

## Addressing Youth Binge Drinking: The National Strategy and the Tasmanian Early Intervention Pilot Program

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The Tasmanian Institute of Law Enforcement Studies (TILES) publishes regular Briefing Papers on topics related to the Institute's research program. Our thirteenth Briefing Paper, prepared by Dr Isabelle Bartkowiak-Théron, provides an overview and summary of the 2012-2014 evaluation of the Tasmanian Early Intervention Pilot Program (TEIPP) established as part of the National Strategy Against Binge Drinking. The evaluation demonstrated the benefits of collaboration in developing and implementing a program to address youth binge-drinking. TILES continues to engage in research that builds on these findings to enhance knowledge on successful collaboration in policing and criminal justice.

Professor Roberta Julian - Co-editor, Director of TILES

### Preamble

2017 is to be noted as a pivotal year in Australian scholarly studies about alcohol and alcohol consumption. Although alcohol over-consumption remains an issue of concern across all areas of government, a number of reports released in 2017 have brought some good news to the Australian community: Australians seem to be drinking less, less often, and awareness campaigns targeting the excessive consumption of alcohol, particularly among youths, seem to have worked (DrinkWise, 2017). New approaches to reduce the harms caused by alcohol have contributed to less tolerance of risky drinking behaviours, less tolerance of peer-pressure about alcohol consumption, more control of parents on drinking and drinking opportunities for their children.

Social attitudes towards alcohol and alcohol consumption have also become less tolerant, although the proportion of those who report drinking excessively has increased. Seventy eight percent (78%) of participants in the Australian Annual Alcohol Poll believe that Australia has a problem with excess drinking or alcohol abuse, 81% think that more needs to be done to reduce the harms caused by alcohol (up from 78% on 2016) (FARE, 2017).

These trends come at the back end of awareness strategies and policies that have asserted that:

- alcohol-related harm is a whole of community problem that impacts young people in a range of ways (MCAAY, 2017).
- alcohol-related harm spans age, gender, education or wealth factors.
- adult drinking behaviours and patterns are acquired during teenage years.

In light of these developments, TILES researchers showcase, in this Briefing Paper, one of the most successful and recent collaborative initiatives in the state of Tasmania on the topic of alcohol and youth. This paper focuses on the 2012-2014 evaluation of the Tasmanian Early Intervention Pilot Program, as part of the National Strategy Against Binge Drinking.

### Introduction

Many multidisciplinary studies have focused on the topic of youth binge drinking and its circumstances<sup>1</sup>. It is now acknowledged that while alcohol consumption does not necessarily cause offending<sup>2</sup>, there exists a strong association between alcohol and offending, and, importantly, between alcohol and risk taking behaviour (Collins, 2003; ABS, 2008; Hughes et al., 2008). Social and academic commentators agree on the existence of the problem, with many praising efforts to start working with parents and community groups on this issue.

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At the same time, however, many regard the problem as over-documented and exaggerated. Indeed, some studies have found that the 'majority of adolescents drink responsibly [despite] a high incidence of alcohol problems amongst some young people (Collins, 2003, 169; Hughes 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 others deplore the 'behaviour of younger generations which often reveals more about the memory and selective perception of adults than it does about the young'. Government stakeholders have long recognised, however, that it is important to tackle this problem early on, as heavy drinking and drinking problems are likely to increase with age (Collins, 2003). This paper summarises extant literature about young people and the phenomenon of binge drinking before presenting the findings of the evaluation of the Tasmanian Early Intervention Pilot Program (TEIPP).

## **Young people and alcohol consumption**

Dubbed a 'blight on Australia's young' by the Australian Medical Association (AMA, 2004), the 'binge drinking epidemic' of young Australians has been the target of a national strategy announced by the Australian federal government in 2008. At that time, three practical investments were set in place to help reduce alcohol misuse and binge drinking: \$14.4 million to confront the culture of binge drinking, \$19.1 million for early intervention initiatives, and \$20 million to fund advertising that confronted young people with the costs and consequences of binge drinking (Prime Minister of Australia, 2008). The TEIPP stems from the second of these initiatives. The early intervention focuses on culture and environment, as well as on young people's personal responsibility. Through this program, young people under the age of 18 implicated 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 (DPEM, 2010).

Studies on young people and binge drinking now span several decades. Scientists have examined alcohol consumption triggers (Collins, 2003), alcohol availability and the enforcement of possession laws (Dent et al., 2005); the impacts of binge drinking (Borlagdan, 2009), particularly on adolescent violence (Collins, 2003; Miller et al., 2006); and the impact of policies and practices on alcohol flow (Wagenaar et al., 1999). Researchers have also examined the norms that glamorise under-age drinking (Wagenaar et al., 1999; Collins, 2003), and the multiple dimensions of alcohol-fuelled behaviour (Duncan et al., 2005). Studies have illustrated the 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).

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), with geographic components of alcohol consumption carefully scrutinised and components such as location, neighbourhood poverty, number of alcohol outlets, and social cohesion significantly influencing the consumption of alcohol by at-risk youth (Duncan et al., 2002, 130). 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 young people reach adolescence (Yanovitzky & Stryker, 2001, 214; Hughes et al., 2003).

In summarising 1970-90s surveys, Collins (2003) indicated that in the UK, many young people had become regular drinkers by their mid-teens. Although reduction in youth alcohol consumption had occurred over the previous decades, drinking among teens was still high and linked to a range of health and social problems. In 2004, the UK National Alcohol Strategy Unit revealed that many people were planning their 'good night out' not just to go out drinking but to get drunk (Measham & Brain, 2005, 268).

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

In Australia, rates of risky drinking among young people have increased since the 1980s, and young people generally underestimate the prevalence of drinking among their age group (Borlagdan, 2009) as well as misjudge the effects of alcohol and consequences on risk-taking behaviours (Hughes et al., 2008). The 2005 Australian Secondary Students Alcohol and Drug Survey indicated that one in ten 12 to 17 year olds reported binge drinking or drinking at risky levels (one in five for 16 to 17 year olds). In 2008, the same survey indicated that 80% of 12-15 year olds had already experimented with alcohol, some at risky levels.

Binge drinking is situated at the 'end of a large spectrum of recreational drug use' — both illicit and legal (Measham, 2004). It is linked to topics such as the evolution of drug use, licensing policies, general health awareness, the commodification of alcoholic beverages, fashion, age, gender, and the socio-economic status of consumers. For some, binge drinking is a longstanding problem of social drunkenness reinvented by a different type of drinking culture (Measham & Brain, 2005). Indeed, the 'binge and brawl' (an increased sessional consumption of alcohol) is traced back to the early 1990s in the UK, and earlier throughout Europe and the USA. Nonetheless, some commentators link the resurgence of heavy drinking patterns to the evolving packaging of alcohol by commercial companies and in the media. Alcohol has been increasingly advertised as a

lifestyle marker in sophisticated campaigns to appeal to new markets, followed by a redesign and promotion of drinking establishments (Measham & Brain, 2005). This was marked by the introduction of high strength bottled beers, ciders, and lagers and fortified wines in the early 1990s; 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 1990s studies indicated, however, that 'alcopops' did not seem to relate to young people's heavy drinking (Collins, 2003), as opposed to the strength of traditional alcohol products (wine and beer), which had increased by up to 50% in the previous 15 years (Measham & Brain, 2005, 267).

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

Studies have identified the effects of alcohol as being disinhibiting and leading consumers to engage in activities that involve greater risk than they would otherwise. The same studies have shown that the physical and regulatory features of licensed premises may influence levels of aggression and other unwanted alcohol-related outcomes, in addition to its undesirable effects on health and well-being (ABS, 2008). Alcohol was also proven to increase the risk of unsafe sex, increase levels of violence and victimisation overall, and increase the risk of sexual coercion (Roche et al., 2009; Yanovitzky & Stryker, 2001).

General ease of access renders debates and rationalisation difficult (Fleming, 2008). Young people have relatively easy access to alcohol despite increased regulation. They can purchase alcohol directly from commercial establishments despite prohibitive legislation (Wagenaar et al., 2005; Fleming, 2008), or ask adult friends, parents, or strangers to buy alcohol for them. They also sometimes have access to their household alcohol supply. These variables have positioned alcohol consumption and make binge drinking as a national priorities throughout the world.

## **The normative and enforcement approaches**

Well-known policy changes addressing youth alcohol consumption have essentially consisted of increases in age identification checks by alcohol merchants (Dent et al., 2005), and of the enforcement of responsible service of alcohol. Specifically, governments initiated directives (compliance strategies) to satisfy merchants 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 (Wagenaar, 2005; Richman et al, 2006; Fleming, 2008; Hughes et al., 2008). With added scrutiny on youthful drinking, there has been some progress in regulation of alcohol and curbing youth access to alcohol. There are now fewer young people purchasing alcohol than in there were the

1990s (Collins, 2003), although it should be acknowledged that young people have other ways of obtaining alcohol.

Norm-reinforcement approaches<sup>3</sup> have been shown to offer a plausible model of media influence via public health promotion efforts and communication campaigns. Media advocacy, despite limitations, is most useful in advancing social change when employed in conjunction with other community efforts (Yanovitzky & Stryker, 2001), and has '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, some of these highly responsible strategies warrant wide-scale endorsement because young people often successfully employ strategies to reduce risks and minimise harm. Indeed, most young people seem driven by a 'duty of care' towards each other that involves such things as organising designated drivers or different transport arrangements. Young people carefully articulate prospective components of everyday life in their decision-making process. For example, young people plan whether they will drink or not, depending on work commitments the following day (Borlagdan, 2009).

Enforcement checks have proven a temporary deterrent on youth purchase of alcohol (Wagenaar et al., 2005, 34), and sustained efforts are needed for law enforcement agencies to conduct more frequent checks for more long-term benefits to occur<sup>4</sup>. On the flip side, there have also been strong recommendations to see whether (enforcement) initiatives can contribute negative effects to consumption, such as a further propensity to break rules (Wagenaar et al., 2005, 341).

From the point of view of law enforcement, the cautioning of young people for minor offences is considered good practice worldwide. This practice is strongly embedded in principles of juvenile justice, which has underpinnings that aim to prevent offending by young people, divert children from the criminal justice system due to its known negative impact on youth, and promote the 'best interests' of children, with custody as a last resort (Muncie, 2008, 110; Cunneen & White, 2011). Consequently, the administration of warnings and cautions is the preferred diversionary strategy for police to interact with young people. In Tasmania, Section 5 of the *Youth Justice Act 1997* directs police to encourage youth and their guardians to accept responsibility for the behaviour under scrutiny, encourage participatory processes, avoid custody, and adapt sanctions to educational principles and to the circumstances of the young person. The cautioning of young people and how police approach the logistics of cautioning 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).

Studies dedicated to the diversion of young people from the criminal justice system have labelled the practice of

cautioning a success story within 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'. Crawford (2003, 174) and others (Muncie, in Wakefield & 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'. In light of such comments, this discussion of the Tasmanian Early Intervention Pilot Program considers how the program aimed to better articulate the cautioning of young people in relation to alcohol consumption, education initiatives and parental awareness of their child's behaviour.

## The Tasmanian Early Intervention Pilot Program

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

The Tasmanian scheme targets children 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 allows for two options, which include information delivered to parents about their child's behaviour:

Option 1: the delivery of an informal caution to a child by a police officer at the time of the offence; and

Option 2: the referral of the young person to the Alcohol and Drug Service (ADS) for assessment, education and intervention.

The TEIPP also consisted in the delivery of:

- an information card to young people and their guardians, 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 for the parents which includes a booklet developed by the ADS 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 intervention program, 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, which are discussed below.

This collaborative endeavour is premised on the view that the best programs are the least obtrusive, and on the well documented role parents play in the life, education, health, and well-being of their children (Hayes et al., 2004). The TEIPP aims to build on parental practices to tackle alcohol drinking among young people, in 'recognising parents as a crucial resource in reducing and preventing harm associated with alcohol consumption' (DPEM, 2010, 1).

The TEIPP stems from the National Binge Drinking Strategy established by the Australian Government in 2008. 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. National early intervention pilot programs were administered by the Australian Government's then Department of Health and Ageing and aimed to assist young people deal with issues and consequences associated with unmonitored and excessive consumption of alcohol. According to the National Framework 2009-2013, they 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.

In Tasmania, additional objectives 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.

After a successful pilot in two target districts, state-wide implementation of TEIPP occurred in November 2011 for Option One (YCANs) and June 2012 for Option Two (ADS referrals). This rollout involved the creation of new referral mechanisms to the ADS for assessment and intervention, with possible referrals coming from the Youth Court and the Department of Education.

## Evaluation of the Pilot Phase

The purpose of the TILES research was to evaluate the TEIPP in the two districts chosen for the pilot phase. After consultation with the DPEM and DHHS, this evaluation consisted in analysing two surveys to map the attitudes and expectations of police and parents about the scheme, as well as organisational information (quantitative data) provided by the DPEM. The evaluation was to address the three objectives specific to Tasmania, with regard to early intervention needs, scheme sustainability, effectiveness, and future governance (DPEM, 2010).

Qualitative and quantitative data from primary and secondary sources consisted of structured surveys and official data collected by the DPEM and DHHS. An initial survey captured attitudinal data from young people's guardians in relation to their children'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. A second survey captured attitudinal data from police officers in relation to the initiative's new cautioning process, policies, and procedures.

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, and 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 (Bishop, 2007). They help bring perspective on an issue and usually highlight its complexity by pinning it against a complex system of understandings. These vantage points provide a 'picture' of how people make meaning of their world and what they perceive to be important.

Official quantitative data collected until April 2012 by the DPEM and DHHS comprised the number of young people referred to alcohol education via the TEIPP, compliance rates of those referred to alcohol education, the number of young people diverted to TEIPP assessed as having the potential to meet or meeting criteria for a substance dependence disorder, the number of parent packages distributed, and qualitative information in relation to attitudes and behaviours regarding alcohol consumption pre- and post- ADS intervention.

### Research findings: Police and parents' feedback and attitudes

Exactly 100 responses to the surveys were received<sup>5</sup>: 76 from police officers involved in the scheme completed, and 24 from parents<sup>6</sup> (about 55% participation from the police and 18.4% of parents)<sup>7</sup>. These participation rates should be carefully considered.

Police officers were strongly encouraged by senior management to fill in the survey during work hours. They also had a 'work-related' motivation to express their views, as recommendations would contribute to a consolidation, continuation, or discontinuation of the cautioning process. On the other hand, parents may not have had the time to participate in the survey due to other commitments, or may not have wished to express their views on a process that impacted or reflected negatively on their family. Parents are also often surveyed for research or market studies, which may contribute to 'research fatigue' and thus influence participation rates.

Worldviews indicated a strong, cohesive platform against which to gauge the TEIPP. Both cohorts seemed to be in agreement on most of the items in the surveys: views of youth consumption of alcohol, its impact on behaviours and society, its causes, and various ways for tackling the problem. Police officers were asked their worldviews in their capacity as community members, and not as police officers.

All respondents knew of the legal drinking age in Australia (i.e., 18). However, views were split as to whether this was an appropriate age to be permitted to start drinking. Of the parent respondents, 14 (64%) thought 18 was an appropriate age to start drinking, and 8 (36%) thought it was not. The spread of opinions among police respondents was similar to that of the parents (yes=72%; no=28%). According to the police officers who replied 'no' to this question, the legal drinking age in Australia should be 20 (48%) or 21 (52%). None of the parent responded to this sub-question. There was a strong convergence of opinions within both cohorts on the danger of excessive alcohol consumption, its undesirable effects on health and behaviour, and the various items presented for evaluation. Table 1 provides a summary of this convergence, with similarities emphasized in bold.

There was consensus that young people are more likely to engage in dangerous behaviour after consuming alcohol (84% of police officers and 75% of parents agree or strongly agree). Respondents from both cohorts thought that more *constructive* (with emphasis on the word) awareness-raising should be featured 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 campaigns be tailored to young people's needs and interests, and that they should come as a result of participatory research built from the 'ground up':

*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. Adults cannot, on their own, determine what would be a good campaign. (Police officer)*

*Young people should contribute to the design of adds [sic] 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)*

39% respectively agreeing/strongly agreeing and disagreeing/strongly disagreeing). There was more agreement on parental awareness of children's alcohol consumption (66% police officers and 55% parents did not think parents knew of their child's drinking habits).

Table 1: Worldviews

Worldview item	Police response (%)			Parent response (%)		
	Agree / Strongly Agree	Neither agree nor disagree	Disagree / Strongly Disagree	Agree / Strongly Agree	Neither agree nor disagree	Disagree / Strongly Disagree
Under-age drinking is a problem in today's society	<b>90</b>	6	4	<b>71</b>	19	10
Young people under 18 are likely to engage in dangerous behaviour	<b>84</b>	10	6	<b>75</b>	15	10
It is OK for young people under 18 to drink for special occasion	32	22	<b>46</b>	34	14	<b>52</b>
There is too much talk about under-age drinking in the media	9	23	<b>68</b>	5	14	<b>81</b>
All young people under 18 are going to drink alcohol: we can't do anything about it	24	9	67	18	41	41
Drinking with friends is a phase young people go through	<b>70</b>	12	18	<b>78</b>	18	9
Young people under 18 do not listen to what parents have to say about alcohol use	43	26	31	72	28	0
Parents are usually aware of their children's drinking habits	25	9	<b>66</b>	25	20	<b>55</b>
Parents should prohibit children from drinking	44	17	39	35	40	25
Parents should moderate the amount of alcohol their children drink	<b>87</b>	7	6	<b>72</b>	19	9
Young people under 18 should be allowed to drink anywhere if an adult is present	7	4	<b>89</b>	10	24	<b>66</b>
Young people under 18 should never drink without supervision	<b>78</b>	9	13	<b>71</b>	5	24

While some respondents reflected on the inevitability of under-age drinking as a feature of society, police officers and parents believed that something could be done about the phenomenon. Police officers were more optimistic about the situation overall: 67% of the police officers versus 41% of the parents disagreed or strongly disagreed that nothing could be done about the problem.

The combination of quantitative and qualitative answers to the survey showed strong agreement about allowing young people to drink under supervision (most respondents contributed comments on this specific issue:

- 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).

Eighty eight percent of police and 71% of parents agreed or strongly agreed that parents should take the lead in moderating their children's alcohol consumption. However, there were mixed views about whether parents should simply prohibit their child from alcohol consumption altogether (only 35% of parents agreed or strongly agreed with parent prohibition of alcohol; police officers were also divided in this area, with 44% and

There was no consensus about whether young people listen to parents about alcohol consumption and its dangers, although the general trend was that young people usually do not listen to their parents (43% vs. 72% parents). Some consideration therefore needs to be given about 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 consistent with some literature that advises about norm-reinforcement initiatives, as opposed to 'scare-tactics'; Hughes et al., 2008).

### 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 1).

For police officers, the TEIPP is a clearly identified scheme that focuses on early intervention and high visibility policing. Cautioning in particular was perceived to be a non-onerous process for frontline officers to be seen as actively doing something about young people's public consumption of alcohol and alcohol-related youth deviance. In their own words, the TEIPP is a 'quick and easy' process that 'doesn't involve a lot of paperwork'. Parents' responses echoed these attitudes. Only six police officers thought the project should be better resourced, particularly in terms of feedback and interaction with parents.

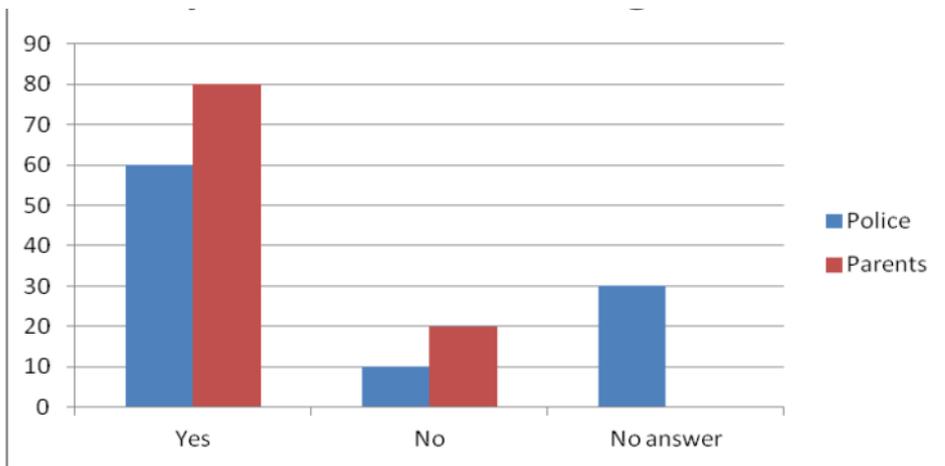


Figure 1: Do you think the TEIPP is a good idea (Police and Parents)?

The main benefit perceived by both police officers and parents was the educational component of the TEIPP. Parents felt they knew police processes better, as well as their options when their child was apprehended drinking without their knowledge. Police also felt they 'connected' better with parents when they were able to talk with 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.

Data received from health workers indicated that young people's alcohol consumption occurred outside the sphere of parental influence, and outside the home, and that consumption levels in those situations are high.

*Most young people's<sup>8</sup> 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. (ADS worker)*

Survey respondents volunteered suggestions for improving parents' involvement in monitoring their children's drinking. Both cohorts highlighted the 'paramount importance' of strengthening parental involvement in the scheme, either from the point of view of policy (involve parents in policy consultation about how to further the scheme), its delivery (consult parents in each region to see how the scheme can better be implemented), or its implementation for each child (e.g., increased involvement of parents in the referral of their child to health services).

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

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

This means that if the scheme is intended to have police simply contact the parents, but not to involve them in the solution to their child's drinking, the TEIP will have limited impact. For both cohorts, parental engagement should rather involve an actual commitment of parents to monitor their children's alcohol intake, educate their children about the ill-effects of alcohol, and discuss issues with their children and professionals. To that effect, 28 police officers 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 outside the scope of the *Youth Justice Act*. What remains in the realms of possible options, however, could be 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 produced by referrals to alcohol education. Data indicate that 25 young people were referred to alcohol education, with 17 of those 25 complying with the intervention (68% overall compliance rate). The referral scheme was perceived to be an important contribution to young people's education about the undesirable effects of alcohol on behaviour, possible substance abuse, and dependence. Data from health services indicated 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 their pattern of alcohol consumption. (ADS worker)*

It therefore does not come as a surprise that both parents and police wanted this early intervention education to be available in other forms. Further awareness training could occur in venues such as schools, PCYCs, and driving schools; and additional enforcement of regulation could be organised near licensed venues and around sports clubs (particularly around sports event). Furthermore, although TEIPP packages have to date been distributed to young people to whom a YCAN had been administered, and to their parents, these packages could be taken up by other institutions (health, education), made freely available at other venues, or complemented by other education-focused items.

Both parents and police were also mindful that other, more concerning, overarching issues needed to be addressed in a cohesive approach to unsupervised youth consumption of alcohol. 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 (or home).

### Impact of the TEIPP on alcohol-related deviance

The police survey allowed insight about the perceived impact of the scheme within its first year of implementation. Police officers were asked to gauge levels of alcohol-related crime and disorder in their allocated areas (Figure 2). Although 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).

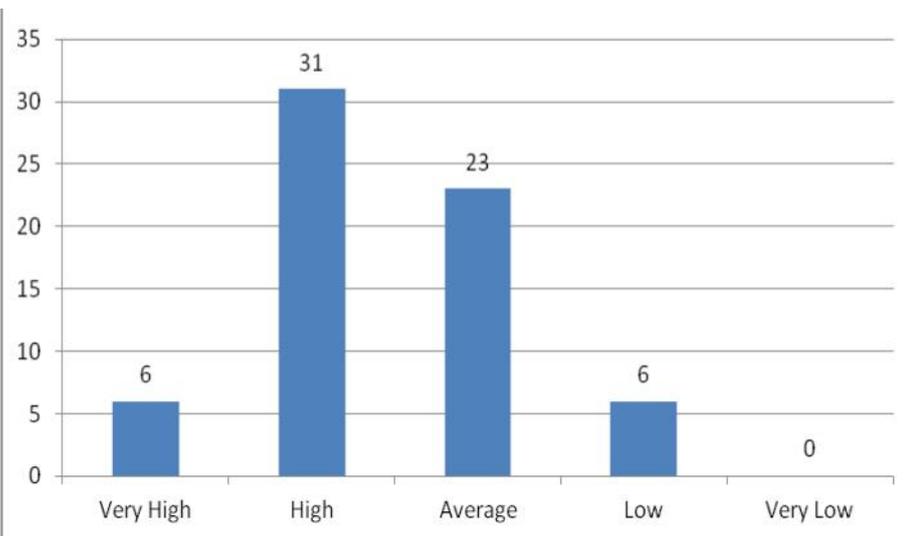
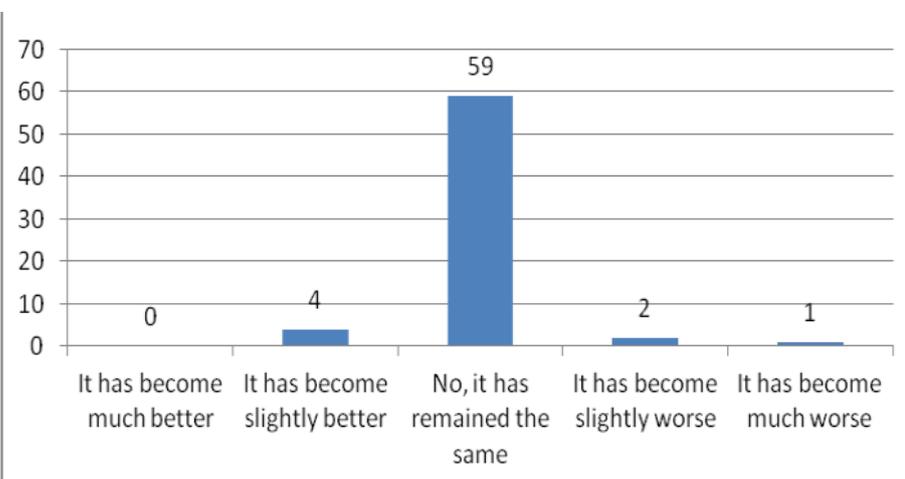


Figure 2: (Police Survey) What was the level of youth alcohol-related crime and disorder in your geographical area before the TEIPP (n)?



Police officers explained the lack of immediate visible impact in several ways. First, for some, the scheme was merely one year old in their region. Second, some also still felt unsure about operational procedures that might have impacted on the scheme’s overall effectiveness. Third, police officers (and this was also reflected in the parents’ surveys) indicated that although the scheme is firmly established within early intervention boundaries, it is likely to work on ‘first-time offenders’ or children caught in the act of ‘trying to test boundaries’. It is unlikely to have any effect on people with more serious or more ingrained deviant behaviours, or on young people already used to heavier and more regular drinking habits. This reflects Crawford’s (2003) and Muncie’s (2008) argument about the pointlessness of multiple cautions. It is understandable, therefore, that some police officers would favour a stronger policy guideline of a ‘maximum number of three cautions’, 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 and for the same reason. These suggestions were a result of police concerns for the scheme not to be seen as a ‘soft option’, and are not unlike comments made about other cautioning schemes (alcohol-related or not) throughout Australia and worldwide (Collins, 2003; Crawford, 2003; Muncie, 2008). It is important, for the future, that the structure of the scheme and its implementation do not invite a (sometimes ineffective) duplication of cautioning mechanisms.

Figure 3: (Police Survey) Has the level of youth alcohol-related crime and disorder changed in your geographical area since the implementation of the TEIPP?

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

Police officers explained the lack of immediate visible impact in several ways. First, for some, the scheme was merely one year old in their region. Second, some also still felt unsure about operational procedures that might have impacted on the scheme’s overall effectiveness. Third, police officers (and this was also reflected in the parents’ surveys) indicated that although the scheme is firmly established within early intervention boundaries, it is likely to work on ‘first-time offenders’ or children

## Discussion and Recommendations

The TEIPP, in its first year of implementation, had met some of its objectives and attracted strong support by all stakeholders. There were therefore good grounds to recommend a consolidation of parts of the scheme, as well as a tightening up of some of its more fragile components<sup>9</sup>.

The important contribution of the scheme to overall alcohol education, and particularly to parents' awareness of their children's drinking, is important. This, on its own, could justify retention of the scheme. There are additional reasons for continuing and strengthening 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. 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.

It is therefore important to strengthen 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 unsupervised drinking. The articulation of the cautioning process with a subsequent contact of parents/guardians is an essential component of the scheme. This articulation consolidates parent involvement at the same time as raising awareness of alcohol consumption within the family. Because there is consensus that adult supervision and parent moderation of alcohol consumption is essential for addressing under-age excessive drinking, it is important that parents are made aware when their child has been consuming alcohol without their knowledge.

The strengthening of education referral and face-to-face health assessment is important. 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 comportment and the danger it presents. This is an important component of their education, especially since 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 (confidential) assessment session between the ADS worker and the child.

On the point of 'branding' the initiative, police and parents agreed that the scheme is intended to be, and should remain, an early intervention initiative. There is still confusion about the cautioning process, however. It is important that efforts focus on a proper targeting of those young people who not only qualify for early intervention but who are also most likely to benefit from such an intervention. Currently, cautions seem to be administered to any young people who qualify for them. 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. Procedurally, 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. 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 therefore needs to be addressed<sup>10</sup>.

The mechanisms that police have for checking a child's caution history need to be consolidated, even if those mechanisms seem complicated and time-consuming. These mandatory processes provide them information as to whether children have been issued cautions before (and how many), and whether any of those cautions have been associated with alcohol consumption.

Current efforts can be strengthened by 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.

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, and implementation.

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## Endnotes

- <sup>1</sup> Binge drinking is 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).
- <sup>2</sup> However, 'an association has been found between the frequency of alcohol intoxication and violent behaviour by older teenagers' (Collins, 2003, 174).
- <sup>3</sup> Also known as the social norms 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' (Hughes et al., 2008, 9).
- <sup>4</sup> As part of a concern to limit the possible negative consequences of enforcement initiatives, studies denounce processes of demonisation, selective containment, and increased policing of young people.
- <sup>5</sup> For further details about demographics, see Bartkowiak-Théron, I., 2012. The Tasmanian Early Intervention Pilot Program: Helping Reduce Alcohol Misuse Among Young Australians, UTAS: TILES.
- <sup>6</sup> It is not intended to compare demographics according to cohorts (police v. parents), as 1- this is not a stated objective of the research; 2- the different nature of these cohorts needs to be acknowledged (one based on occupation and workplace, the other based on parental status); and 3- these cohorts may in reality overlap (a police officer may be a parent who received a letter following the cautioning of his/her child), and the logistics of this research did 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.
- <sup>7</sup> As of mid-April 2012, 130 letters had been sent to parents whose child was delivered a YCAN under the TEIPP.
- <sup>8</sup> Of those referred to alcohol education.
- <sup>9</sup> Underscored text below indicates the recommendations that have since then been endorsed and implemented by Tasmania Police.
- <sup>10</sup> The YCAN also now includes, as part of the normal cautioning process, details about alcohol-related incidents.

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