among teens was still high, and was linked to a range of health and social problems (traffic incidents, unprotected sex, assault, suicide, drowning, recreational injuries, etc. - Collins, 2003); and
- the 2004 UK National Alcohol Strategy Unit documented that 'for many people in England today, going out to get drunk has become part of the "good night out" (cited in Measham & Brain, 2005, 268), with many people indicating that they conceived their night out in terms of planning not just to go out drinking but to get drunk (ibid, 273, emphasis added).

In the USA:

- 1998 studies showed that 80% of all 12th graders nationwide had had some experience with alcohol despite the fact that it was illegal for them to drink (Yanovitzky & Stryker, 2001); and
- the 2002 Monitoring the Future survey indicated that 78% of adolescents reported having experimented with alcohol, 49% reported drinking within the previous month, 30% reported being intoxicated during the previous month, and 29% reported heavy episodic drinking (Dent et al., 2005, 355).

In Australia:

- the 2005 Australian Secondary Students' Alcohol and Drug Survey found that in any given week, about one in ten 12 to 17 year olds reported binge drinking or drinking at risky levels. For 16 to 17 year olds, one in five drank at risky levels;
- in 2008, the parallel survey indicated that 80% of 12-15 year olds had already experimented with alcohol, some at risky levels; that among 13 year olds, 10% of females and 9% of males had drunk during the past week; and that among 15 year olds, 27% of females and 29% of males had drunk over the past week (see also Downey, 2011); and
- young people start drinking at an earlier age, and rates of risky drinking among young people had increased since the 1980s (White & Hayman, 2006; Borlagdan, 2009, 5;)⁴;
- in general, young people overestimate the prevalence of drinking among their age group (Borlagdan, 2009, 66), but also underestimate the effects of alcohol and consequences on risk-taking behaviours (see also Hugues et al., 2008).

⁴ Some more confined studies, such as the research conducted by Surf Life Saving Victoria on alcohol related drowning (Grace, 2011), have also clearly established alcohol as the predominant factor leading to fatal incidents.

These studies reveal serious concern about the phenomenon of excessive consumption of alcohol that has come to prominence in recent years. Part of this phenomenon is known as binge drinking, defined by the Australian Medical Association as 'heavy drinking over a short period of time, or drinking continuously over a number of days or weeks' (AMA, 2004), which 'leads to immediate and severe intoxication' (ABS, 2008, 1).

Binge drinking is situated at the 'end of a large spectrum of recreational drug use' — both illicit and legal (Measham, 2004). The reasons for binge drinking are numerous and include boredom, fun, peer-pressure, stress, a desire to 'fit in' and a wish to let go and reach a state 'controlled loss of control'. It is not an issue to consider in isolation. It is intrinsically linked to a myriad of topics such as the evolution of other illicit and legal recreational drug use, various national and local policies regarding licensing, general health awareness, the commodification of alcoholic beverages, fashion, age, gender and socio-economic status of consumers. All these variables have impacted on alcohol consumption and made binge drinking a social phenomenon and a problem identified by governments as a national priority throughout the world. For some, binge drinking is the reinvention of a longstanding problem of social drunkenness brought about by a different type of drinking culture permitted by the leisure scene (Measham & Brain, 2005) and is similar to the 'binge and brawl' weekend leisure of the UK. Indeed, increased sessional consumption of alcohol is traced back to the early 1990s in the UK, and even earlier throughout Europe and the USA. However, some commentators link the resurgence of heavy drinking patterns to the evolving packaging of alcohol in and by commercial companies and outlets and in the media. In the 1980s and 1990s, alcohol was recommodified to appeal to young adults as a psychoactive product. This was marked by the introduction of high strength bottled beers, ciders, lagers and fortified wines in the early 1990s; then ready-to-drink mixers, flavoured alcoholic beverages and alcoholic 'stimulants' (containing guarana and/or caffeine) in the late 1990s; and shots/shooters in the early 2000s. Some studies in the 1990s indicated, however, that 'alcopops' did not seem to be related to young people's heavy drinking (Crawford & Allsopp, 1996, cited in Collins, 2003). The strength of traditional alcohol products (i.e., wine and beer), has also been increased by up to 50% in the last 15 years (Measham & Brain, 2005, 267). Alcohol products have been increasingly advertised as lifestyle markers in sophisticated campaigns to appeal to new markets, followed by a redesign and promotion of drinking establishments (ibid).

Some elements have been identified as catalysts for young people's decision to drink and for the popularisation of alcohol among youth. These are:

- the prominent and pervasive alcohol branding and sponsorship at youth-attended music and sports events,
- the commercialisation of events,

- the commodification of youth culture and leisure lifestyle, and
- the false promise of freedom (Borlagdan, 2009, 114-115).

These contribute to young people being confronted with strongly conflicting cultural messages about alcohol (Borlagdan, 2009, 2). On the one hand it is glamourised, and on the other it is associated with risk-taking and condemned for its impact on health and behaviour.

Furthermore, general ease of access renders debates and rationalisation difficult (Fleming, 2008). Young people have relatively easy access to alcohol despite increased regulation in the matter. They can directly purchase alcohol from commercial establishments despite prohibitive legislation (Wagenaar et al., 2005, 335; Fleming, 2008), ask adult friends to buy alcohol for them, ask their parents to do so, or even ask a stranger to get it for them. They also sometimes have access to their household alcohol supply.

Youth, alcohol and risk-taking behaviour

According to the ABS (2008, 1):

Youth is a stage of life characterised by rapid psychological and physical transition, where young people progress from being dependent children to independent adults. Young people may be inclined to experiment and take risks that could impact on their own health and wellbeing and have consequences for others.

Studies have clearly identified the effects of alcohol as being disinheriting and leading consumers to engage in activities that involve greater risk than they would otherwise, and that there is a strong link between alcohol and aggression. Furthermore, the same studies have shown that the physical and regulatory features of licensed premises may influence levels of aggression and other alcohol-related harms. Alcohol has also been proven to increase the risk of unsafe sex (and decrease the likelihood of condom use), increase levels of violence and victimisation overall, increase the risk of sexual coercion, and to be heavily and predominantly implicated in suspected cases of drink spiking (Roche et al., 2009, x; Yanovitzky & Stryker, 2001). In addition to this, alcohol consumption may have undesirable effects on long term health and wellbeing (ABS, *op.cit.*).

Despite common belief, alcohol is not solely used to 'transgress social norms. It provides the license and means through which young people can transform norms typically based upon constraints and discipline. However, the idea that alcohol is liberating is tempered by young people's perception that alcohol can also take over them (Borlagdan, 86).

Young people, alcohol and the police: enforcing norms and designing strategies to tackle youth consumption of alcohol

The normative approach

A number of studies have led to the multiplication of policy changes and government or community initiatives meant to address the rising prevalence of alcohol consumption among youth. The most well-known initiatives have consisted of increases in age identification checks by alcohol merchants (Dente et al., 2005, 356); the enforcement of responsible service of alcohol accompanied by creation of the offence of 'knowingly permitting the sale of alcohol to a minor' and government directives to satisfy oneself of a customer's age (Collins, 2003); enforcement checks on alcohol outlets; task forces specialising in monitoring public order in incident prone areas; and alcohol education and awareness campaigns run by a variety of agencies such as schools, health providers and police (Wagenaar, 2005, 341; Fleming, 2008; Hugues et al., 2008). With the added scrutiny on the problem of youthful drinking, much progress has been done in the area of curbing youth access to alcohol and in the area of regulation. There are now fewer young people purchasing alcohol than in the 1990s (Collins, 2003, 170), although it should be acknowledged that young people have other ways of procuring alcohol.

Studies have demonstrated that norm-reinforcement⁵ approaches offer a plausible and useful model of media effects via health promotion efforts and through deliberate public health communication campaigns. Messages to correct people's perceptions of social norms should:

- convince people that the behaviour advocated in a campaign is already the norm;
- provide information that corrects misperceptions about the prevalence of and support for this behaviour among peers, parents and members of the community; and
- try to attach a social stigma to unhealthy lifestyle behaviours (with campaigns designed to produced different sets of messages for different subpopulations).

Media advocacy seems to be particularly useful in setting processes of social change in motion when employed in conjunction with other community efforts (Yanovitzky & Stryker, 2001), however, target population and message need to be carefully synchronised, as:

Young people generally recognise some of the strategies, including those used by the media in relation to alcohol, but they are not always able to engage with these. The portrayal of alcohol in these strategies does not resonate with young people's subjective views and experiences. This is problematic, as research has shown that 'education

⁵ The norm reinforcement approach, also known as the social norm approach, 'does not seek to increase knowledge of risk, nor does it attempt to increase young people's capacity to resist peer-group pressure. Instead, the focus of social norm intervention is the extent to which young people's perception of their peers' behaviour and attitudes influences their own drinking habits. (Hugues et al., 2008, 9).

programs ... have little impact upon behaviour, upon actual use of alcohol, but have most impact when aimed that those people for whom drinking is causing some tangible, immediate and present problem, and who are likely to respond because they can also see an immediate reason to follow the advice given' (Collins, 2003, 177).

Nevertheless, young people often successfully employ strategies to reduce risks and minimise harm. Many of these strategies are highly responsible and warrant wide scale endorsement and emulation for new strategies to be built upon. There is considerable merit in adopting risk-management/avoidance strategies used by young people as the jumping off point for future initiatives in this area (Borlagdan, 2009, 154-155). Recent Australian studies on youth and alcohol have discovered that various strategies are used by young people to reduce potential harms from alcohol. Indeed, most young people seem driven by a 'duty of care' towards each other, such as organising designated drivers or different transport arrangements. Borlagdan (2009) has established that there is a careful articulation of prospective components of everyday life by young people in their decision-making process. For example, young people plan whether they will drink or not depending on work commitments the following day. There is therefore a need to move beyond rigid categories that merely identify young people who drink at risk levels, towards an examination of the fluid and contextual nature of young people's choices around alcohol (Borlagdan, 2009, 157).

Clearly there is a need to move away from simplistic and individualised ideas that locate alcohol-related issues as being somehow inherent within the current generation of young people (Borlagdan, 2009, 157). Most research-driven recommendations encourage a multiple-pronged approach to alcohol-related crime and anti-social behaviour, with 4 strategy levels:

1. looking at forms of self-management and self-control,
2. intending to enhance young people's confidence and autonomy,
3. increasing opportunities for events where alcohol is not a prerequisite, and
4. encouraging parental involvement in problem-solving (Borlagdan, 2009, 157).

The enforcement approach

Enforcement checks have proven a deterrent on youth purchase of alcohol (Wagenaar et al., 2005, 34), if only temporarily, and sustained efforts are needed to detect any long term impact of enforcement interventions. The common practice of situational enforcement is not sufficient, however (Wagenaar, 2005, 341), and law enforcement agencies should be encouraged to conduct more frequent checks for more long term effects to occur. Many commentators have also strongly recommended a partnership approach to the problem of excessive alcohol consumption, acknowledging the 'wicked' nature of the problem⁶.

⁶ Some social phenomena, such as alcohol consumption, anti-social behaviour and crime, are acknowledged as being extremely complex, crossing a range of disciplinary boundaries and spanning many areas of government

Furthermore, there have been strong recommendations to see whether (enforcement) initiatives can also contribute negative effects to consumption, for example a further propensity to break the rules (Wagenaar et al., 2005, 341). Among these:

tougher policing and punishment are visited on those who, seduced by the night-time economy, grasp with both hands its pleasurable excesses, but who either cannot keep the consequences of their consumption bounded in socially prescribed ways, or cannot participate in the night-time economy but participate anyway' (Measham & Brain, 2005, 277).

Along the same concern of limiting the possible and non-negligible negative consequences of enforcement initiatives, many studies denounce processes of demonisation, selective containment and increased policing of young people who drink. Research relating to law enforcement of alcohol-related crime has been conducted from narrow disciplinary boundaries, some with limited public access to results, which renders their subsequent assessment difficult. These studies tend to create hurdles for good cross-agency work (with some agencies not being 'privy' to research results), a problem that is slowly being addressed in our modern understanding of public administration and policy and the better documenting of wicked issues.

From the point of view of law enforcement, the practice of cautioning young people for minor issues and a number of summary offences is considered good practice worldwide. This practice is strongly embedded in principles of juvenile justice, the primary principles of which are to 'to prevent offending by children and young persons' (s37, UK *Crime and Disorder Act 1998*), divert children from the criminal justice system due to its known negative impact on youth, and promote the 'best interests' of the child, with custody as a last resort (Muncie, 2008, 110; see also Cunneen & White, 2011). Such principles follow international guidelines, such as stated in the *United Nations Convention on the Rights of the Child* (1989), establishing the rights of children generally. Most international legislation in the Western world takes these guidelines into consideration, and all jurisdictions in Australia abide by these. Within this framework, the administration of warnings (or reprimands in the case of the UK) and cautions (formal or informal – the terminology varies according to jurisdictions) is the preferred diversionary strategy for police to interact with young people. In Tasmania, Section 5 of the *Youth Justice Act 1997* states that specifically:

(1) The powers conferred by this Act are to be directed towards the objectives mentioned in section 4 with proper regard to the following principles:

and social life (such as education, housing, parenting, peer influence and economic background). Often, such problems are labelled 'wicked issues', where 'the problems and/or the solutions are either hard to define and/or not available or sub-optimal and often carry consequences that might lead to further problems. A wicked issue crosses international and national boundaries and involves multiple agencies and sectors at all levels of government'' (Fleming & Wood, 2006, 2)

- (a)** that the youth is to be dealt with, either formally or informally, in a way that encourages the youth to accept responsibility for his or her behaviour;
- (b)** that the youth is not to be treated more severely than an adult would be;
- (c)** that the community is to be protected from illegal behaviour;
- (d)** that the victim of the offence is to be given the opportunity to participate in the process of dealing with the youth as allowed by this Act;
- (e)** guardians are to be encouraged to fulfil their responsibility for the care and supervision of the youth and should be supported in their efforts to fulfil this responsibility;
- (f)** guardians should be involved in determining the appropriate sanction as allowed by this Act;
- (g)** detaining a youth in custody should only be used as a last resort and should only be for as short a time as is necessary;
- (h)** punishment of a youth is to be designed so as to give him or her an opportunity to develop a sense of social responsibility and otherwise to develop in beneficial and socially acceptable ways;
- (i)** punishment of a youth is to be appropriate to the age, maturity and cultural identity of the youth;
- (j)** punishment of a youth is to be appropriate to the previous offending history of the youth.

Many studies have been dedicated to the topic of police diversion of young people from the criminal justice system, where the practice of cautioning in particular was labelled a success story in regard to early intervention frameworks. The evolution of cautioning schemes worldwide is indicative, according to Muncie (in Wakefield & Fleming, 2008, 322), of 'recent shifts towards more proactive and interventionist forms of policing' towards young people. Crawford (2003, 174) and others (Muncie, in Wakefield and Fleming, 2008, 323), however, warn against the too 'readily, inconsistent and haphazard administration of cautions', as cautioning 'becomes less and less effective the more it is used with a particular offender'⁷. It is therefore important to systematically reframe cautioning schemes within strict early intervention frameworks. The cautioning of young people by police and the matter of how police approach the logistics of cautioning a young person are important matters to consider as 'police determine which young people will enter the juvenile justice system, as well as the terms on which they will enter' (Cunneen & White, 2011, 153).

⁷ Data indicated that this problem is relatively limited in the case of the TEIPP, though, see Appendix C.

Chapter 3 – Police and parents’ feedback and attitudes towards the scheme

Demographics

Exactly 100 responses to the surveys were received. These responses are broken down as follows: 76 police officers involved in the scheme completed and returned the survey, and 24 surveys were returned by parents (16 online responses, and 8 returned by post)⁸. Whilst this is a good participation on behalf of police officers (55% participation out of all three regions), it represents only 18.4% of parents who could have participated to the research⁹. These participation rates should be carefully caveated, though, because:

- police officers in the two districts received clear guidelines from their hierarchy in relation to the research, were strongly encouraged to participate and were allowed to fill in the survey during work hours;
- police had a ‘work-related’ motivation to express their views about the TEIPP, as recommendations would contribute to a consolidation, continuation or otherwise of the cautioning process;
- parents may not have had the time to participate to the survey due to family and work commitments;
- parents may not have wished to express their views on a process or an event that impacted or reflected negatively on their family or their child; and
- parents are very often surveyed for research or market studies, which may contribute to ‘research fatigue’ impacting on participation rates in subsequent studies.

As indicated in Figure 1, almost half of police respondents had the rank of Constable (48%), and 5% of police respondents were First Class Constables. Forty nine percent of police respondents held more senior positions in the organisation, with 14% identifying as Senior Constables, 24% as Sergeants, 3% as Senior Sergeants and 8% as Inspectors. Two police officers also indicated that they were Detectives.

⁸ It is not the intention for this section of the report to compare demographics according to cohorts (police v. parents), as 1- this is not a stated objective of the research; 2- one needs accounting for the different nature of these cohorts (one based on occupation and workplace, the other based on parental status); and 3- these cohorts may in reality overlap (a police officer may also have been a parent who received a letter following the cautioning of his/her child), and the logistics of this research would not allow identification of potential overlap of cohorts. The discussion of demographic data for both cohorts side by side is observational only, and comes out of a concern of logic in presentation as opposed to a sociological discussion and comparison of profiles.

⁹ As of mid-April 2012, 130 letters had been sent to parents whose child was delivered a YCAN under the TEIPP. Of the 130 young persons cautioned, fifteen identified as being of Aboriginal descent. These numbers differ from the TEIPP final report drafted by the DPEM, as this latter refers to data covering 1- a larger geographical area and 2- a longer timeframe (see Appendix C for a detail of TEIPP performance against national key performance indicators).

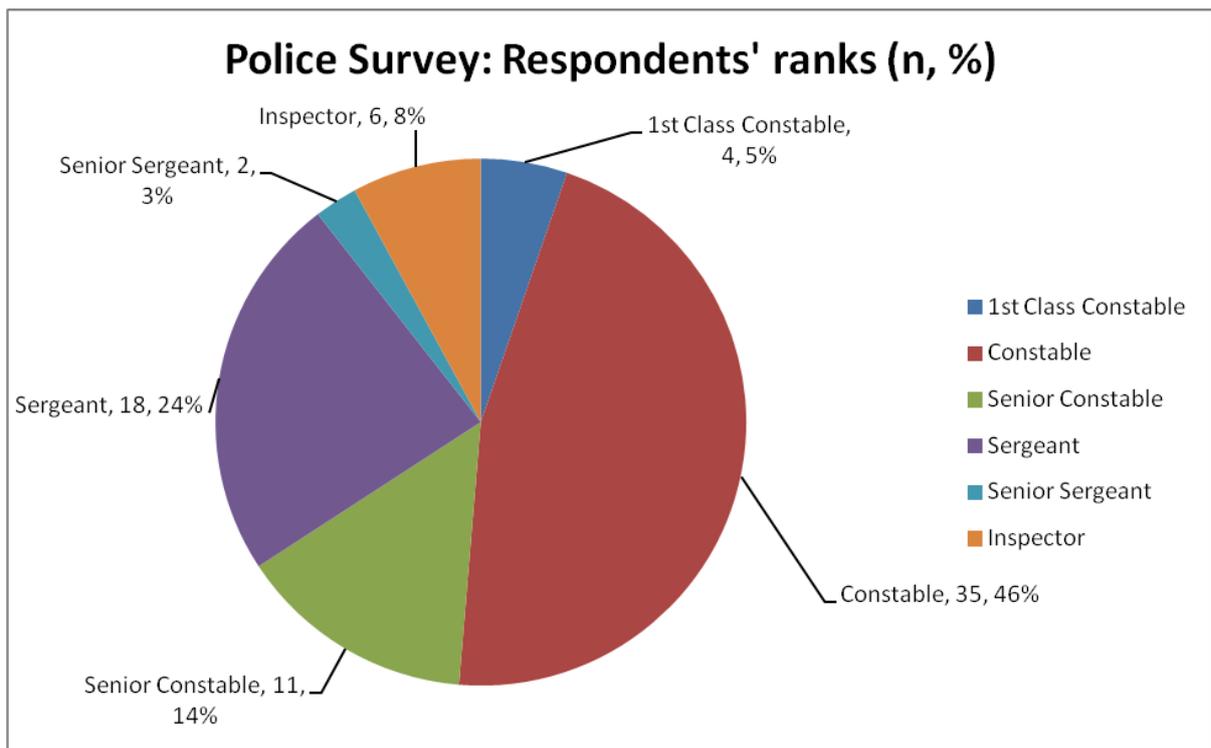


Figure 1 - Police Survey: respondents' ranks

According to Figure 2, only 33% of police officers returning the survey were authorised officers under the *Youth Justice Act 1997*. Under 1(3) of the Act, an **'authorised police officer'** means a police officer who has been authorised by the Commissioner of Police to administer formal cautions against further offending'.

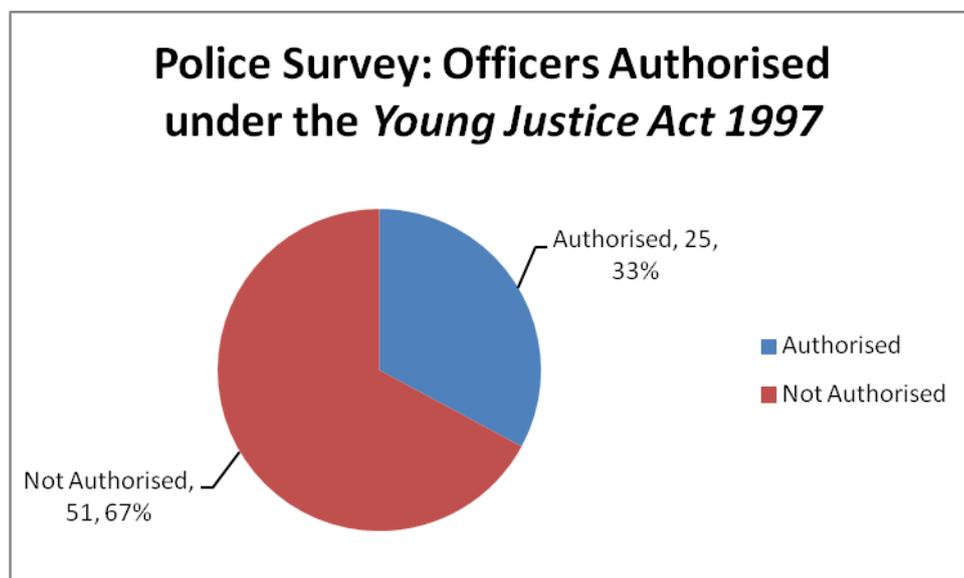


Figure 2 - Police Survey: Officers Authorised under the YJA 1997

All parent respondents had Australian citizenship, and only two identified as Aboriginal or Torres Strait Islanders. As shown in Figures 3 and 4, most police officers responding the survey were male (72%), whilst the majority of parent respondents were female (71%).

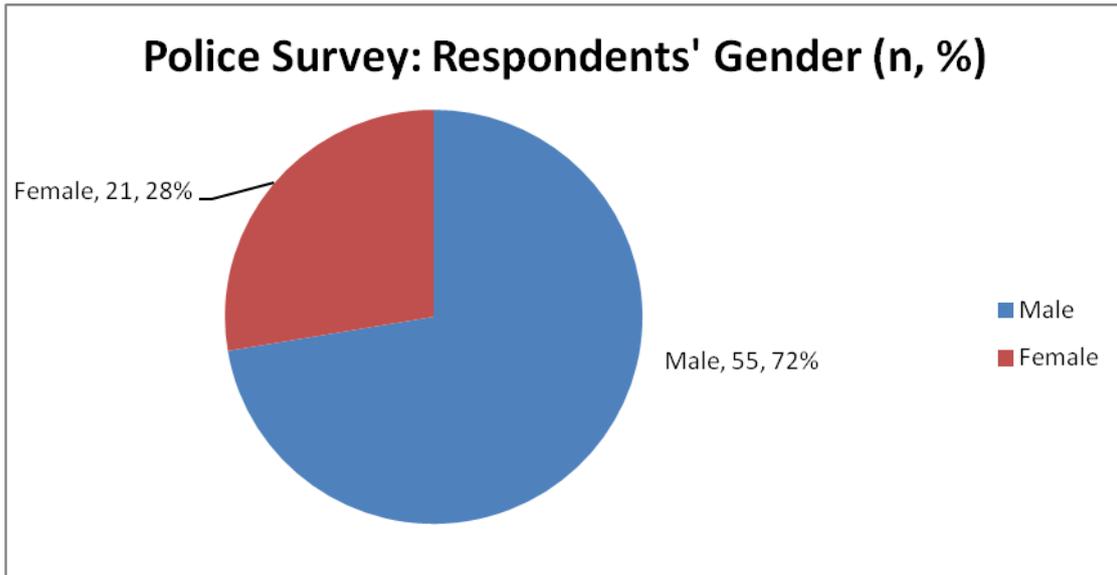


Figure 3 - Police Survey: Respondents' gender

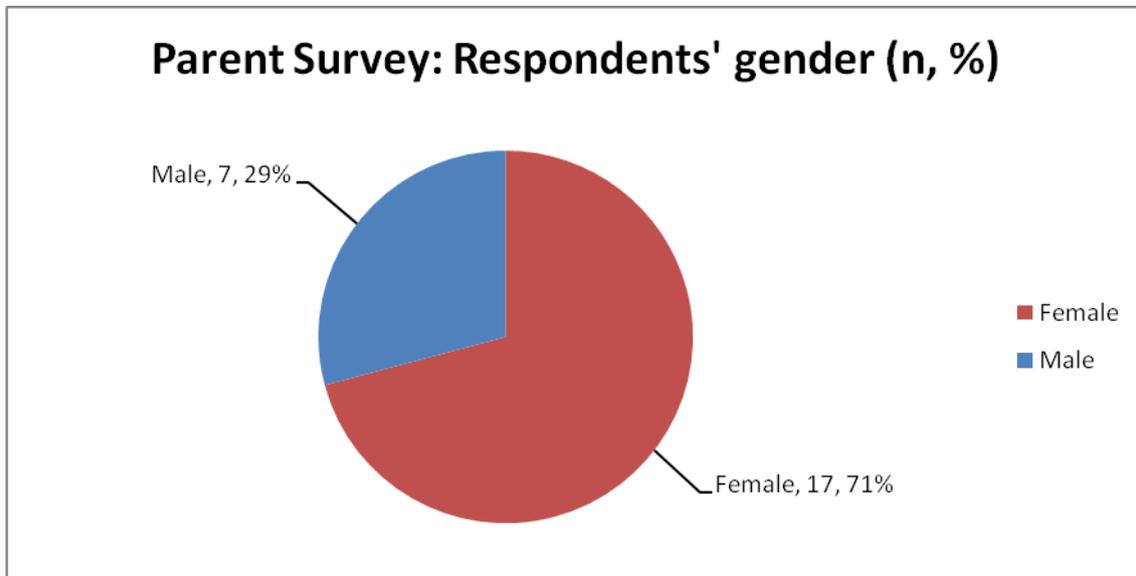


Figure 4 - Parent Survey: Respondents' gender

Police respondents represented a broader age span than did parent respondents to the survey. As indicated in Figures 5 and 6, 47% of police respondents were younger than 40, and 53% were aged 40 to 62. The breakdown is as follows: 38% were aged 40 to 49; 14% were aged 50 to 59, and 1% were older than 59. These demographics are slightly different for parent respondents, with 40% aged 40 to 49, and 60% aged between 50 and 59.

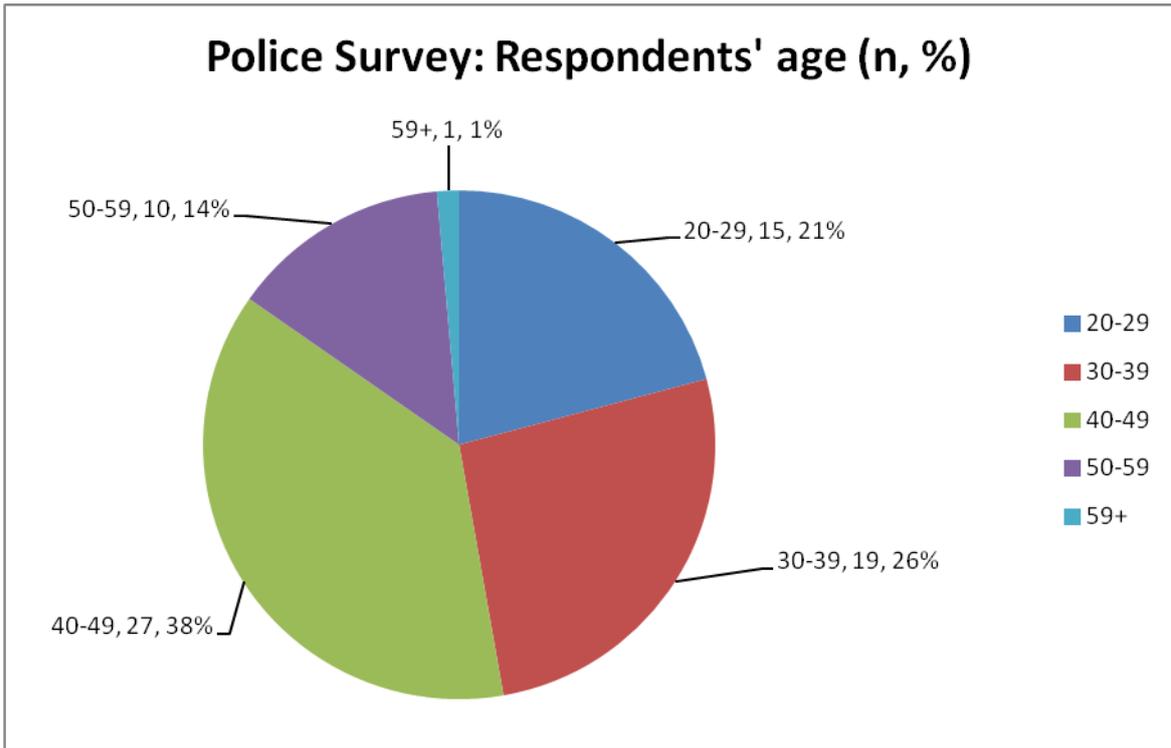


Figure 5 - Police Survey: Respondents' age

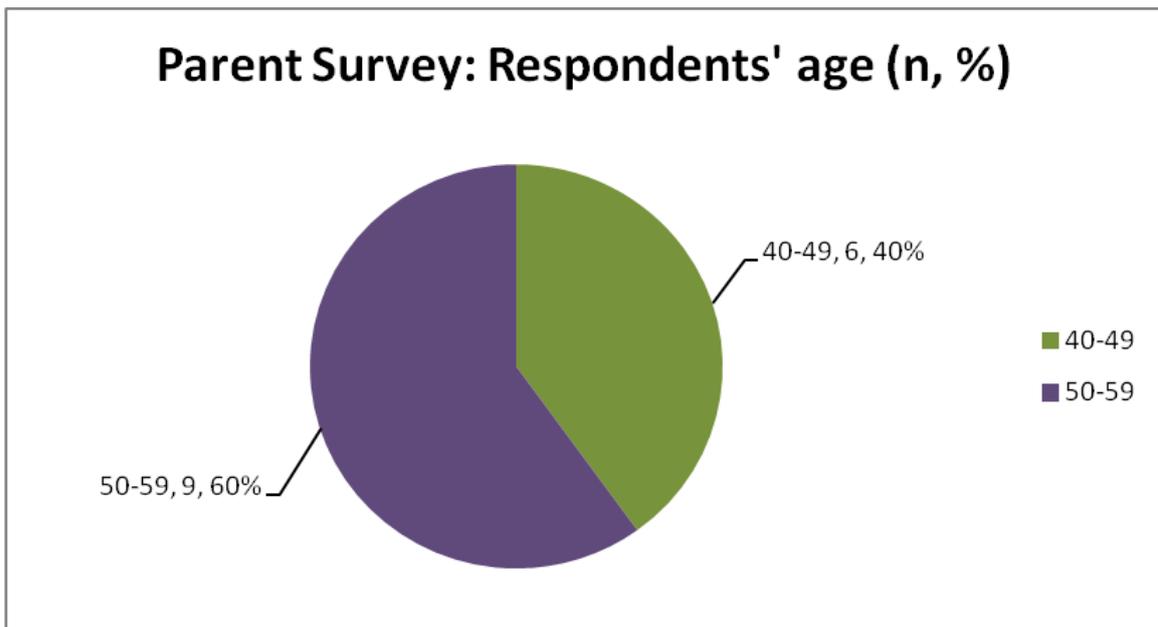


Figure 6 - Parent Survey: Respondents' age

A large majority of police respondents have children (75%), as indicated in Figure 7. As far as parents were concerned, 10 parents had two underage children, five parents had three children, and six parents had one child. Of the four parents indicating they were divorced, two had sole custody of their child(ren), and two had shared custody. All children mentioned in parent surveys (both children who had been cautioned and their siblings) were aged between 14 and 17.

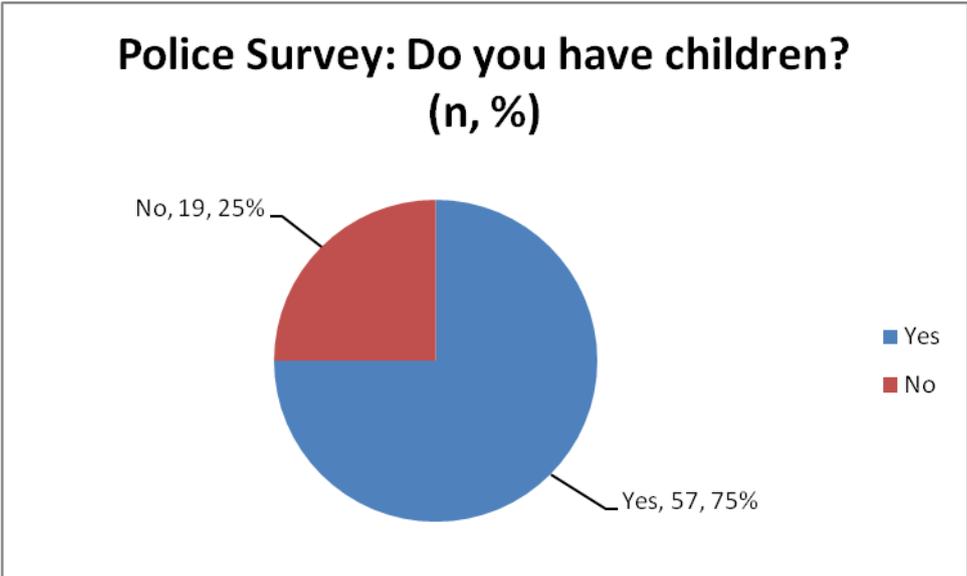


Figure 7 - Police Survey: do you have children?

All respondents knew of the legal drinking age in Australia (i.e., 18). However, views were split as to whether this is an appropriate age to be permitted to start drinking. Of the parent respondents, 14 (64%) thought 18 is an appropriate age to start drinking, and 8 (36%) thought it is not, as indicated in Figure 8. The spread of opinions among police respondents is similar, as indicated in Figure 9 (yes=72%; no=28%).

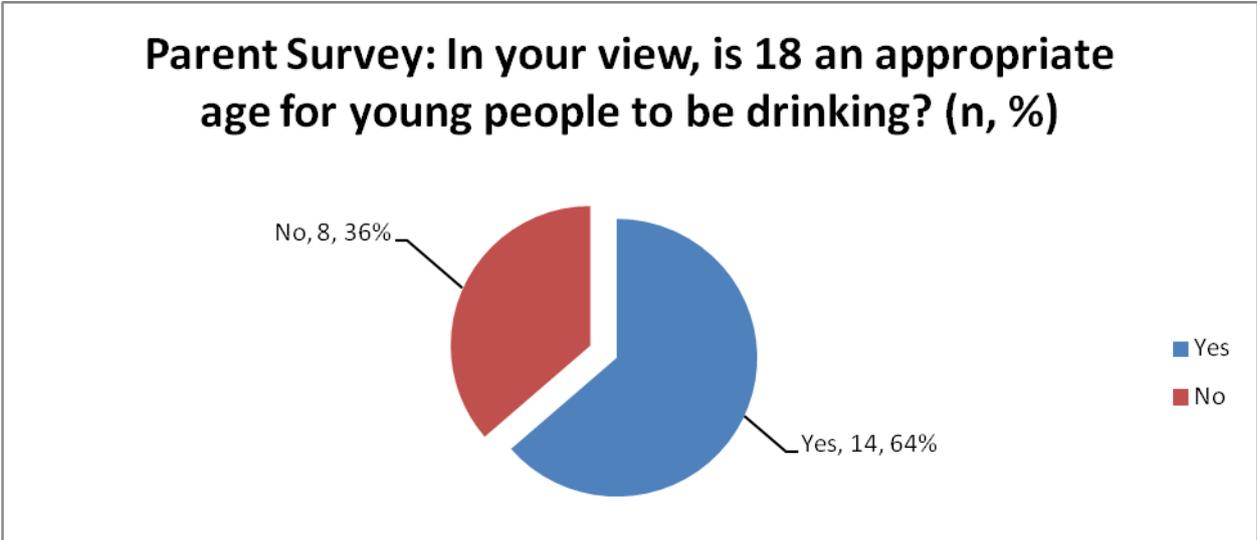


Figure 8 - Parent Survey: In your view, is 18 an appropriate age for young people to be drinking?

Police Survey: In your view, is 18 an appropriate age for young people to be drinking? (n, %)

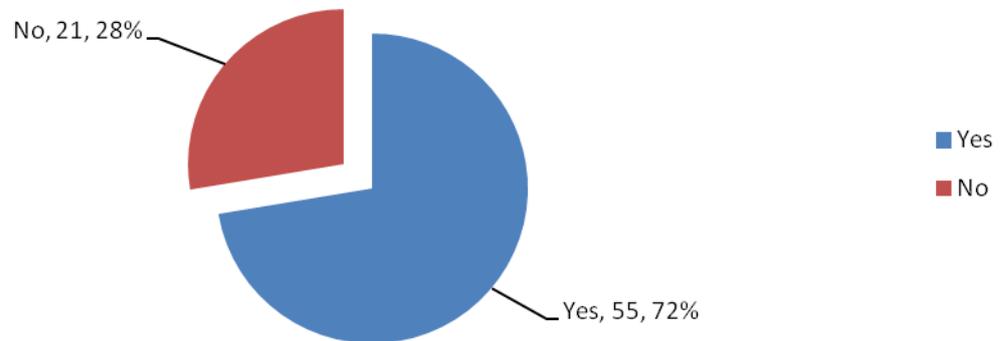


Figure 9 - Police Survey: In your view, is 18 an appropriate age for young people to be drinking?

According to the police officers who replied 'no' to this question, and as per Figure 10, the legal drinking age in Australia should be 20 (48%) or 21 (52%). There were no parent responses to this sub-question.

Police Survey: If not, what should the legal age be? (age, n, %)

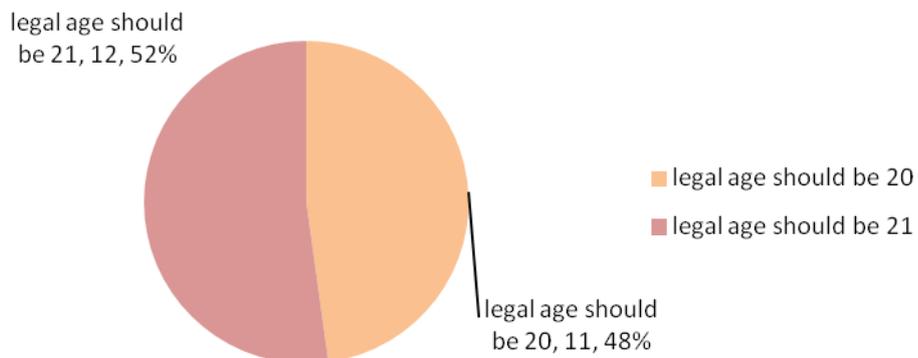


Figure 10 - Police Survey: If not, what should the legal age be?

Worldviews

As stated earlier, worldviews are social and methodological constructs that allow the context of a particular phenomenon to be depicted. Here, worldviews were sought to indicate what people thought of current youth consumption of alcohol, its impact on behaviours and society, its causes, and also of various ways used to tackle the problem. Police officers were asked their worldviews in their capacity as community members, and not as police officers who, regardless of their personal views, have to express their positions as per policy and organisational regulations.

There is a strong convergence of opinions within both cohorts on the danger of excessive alcohol consumption. Respondents agreed on its undesirable effects on health and behaviour. Ninety per cent of police officers and 71% of parents agreed or strongly agreed that underage drinking is a problem in today's society (Figure 11). Furthermore, there was consensus that young people are more likely to engage in dangerous behaviour after consuming alcohol (84% of police officers and 71% of parents agree or strongly agree on this point; see Figure 12).

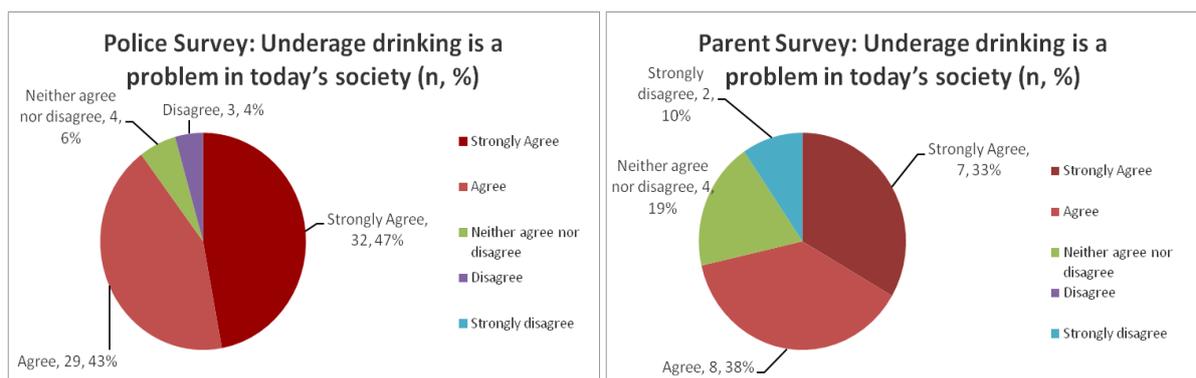


Figure 11 - Underage drinking is a problem in today's society (Police and Parents).

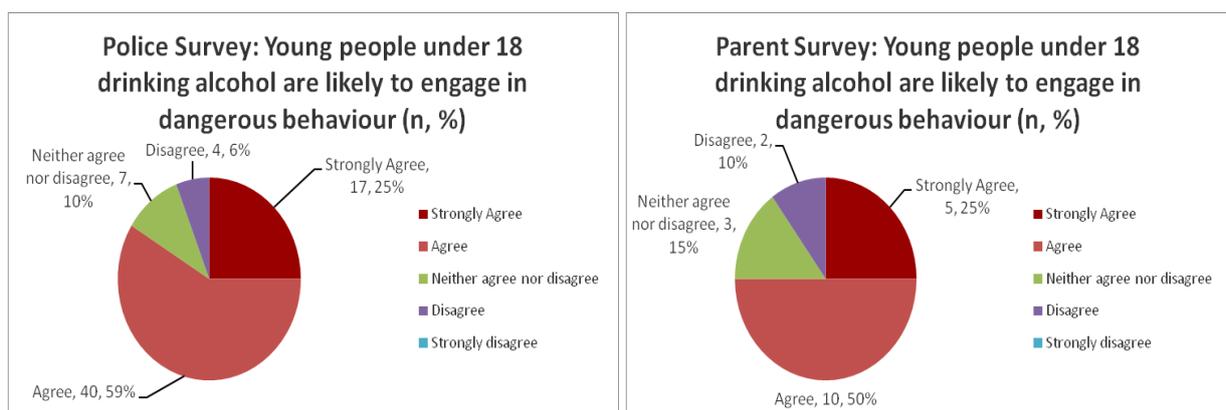


Figure 12 - Young people under 18 drinking alcohol are likely to engage in dangerous behaviour (Police and Parents).

On the topic of whether young people should be allowed to drink on special occasions, as indicated in Figure 13: 46% of police officers disagreed or strongly disagreed that young people should be allowed to drink on special occasions, and 52% of parents strongly disagreed or disagreed that young people

could drink for special occasions. As a more specific unpacking of data suggests, opinions are somewhat split on this matter: 4% of police officers strongly agreed young people should be allowed to drink for special occasions, and only 28% agreed; whilst again, only 34% of parents agreed¹⁰ young people could drink for special occasions.

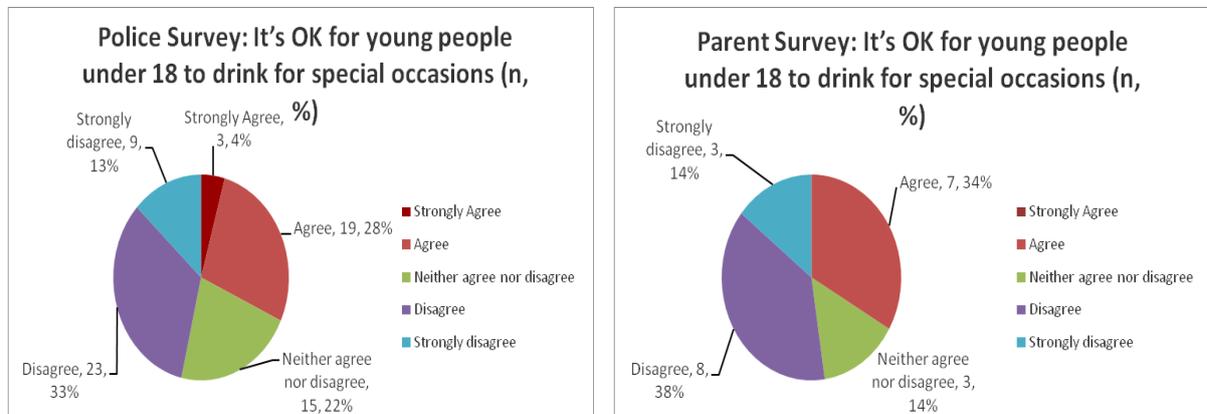


Figure 13 - It's OK for young people under 18 to drink for special occasions (Police and Parents).

Respondents from both cohorts also indicated that according to them, there wasn't enough featuring of underage drinking in the media (Figure 14). In particular, some thought that more constructive awareness raising should appear in mainstream news and entertainment channels and be made available to young people at key times of the day and in association with major events during the year (for example, close to school 'formals'). Many insisted that these awareness raising programs be tailored to young people's needs and interests, as a result of participatory research built from the 'ground up'. As put by some respondents:

Some young people need to help design these information campaigns. Adults have no idea how to properly target these age groups. (Police officer)

We need to ask some of these young people how to reach them and their friends. An adult cannot, on his or her own, determine what would be a good campaign. (Police officer)

Young people should contribute to the design of adds or pamphlets. They are the ones who know what works or what can possibly work. They can also probably tell so-called professionals what isn't likely to work either. (Parent)

¹⁰ For ease of reading, response categories that received a score of n=0 or 0% are not visually featured in the charts, although their entry remains in the legend. As a result, some extreme categories, such as 'strongly agree' or 'strongly disagree', do not feature on the chart. See, for example, Figure 12: 0% of parent respondents 'strongly disagreed' that young people are likely to engage in dangerous behaviour after drinking.

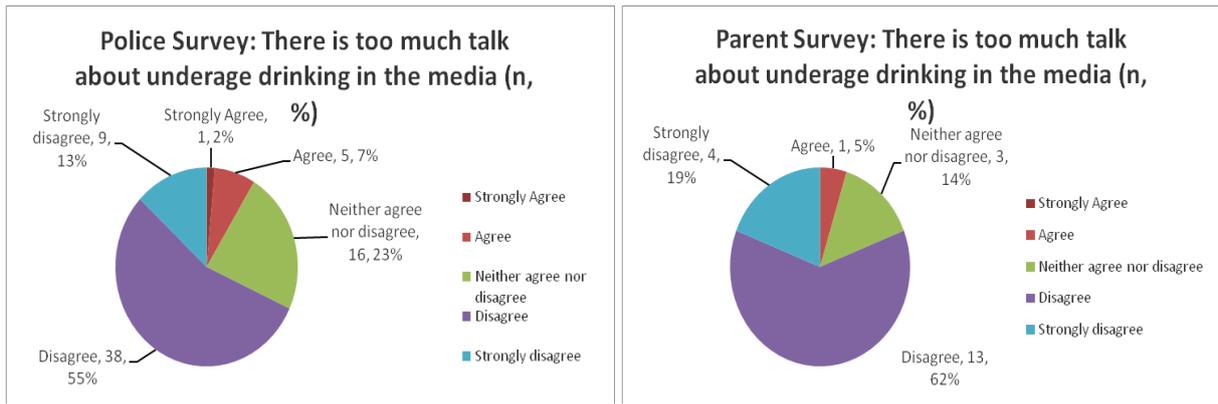


Figure 14 - There is too much talk about underage drinking in the media (Police and Parents).

Figure 15 indicates that while some respondents think there is an element of 'fatality' behind underage drinking as a current feature of society, police officers and parents believe that something can be done about the phenomenon. There was an interesting difference, however: 67% of police officers disagreed or strongly disagreed that nothing could be done about the problem, while 41% of parents disagreed or strongly disagreed. Police officers were therefore more optimistic about the situation overall.

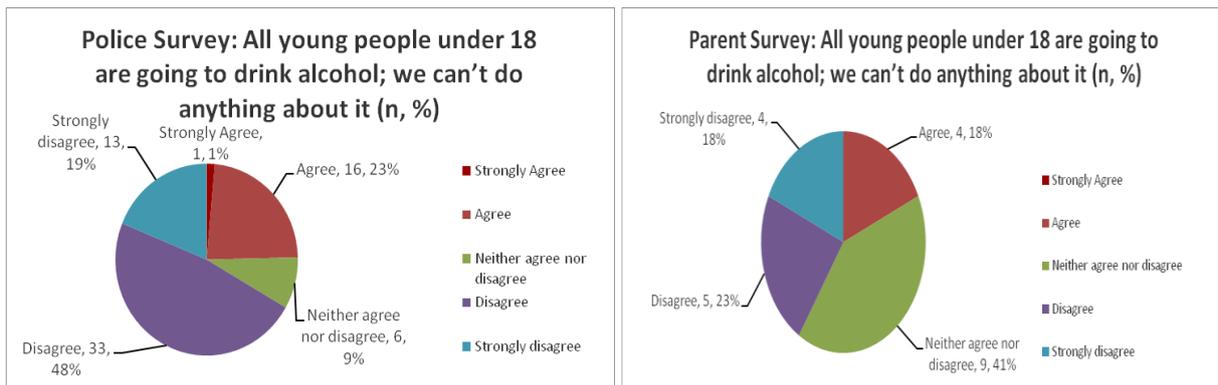


Figure 15 - All young people under 18 are going to drink alcohol; we can't do anything about it (Police and Parents).

A large majority of survey respondents (70% of the police and 73% of the parents) thought that drinking is just a phase young people go through, and that it is part of youth transition towards a more mature part of life. This idea that drinking is 'just a phase' therefore indicates that people believe the problem of excessive youth alcohol consumption is likely to diminish, if not disappear, with age (Figure 16).

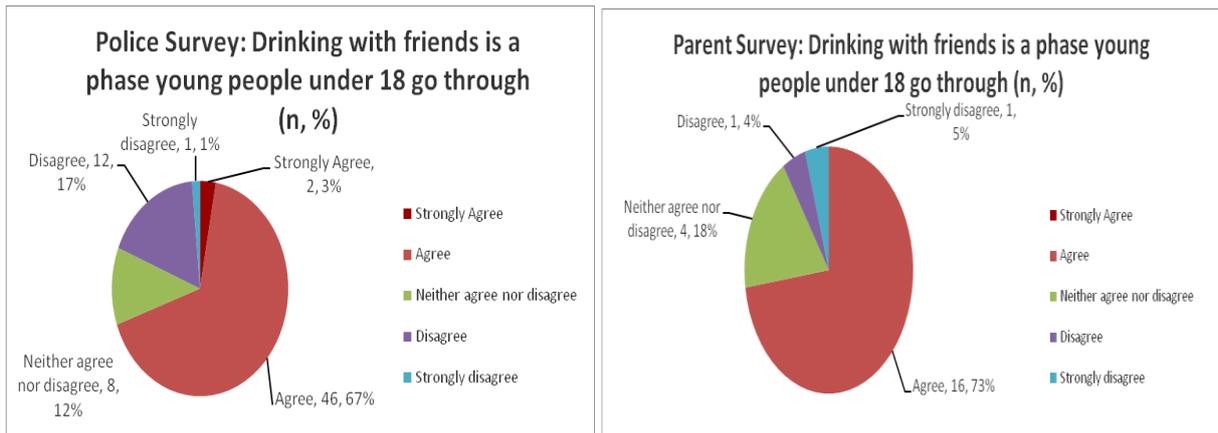


Figure 16 - Drinking with friends is a phase young people under 18 go through (Police and Parents).

The combination of quantitative and qualitative answers to our survey indicates that there is strong agreement among respondents about young people being allowed to drink under supervision (most respondents contributed comments on this specific issue). Figures 17 and 18 indicate that, according to respondents:

- Young people under 18 should not be allowed to drink anywhere just because an adult is present to supervise alcohol consumption (only 7% of police and 10% of parents agreed or strongly agreed that young people should be allowed to drink if an adult is present)
- Young people should never drink without supervision (78% police and 71% parents agreed or strongly agreed)

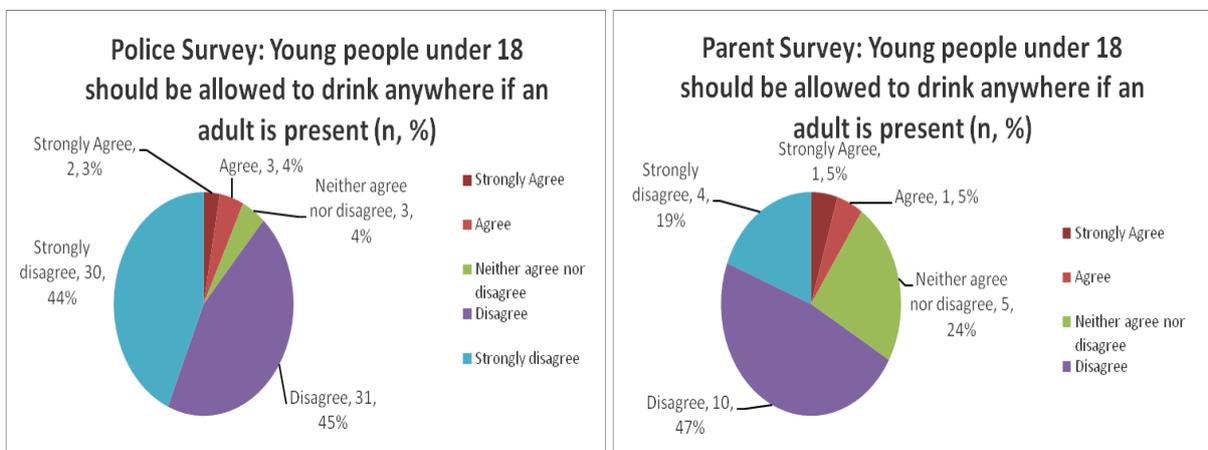


Figure 17 - Young people should be allowed to drink anywhere if an adult is present (Police and Parents).

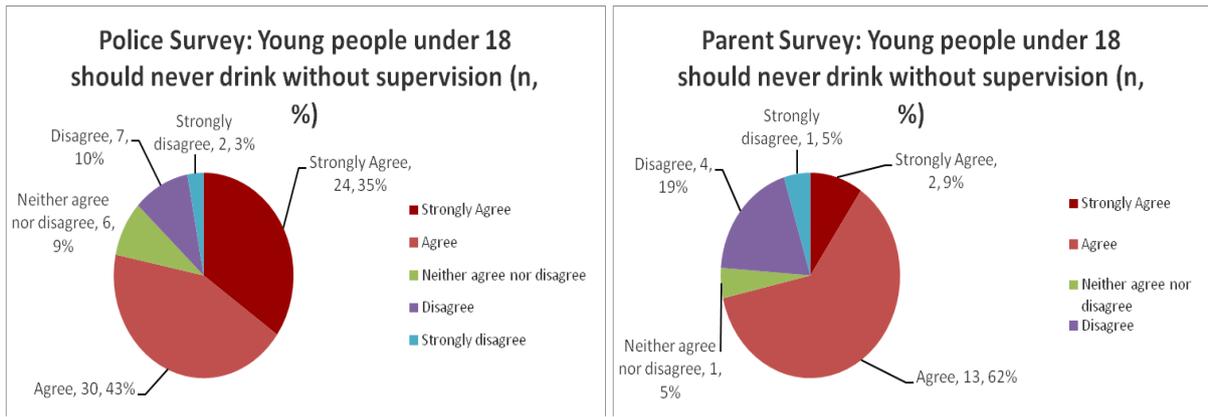


Figure 18 - Young people under 18 should never drink without supervision (Police and Parents).

Figure 19 indicates that parents should take the lead in moderating their child’s alcohol consumption (88% of police and 71% of parents agreed or strongly agreed with this). However, there were mixed views, according to Figure 20, as to whether parents should simply prohibit their child from alcohol consumption altogether: only 35% of parents agreed or strongly agreed with parent prohibition of alcohol, with 40% neither agreeing or disagreeing. Police officers were also divided in this area, with 44% and 39% respectively agreeing/strongly agreeing and disagreeing/strongly disagreeing on parent prohibition of alcohol, with 17% neither agreeing or disagreeing.

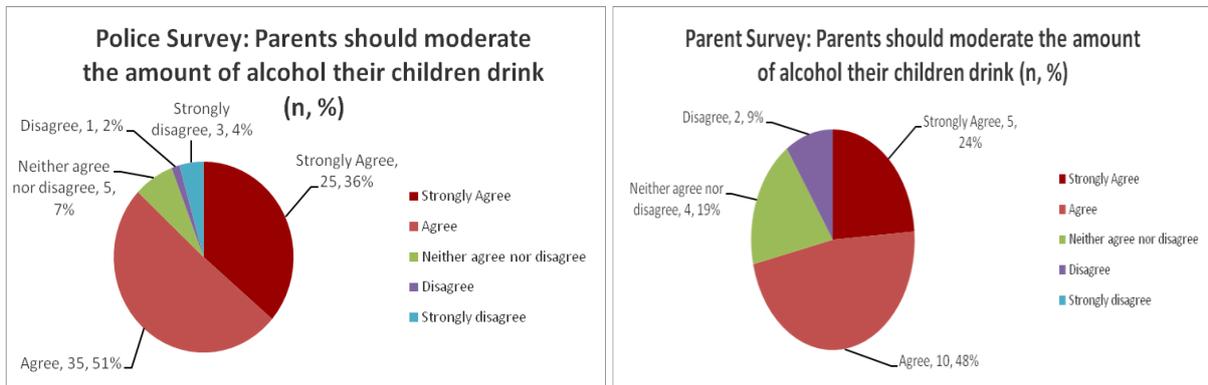


Figure 19 - Parents should moderate the amount of alcohol their children drink (Police and Parents).

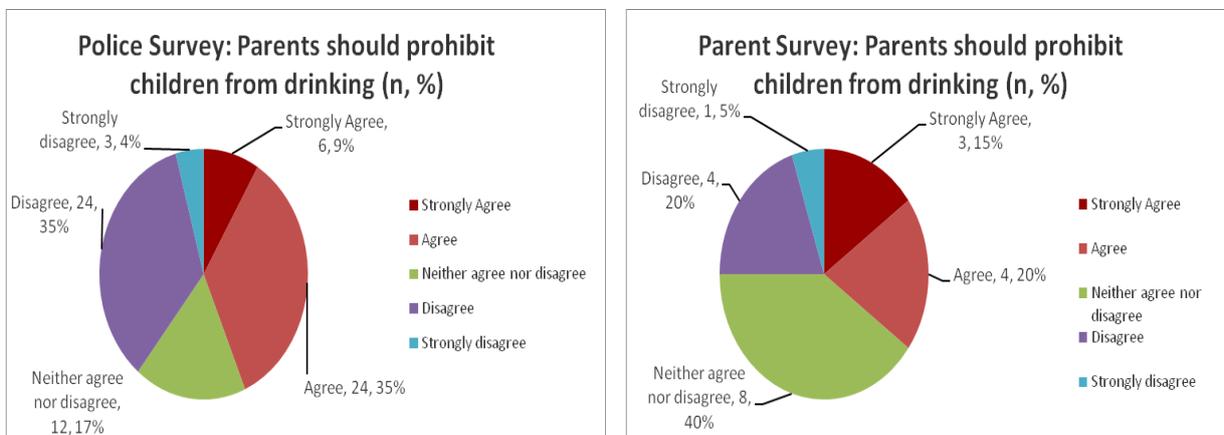


Figure 20 - Parents should prohibit children from drinking (Police and Parents).

Although there seems to be a convergence of opinions about the supervision role of adults in the moderation and temperance of young people’s alcohol consumption (with both police and parents believing that parents should take the lead role in the process), there is less agreement displayed in how much awareness there is among parents about their child’s alcohol consumption habits. Twenty five per cent of police officers thought that parents knew of their child’s drinking habits (66% disagreed or strongly disagreed that parents knew of their child’s drinking habits). As far as parents were concerned, 55% did not think they knew of their child’s drinking habits (50% of them disagreed, 5% strongly disagreed (Figure 21).

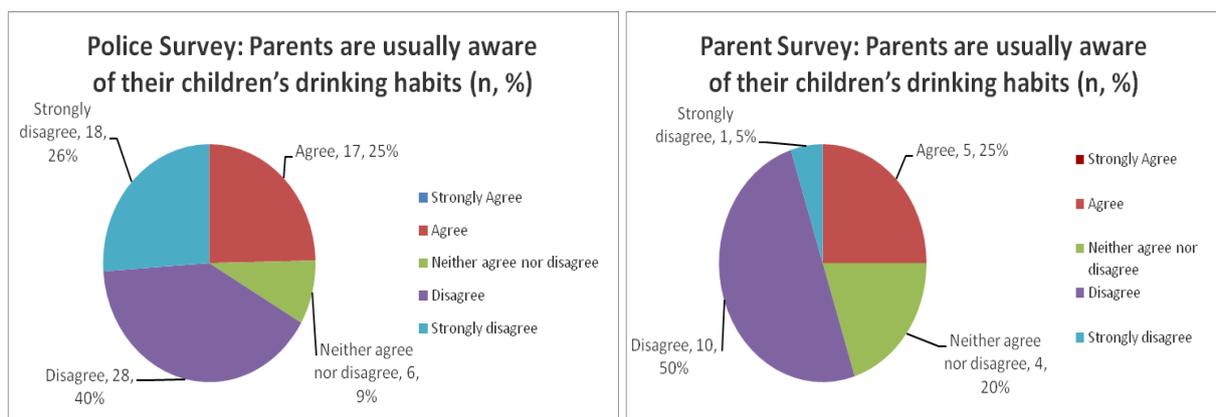


Figure 21 - Parents are usually aware of their children's drinking habits (Police and Parents)

There is no consensus as to whether young people listen to parents about alcohol consumption and its dangers, although the general trend is that young people usually *do not* listen to their parents about the dangers of alcohol consumption (this is consistent with some literature that advises on norm-reinforcement initiatives, as opposed to ‘scare-tactics’; see, for example, Hugues et al., 2008). As indicated in Figure 22, 43% of police officers did not think young people listen to what parents have to say about alcohol. Parents were even more assertive in their answer to this question, with 72% thinking young people did not listen to them on this topic. Some consideration therefore needs to be had in relation to who young people listen to, how their awareness can be raised about the negative effects of alcohol consumption, and the dangerous behaviours it may trigger. This is done in the next section of this chapter, by discussing other stakeholders’ views about the scheme.

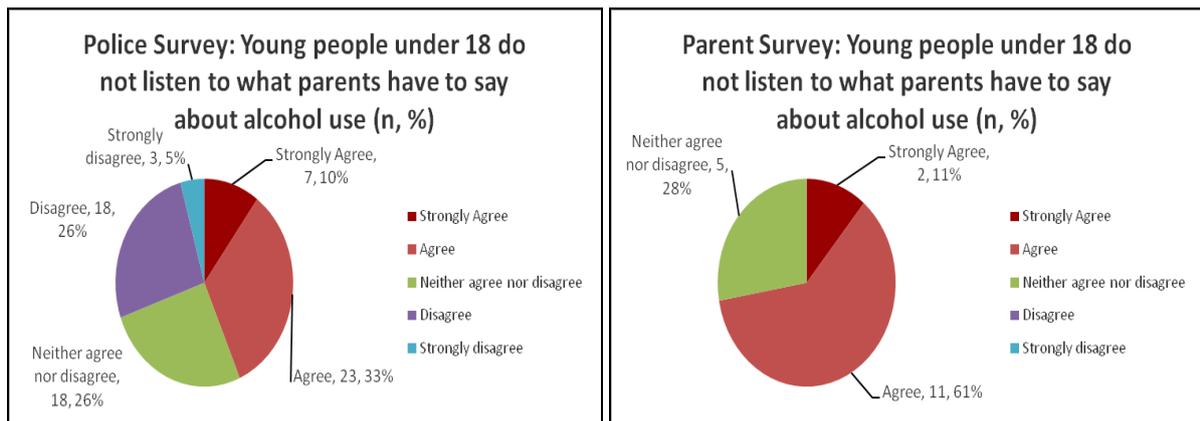


Figure 22 - Young people under 18 do not listen to what parents have to say about alcohol use (Police and Parents)

Impact of the TEIPP: the views of parents and stakeholders

Answers to the question ‘Do you think the TEIPP is a good idea?’ show support for the scheme in general, with 60% of police officers thinking the program is a good idea and 80% of parents supporting it. Only 10% and 20% of police and parents respectively disagreed with the initiative (Figure 23). Reasons for support were provided in open ended questions included in the survey.

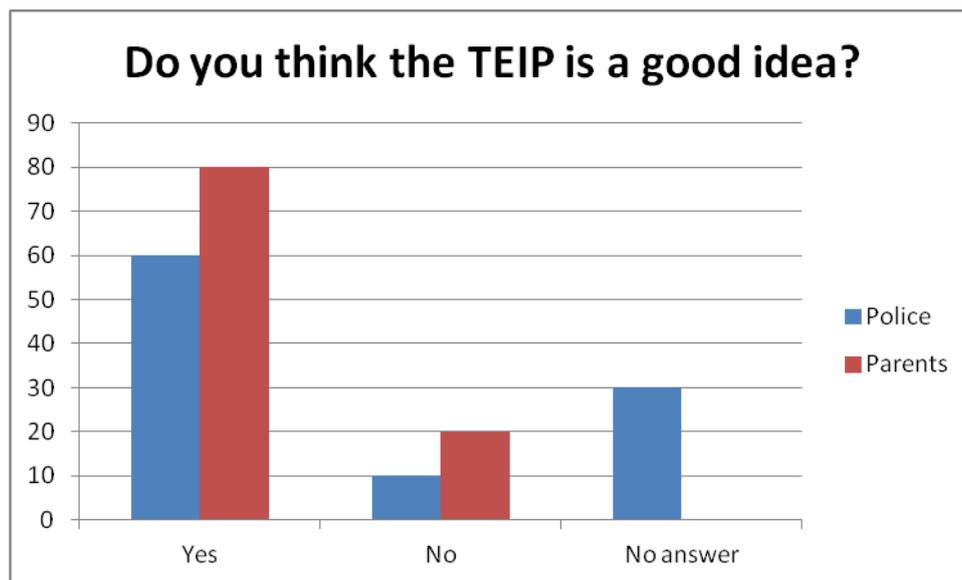


Figure 23 - Do you think the TEIPP is a good idea (Police and Parents).

High visibility response

For several police officers, the TEIPP is a clearly identified scheme that focuses on early intervention and high visibility police reaction. It was indicated by 13 police officers that the TEIPP, and in particular the cautioning process (the YCAN), is a non onerous process for frontline officers to be seen as *actively* doing something about young people’s public consumption of alcohol (only 5 officers out of 76 thought the initiative took time and effort), and youth alcohol-related deviance. Almost all police officers also indicated that it is a ‘quick and easy’ process that ‘doesn’t involve a lot of paperwork’. Parents’ responses echoed these attitudes towards the scheme.

Only 6 police officers thought the project should be better resourced, particularly in terms of feedback and interaction with parents and police headquarters. Whilst a few (n=3) mentioned a lack in protocol training, most resentment about resourcing centered on police officers' inability to check the young person's caution history. This point is developed below. Furthermore, it is worth highlighting that there are strict guidelines for police officers to check caution history before administering one. Whilst it sometimes takes time to acquire this history (which may 'hold up' a situation in the field), this is supposed to be an obligatory step in the process.

Education and inclusiveness components of the scheme.

The main benefit perceived by both police officers and parents was the educational intent of the TEIPP. Parents felt they were made more aware of police processes and about their options when their child was apprehended drinking without their knowledge. Data received from health workers indeed indicate that young people's alcohol consumption occurred outside the sphere of parental influence, and that sometimes, consumption levels in those situations are high.

most young people¹¹'s drinking occurred with peers in social settings... Most interviewed reported they drank because it was "fun" and it was "social", something they did with their peers. Most also reported drinking more than 10 standard drinks at one time. Several reported drinking many times that level.

Police also felt they 'connected' better with parents when they were able to talk to each other. Overall, both police and parents felt the TEIPP was an inclusive scheme that made parents more aware of their child's habits and involved in the solutions to young people's drinking.

I wouldn't have known anything nor would have seen the caution if the police hadn't rung me. (Parent)

This education and information package helps to know that you are not alone. (Parent)

Respondents were quick to volunteer suggestions for improving parents' involvement in monitoring their child's drinking. Both cohorts highlighted the 'paramount importance' (to quote a police officer) of strengthening parental involvement in the scheme, either from the point of view of policy (involve parents in policy consultation as to how to further the scheme), in its implementation (consult parents in each region to see how the scheme can better be implemented) or in its implementation for each child (increased involvement of parents in the referral of their child to health services, in the education process, etc.):

Some parents feel their responsibilities are removed and either choose/feel they are not required to 'parent' their child on that matter. (Police Officer)

¹¹ Of those referred to alcohol education.

*Parents need to be on board for the scheme to work, or for the intervention to work.
(Parent)*

Indeed, it was indicated that if the scheme is meant to simply contact the parents, but not to involve them in the solution to their child's drinking, the scheme was more likely to have limited impact. For both police officers and parents, parental engagement is not supposed to be static, but rather is intended to involve a strong commitment of parents to monitor their children's alcohol intake, to educate their children about the ill-effects of alcohol, and to discuss alcohol-related issues with their children and professionals. To that effect, a number of police officers (n=28) indicated that some components of the scheme (such as the mandatory referral to health services, or the mandatory assessment from the ADS) should be enforceable because, as one police officer wrote 'it is about parents taking action and being more responsible for youths' actions'.

However, it is important to note that such enforceable measures are in contrast to the *Youth Justice Act*. They are outside the scope of that legislation. What remains in the realms of possible options, though, could be a strong encouragement for a constructive face-to-face conversation between the ADS worker, the child and the parent as an add-on to the separate assessment conducted by the ADS worker.

This supports the overall positive results met by referrals to alcohol education. Data received to date indicate that 25 young people were referred to alcohol education, and that 17 of those 25 complied with the intervention (68% overall compliance rate).

The scheme was also perceived to be an important contribution to young people's education about the undesirable effects of alcohol on behaviour and possible substance abuse and dependence. In this regard, data from health services indicate that:

Of the young people assessed, none presented as overly concerned about their alcohol use initially. However, upon administering the assessment, most were surprised by their level of risk as indicated by the AUDIT and wanted to know why they scored so high. This provided an opportunity to discuss harm minimisation techniques and start an open discussion about their pattern of alcohol consumption.

It therefore does not come as a surprise that both parents and police wanted this early intervention education to take place or be available in a more structured and cohesive manner and in other forms:

1. Further awareness training could occur in venues such as schools, PCYCs and driving schools.
2. Additional enforcement of regulation should be organised near licensed venues and around sports clubs (particularly around the time a sports event takes place).

Currently, TEIPP packages have been distributed to young people to whom a YCAN had been administered and to their parents, but these packages could be taken up by other institutions (health,

education), made freely available at other venues, or complemented by other education-focused items.

Currently:

- Packages sent to parents after a YCAN is issued include a TEIPP brochure, a 'Drinking Nightmare' brochure produced by the Australian government, a 'DRUGS : 10 Steps to Help Your Child' brochure produced by the Australian Lions Drug Awareness Foundation Inc and the Drug Education Network (DEN), and a 'Family Support Group' brochure for information and support for those using alcohol and other drugs.
- Packages given to young people during alcohol education sessions include a pamphlet containing information about alcohol and its effects on the body. They were given either 'A Young Gentlemen's Guide to Alcohol' or 'A Young Lady's Guide to Alcohol' according to gender. These were produced by the Australian Drug Foundation and sourced from DEN Tasmania. Young people were also given a 'Standard Drink Card' displaying standard drink sizes and alcoholic volume of beverages. This card is produced by the Commissioner for Licensing, Tasmania, with permission from Drug and Alcohol Services Council, SA.

Both parents and police were also mindful that there are other, more concerning, overarching issues that need to be addressed in any cohesive approach to unsupervised consumption of alcohol by young people. These issues include procurement of alcohol, non-enforcement of responsible service of alcohol and non-enforcement of compulsory identity checks in licensed venues. (Many respondents quoted several documentaries broadcast in 2011-2012 on public channels about how easy it is for young people to obtain alcohol from a third party, or even for themselves to obtain alcohol from licensed venues.)

Impact on alcohol-related deviance

The police survey allowed the gathering of police officers' perception of the impact of the scheme within its first year of implementation in their region. For this, we asked police officers to gauge levels of alcohol-related crime and disorder in their allocated areas. As indicated in Figure 24, whilst some officers (n=6) thought that youth alcohol-related crime was very high in their area, a larger number thought that levels were high (n=31) or average (n=23). Only 6 officers regarded levels of youth alcohol-related crime and disorder as low.

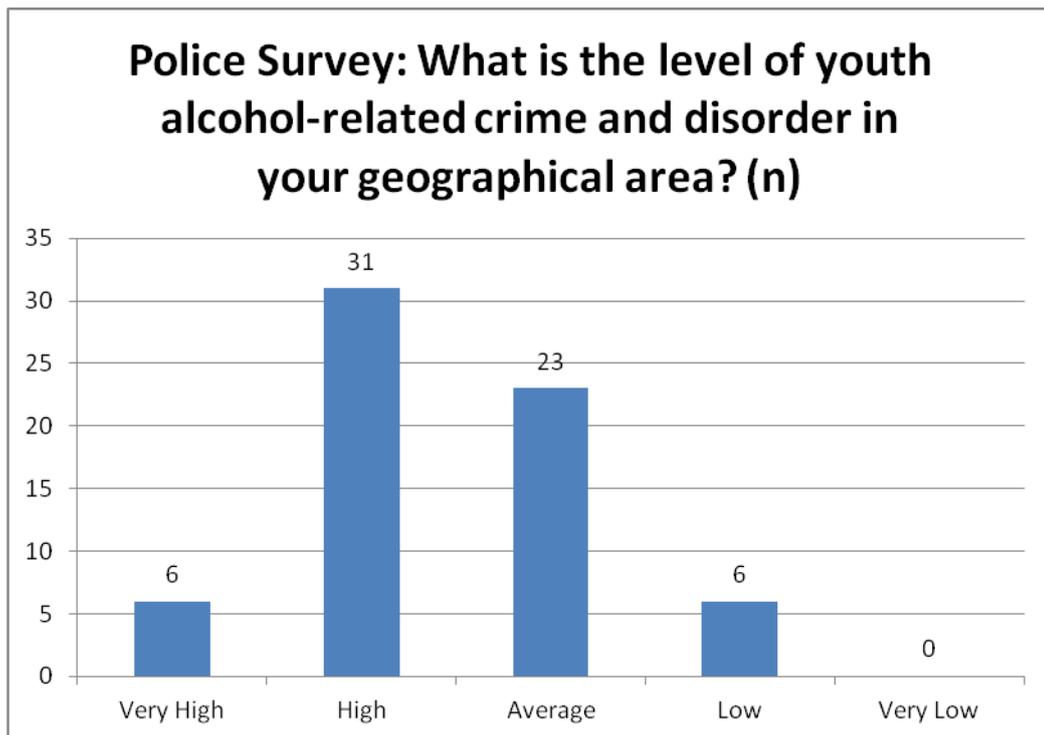


Figure 24 - Police Survey: What is the level of youth alcohol-related crime and disorder in your geographical area?

One year into the implementation of the scheme, 59 officers thought that levels of alcohol-related crime and disorder had remained the same (Figure 25), with only 4 thinking the situation had improved and 3 thinking it had become worse or much worse. Whilst these answers may seem contradictory to the support expressed for the scheme, they are justified in the way police officers actually perceive the strengths and overall purpose of the scheme. Indeed, other responses from police officers indicate that they do not see the value of the initiative in terms of quantifiable statistics, but in terms of more qualitative indicators (awareness, inclusiveness, high visibility, etc.), as discussed above.

Police officers explained the lack of immediate impact in several ways. For some of them, it is too early to see any impact as the scheme is merely one year old in their region. Some also still felt unsure about operational procedures that might have impacted on the effectiveness of the scheme's overall effectiveness. Thirdly, police officers and parents both indicated that whilst the scheme is clearly intended to be an early intervention process, it is likely to work on 'first-time offenders' or unfortunate children caught in the act of 'trying to test boundaries'.

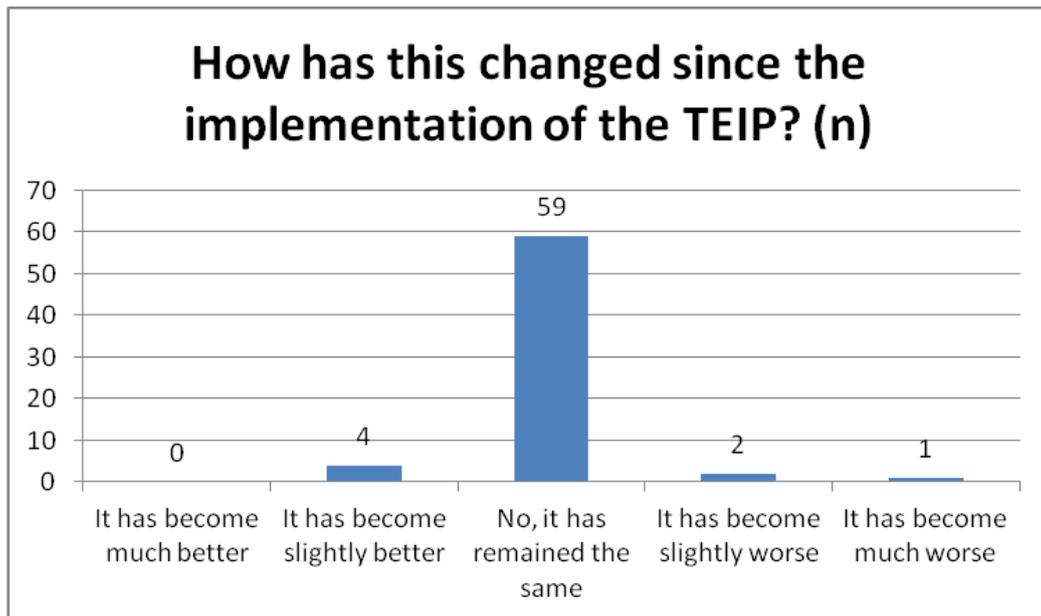


Figure 25 - Police Survey: Has this changed since the implementation of the TEIP?

It is unlikely to have any effect on more serious or more ingrained deviant behaviours, and on young persons already used to heavier and more regular drinking habits (see also the point of Crawford and Muncie, referred to in Chapter 2, about the pointlessness of multiple cautions for individual offenders). It is understandable, therefore, that some police officers would recommend a ‘maximum number of three cautions’ to be instated at policy level, or an immediate referral to health services (or a transfer to a TEIPP ‘Option 2’) when a young person is cautioned for the second time. These suggestions were formulated as a result of police concerns for the scheme not to be seen as a ‘soft option’, and are not unlike comments made on other cautioning schemes (alcohol-related or not) throughout Australia and worldwide.

The structure of the scheme and its implementation therefore invite a (sometimes ineffective) duplication of cautioning mechanisms, which according to one police officer:

... doesn't seem to be relevant for young recidivists or for those who think they can get away with an easy out or an easy warning, which technically, is exactly that.

In the same analysis of the scheme and its mechanics, the police officer also regretted the fact that:

[They] have no way to identify on the spot, how many cautions the child has received in the past, unless he/she is really well known to a particular police officer.

This is deemed to be a significant limitation of the scheme, and one that seems to contradict its early intervention purpose or philosophy. However, it is important to highlight here that police officers have the technical possibility to check caution history — and should do so. All cautions administered are available on ICE through the CRIMES database and are therefore available to frontline officers via the radio room. Whilst sometimes this information takes time to be relayed in the field, the process does exist and should be used as it is essential to an early intervention process. Nonetheless, some police

officers strongly disagree with implementation of the scheme for repeat offenders (whilst technically, early intervention schemes should not applied to those whose offending behaviour is more ingrained):

For those to whom an early intervention strategy doesn't apply, they don't take it seriously. We should really try and focus better on those who can benefit from this.

There are too many chances offered to recidivists.

As a conclusion to this analysis, it is worth mentioning that a police officer pointed out that depending on the level of maturity of the child (and, inevitably, the levels of support and monitoring these young people may also have), some flexibility may be exercised in how we approach the general topic of young people's alcohol consumption. Indeed, whilst young people's alcohol consumption is often discussed in terms of such things as parental monitoring, normative age limits and legislation, it is also discussed in literature and implemented in practice in terms of harm minimisation.

This suggests the value of reconciliation of distinct regulatory mechanisms in the further development of the scheme. If stakeholders agree that the scheme is valuable in terms of its philosophy as an early intervention initiative, if its educational components are valued, and if its inclusiveness potential is identified as a key benefit of the scheme, stakeholders should give some thoughts to an inclusion of restorative conferencing components within the scheme, particularly when the alcohol-related behaviour of the young person has strongly impacted on others and when victims are clearly identifiable. The focus here is on the aftermath of alcohol consumption and on all involved in this aftermath. This is not only in accordance with the overall aims of the scheme, but is also a core business component of the Tasmania Police Early Intervention Unit. It is also in accordance with Section 7 of the *Children, Young Persons and Their Families Act 1997*, and with the overarching principles of the *Youth Justice Act 1997*.

Chapter 4 – Conclusion and Recommendations

The TEIPP, in its first year of implementation, seems to have met some of its objectives, and to attract strong support by stakeholders and parents alike. There are therefore good grounds to recommend a consolidation of parts of the scheme, as well as a tightening up of some of the more fragile of its components. The aims of the TEIPP evaluation were to:

- determine the ongoing need in Tasmania for an early intervention approach for young people under the age of 18 years in relation to alcohol;
- determine the effectiveness of the TEIPP in relation to the extent it impacted on changes in attitudes, use and behaviours surrounding the consumption of alcohol by young people under the age of 18 years; and
- provide recommendations to the Tasmanian Government and initiative stakeholders in relation to the continuation of the TEIPP at the completion of the Commonwealth-funded EIPP (DPEM Early Intervention Policy Framework, 2010).

The important contribution of the scheme to overall alcohol education, and particularly to parents' awareness of their child's drinking, is important, and was stressed by police officers and parents alike. This would on its own justify retention of the scheme; however, there exist several other justifications for not only the continuation, but also the strengthening of the initiative. First, the scheme meets the objective **to raise the awareness of parents** about their child's unsupervised drinking, whether sporadic or more regular. Second, it strengthens **parents' familiarity with regulatory options and processes** set in place by various government and non-government agencies. Third, the cautioning process contributes to **the highly visible**, and yet not overly onerous, **mobilisation of police resources** in addressing what is regarded as a considerable societal problem. Fourth, the referral to alcohol education allows **young people to re-assess risk levels** and be **more aware of their own behaviour**. Finally, the scheme starts to **involve parents in the implementation** of solutions and in the education process. In addition to supporting the scheme, this report makes the following recommendations.

Recommendation n° 1: strengthening of the scheme, particularly the articulation of the cautioning process with police contacting parents

Many parents insisted that had police not called them they would not have been aware of the caution or of their child's drinking habits or unsupervised occasional drinking. The articulation of the cautioning process with a subsequent contact of parents/guardians is therefore an important, if not essential, component of the scheme. This articulation consolidates parent involvement at the same time as raising awareness of alcohol consumption within the family.

Recommendation n° 2: continuation of the scheme, particularly on the grounds of parental awareness and involvement

Answers to the fixed-choice questions on the surveys correlated with parents' and officers' free text answers about the scheme, indicating that the scheme makes parents more aware of their children's drinking habits. Because there is consensus that adult supervision and parent moderation of alcohol consumption is essential for addressing underage excessive drinking, it is important that parents are made aware when their child has been consuming alcohol without their knowledge or without supervision. It is therefore highly recommended that the cautioning process continues to that effect.

Recommendation n° 3: strengthening of the scheme, particularly face-to-face assessments and alcohol-education

An analysis by health workers of face-to-face assessments of risk-taking behaviour indicates that these assessments contribute to young people being more aware of the reality of their behaviour and the danger their behaviour presents. This is an important factor in the education of young persons, and it is important that it comes from adults other than parents. Further parental involvement can be achieved by adding a face-to-face meeting with the ADS worker, the child and parent. This meeting could immediately follow the assessment session between the ADS worker and the child (the contents of which can therefore remain confidential).

Recommendation n° 4: 'de-clouding' the issue

All stakeholders and parents agreed that the scheme is intended to be, and should remain, an early intervention initiative. Some respondents' comments indicate that there is still confusion about the cautioning process, however. It is therefore important that efforts focus on a proper targeting of those young people who not only qualify for early intervention but also who are most likely to benefit from such an intervention. Currently, cautions seem to be administered to any young person who qualifies for one. With a re-scoping of the scheme, cautions might be administered only to young people who have never had contact or have had limited contact with police beforehand. This recommendation is linked to the next one. Furthermore, there is a difference between TEIPP and YCANs. The YCAN is in essence a process for recording informal cautions for youth. Informal cautioning and TEIPP are two separate things, as there are informal cautions issued *for all types of offences* and *only a proportion of these relate to alcohol* and come under the auspices of TEIPP. In some ways it is unfortunate that the YCANs were rolled out with the commencement of TEIPP as there has always been a degree of confusion between the two. This confusion was evident in some police officers' responses to our survey, and the confusion therefore needs to be addressed.

Recommendation n° 5: a consolidation police check mechanisms (i.e., police checking the child's 'caution history')

It is important that frontline police abide by existing processes that they are able and indeed should access the 'caution history' of a child, to assess whether young people have been issued cautions before (and how many), and whether these have been associated with alcohol-related behaviour. Whilst this might seem a complicated and sometimes lengthy process, it is an important step that police officers should abide by. It is therefore important that this process is facilitated in the future, and that stakeholders consider how to mainstream information gathering and access.

Recommendation n° 6: a consolidation of early intervention partnerships

Stakeholders acknowledge that current efforts can be strengthened by an inclusion of other partners in the scheme, a take-up of alcohol education by other stakeholders (educational institutions, licensed venues, etc.) and the participation of young people in the design of new awareness raising campaigns about the dangers of alcohol. Some of these steps are already underway (see Chapter 1)

Recommendation n° 7: a reconciliation of TEIPP aims with restorative justice/ conferencing

The various awareness raising and educational components of the initiative echo those of restorative justice, particularly those of 'reintegrative shaming' (see, for example, the work of John Braithwaite on this topic) for first time 'offenders'. This could be linked to the ADS worker/child/parent meeting mentioned in Recommendation 3, although this requires the training of the ADS worker in restorative justice principles and practices. Stakeholders might consider how approaches could be combined to obtain better results.

Recommendation n° 8: an enhanced visibility for the scheme

The comparison of police and parents' worldviews about young people's alcohol consumption indicate a strong consensus about what alcohol consumption should be allowed, not allowed, or monitored. This constitutes a sturdy, harmonious platform to justify the scheme and its implementation. To contribute to a consolidation and to a higher visibility of the initiative, it is recommended that efforts occur to make the general community more aware of the TEIPP, its rationale, community support and implementation. Whilst this report and subsequent publications will contribute to this visibility, it is recommended that the DPEM and the DHHS issue a joint (carefully thought-out) positive statement about the TEIPP so it can be taken up by the media, health professionals, school teachers.

References

- United Kingdom Crime and Disorder Act 1998*
- United Nation Convention of the Right of the Child 1989*
- Tasmania Youth Justice Act 1997*
- Tasmania Children, Young Persons and their Families Act 1997*
- Australian Bureau of Statistics (2008). Risk Taking by Young People. 4102.0 Australian Social trends.
- Australian Medical Association Ltd (2004). Binge Drinking: a Blight on Australia's Young. Press Release (22/12/2004).
- Bishop, B.J. (2007). Methodologies, values and quantitative world-views in qualitative research in community psychology. *The Australian Community Psychologist*, vol 19, n.1.
- Borlagdan, J., Freeman, T., Duvnjak, A., Lunnay, B., Bywood, P. & Rocher, A. (2010). *From Ideal to reality: Cultural Contradictions and young people's drinking*. NCETA. Flinders University.
- Collins, S. (2003). Young People, Alcohol and Supervision Order, *Youth Justice*, vol. 3.
- Crawford, A. (2003). The Prospect for Youth restorative Justice in England and Wales: A Tale of Two Acts, in McEvoy, K. & Newburn, T. (eds). *Criminology, Conflict Resolution and Restorative Justice*, London: Palgrave Macmillan.
- Cunneen, C. & White, R. (2011) *Juvenile justice : youth and crime in Australia*. Melbourne: Oxford UP.
- Dent, C.W., Brube, J.W. & Biglan, A. (2005). Community level alcohol availability and enforcement of possession laws as predictors of youth drinking. *Preventive Medicine*, vol. 40.
- Downey, C. (2011). SSmart Work: building resilience to tackle alcohol related harm. Paper presented at the 'Young People, Risk & Resilience: the Challenges of Alcohol, Drgus and Violence' conference, Canberra: Australian Institute of Criminology, March 2011.
- DPEM *Early Intervention Policy Framework*, 2010.
- Duncan, S.C.; Duncan, T.E. & Strycker, L.A. (2002). A multilevel analysis of neighbourhood context and youth alcohol and drug problems. *Prevention Science*, vol. 3, n.2.
- Fleming, J. (2008) *Rules of Engagement: Policing Anti-social behaviour and alcohol-related violence in and around licensed premises*. New South Wales Bureau of Crime Statistics and Research.
- Fleming, J. & Wood, J. (2006) *Fighting Crime Together: the Challenges of Policing and Security Networks*. Sydney: UNSW UP.
- Gauch, H.G.Jr. (2009). Science, Worldviwes, and Education. *Science & education*. n.18.
- Grace, J. (2011) Alcohol related Drowning deaths in Young People of Victoria. Paper presented at the 'Young People, Risk & Resilience: the Challenges of Alcohol, Drugs and Violence' conference, Canberra: Australian Institute of Criminology, March 2011.
- Hayes, L., Smart, D., Toumbourou, JW. & Sanson, A. (2004). *Parenting Influences on Adolescent Alcohol Use*. Australian Institute of Family Studies & Department of Health and Ageing.
- Hugues, C., Julian, R., Richman, M., Mason, R. & Gillian, L. (2008). *Trialling 'Social Norms' Strategies for Minimising Alcohol-related Harm among Rural Youth: Final Report to the Alcohol Education and Rehabilitation Foundation*.

- Measham, F. (2004). The decline of ecstasy, the rise of 'binge' drinking and the persistence of pleasure, *Probation Journal*, vol. 51, n.4.
- Measham, F. & Brain, K. (2005). 'Binge' Drinking, British Alcohol Policy and the New Culture of Intoxication. *Crime, Media, Culture*, vol. 1, n.3.
- Miller, K.E., Melnick, M.J., Farrel, M.P., Sabo, D.F. & Barnes, G.M. (2006). Jocks, Gender, Binge Drinking and Adolescent Violence. *Journal of Interpersonal Violence*, vol. 21, n.1.
- Muncie, J. (2008). 'The 'Punitive Turn' in Juvenile Justice: Cultures of Control and Rights Compliance in Western Europe and the USA', vol. 8, n.2.
- Prime Minister of Australia (2008). National Binge Drinking Strategy. Media Release. (10/03/2008)
- Roche, A., Bywood, P., Freeman, T., Pidd, K., Borlagdan, J. & Trifonoff, A. (2009). *The Social Context of Alcohol Use in Australia*. NCETA. Flinders University.
- Tasmania *Youth Justice Act 1997*
- United Kingdom *Crime and Disorder Act 1998*
- Wagenaar, A.C., Gehan, J.P., Jones-Webb, R., Toomey, T.L. & Forster, J.L.; Wolfson, M. & Murray, D.M. (1999). Communities mobilising for change on alcohol: lessons and results from a 15-community randomised trial. *Journal of Community Psychology*, vol. 27, n.3.
- Wagenaar, A.C., Toomey, T.L. & Erickson, D.J. (2004). Preventing Youth Access to alcohol: outcomes from a multi-community time-series trial. *Addiction*. n.100.
- Wakefield, A. & Fleming, J. (2008). *The Sage Dictionary of Policing*. London: Sage.
- Yanovitzky, I. & Stryker, J. (2001). Mass Media, Social Norms and Health Promotion Efforts; a longitudinal study of media effects on youth binge drinking. *Communication Research*, vol. 28, n.2

APPENDIX A – List of Acronyms and Abbreviations

| | |
|-------|--|
| ADS | Alcohol and Drug Service |
| AMA | Australian Medical Association |
| DEN | Drug Education Network |
| DHHS | Department of Health and Human Services |
| DoE | Department of Education |
| DoHA | Department of Health and Ageing |
| DPEM | Department of Police and Emergency Management |
| EIPP | Early Intervention Pilot Program |
| SA | South Australia |
| Tas | Tasmania |
| TEIPP | Tasmanian Early Intervention Pilot Program |
| TILES | Tasmanian Institute of Law Enforcement Studies |
| UK | United Kingdom |
| USA | United States of America |
| UTAS | University of Tasmania |
| YCAN | Youth Caution Action Notice |

APPENDIX B – Research Timeline

| Item | Date | Status |
|---|-------------------------|--------|
| Phase one: | 2010 | |
| Evaluation design | | √ |
| Preparation of surveys | | √ |
| Phase two: | 2011-2012 | |
| Methodological consideration | | √ |
| Consultation with DPEM | | √ |
| Phase three: | | |
| Parent survey online | April 2011-April 2012 | √ |
| Parent survey by post | October 2011-April 2012 | √ |
| Police survey | March 2012 | √ |
| Collation and analysis of data | April 2012 & onwards | √ |
| Interim Survey Report delivered to DPEM | July 2012 | √ |
| Final Survey to DPEM | September 2012 | √ |

APPENDIX C – TEIPP performance indicators

| Key Performance Indicator | Number | Aboriginal/Torres Strait Islander |
|---|--------|-----------------------------------|
| Number of persons initially approached through TEIPP (including informal cautions for all offences) | 962 | 84 |
| Of these the number for alcohol-related offences | 277 | 24 |
| Number of information cards distributed | 937 | 84 |
| Number of young people referred to alcohol education via TEIPP (from 1 April 2011 – 31 March 2012) | 25 | 0 |
| Compliance rates of those referred to alcohol education (%) | 68 | N/A |
| Number of places made available | 624 | N/A |
| average waiting period (working days) | 8 | |

The number of young people apprehended and cautioned by Tasmania Police for alcohol-related offences represented 28% of all youth cautions.

According to a statistical inquiry conducted by the DPEM at the request of the researcher, on the issue of ‘repeat offenders’ who might have received several cautions, out of all 937 cards distributed, 123 young people had received more than one informal caution (for any offence) and of those only 14 have received more than one informal caution for an alcohol-related offence¹². Of those 14, two had received three YCANs for alcohol-related offences and the remaining 12 have received two YCANs for alcohol-related offences. This tends to indicate that despite valid concerns that cautions might be distributed erratically, the problem seems so far to be limited in scope (young people delivered multiple cautions for alcohol-related anti-social behaviour or offending only represent 5% of all cautions delivered).

¹² for the period from the commencement of TEIPP up until 31 March 2012 to coincide with the timeframe for the evaluation.

The total project figures to 31 March 2012 against the additional TEIPP key performance indicators, as identified in the MoU between DPEM and DHHS are:

| Key Performance Indicator | Number | Aboriginal/Torres Strait Islander |
|---|---------------|--|
| Number of young people under the age of 18 years referred by the DPEM | 25 | 0 |
| Number of assessments undertaken of young people under the age of 18 years | 17 | 0 |
| Number and types of early interventions provided to young people under the age of 18 years and their parent/guardian | | N/A |
| Number and types of information cards/booklets distributed: | | |
| YCANs outlining support services | 937 | 84 |
| letters/information packs to parents from DPEM | 130 | 15 |
| pamphlets to parents from ADS | 26 | 0 |
| pamphlets to young people from ADS | 19 | 0 |
| The compliance rates of those referred to the Provider (ADS, DHHS) | 68% | N/A |
| The number of young people under the age of 18 years that are able to be accommodated by the Provider | 624 | N/A |
| The time that is taken for each person under the age of 18 years to be assessed by the Provider after the individual is referred by the Client (days) | 8 | N/A |
| The number of referrals to other services or organisations | 3 | 0 |