

# **Alcohol – My Reality**

**A resource  
for staff and  
students**



**Education  
& Training**



*Alcohol – My Reality*

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For more information on drug education in NSW government schools refer to  
<http://www.schools.nsw.edu.au/learning/yrk12focusareas/druged/index.php>

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# Introduction

## Overview

*Alcohol – My Reality* is an early intervention resource for secondary schools to use as part of a whole school approach to supporting students. It promotes student health and wellbeing rather than treating alcohol issues in isolation.

This intervention targets students at an early stage of their alcohol use and provides ways to support students with problematic use of alcohol. Schools have a role as well as the capacity to positively impact on students who may be at risk of disengaging from school due to alcohol consumption.

Before implementing an alcohol intervention, schools should ensure that whole school drug prevention and intervention practices are in place. Intervention will be most effective when provided alongside comprehensive alcohol education lessons delivered in the classroom. Refer to *What works and doesn't work in drug education*, Appendix 6 of *Young People and Drugs: Professional learning materials*.

*Alcohol – My Reality* provides:

Background:

[Why alcohol early intervention is necessary](#)

- Alcohol guidelines
- Patterns and prevalence of alcohol use by secondary students
- Cultural and social influences on young people
- Alcohol related harm and young people.

An electronic student alcohol resource:

[Alcohol – My Reality](#)

A self paced tool for individual students to help identify their own alcohol related issues and find suggestions to reduce the harms.

[Talking to young people about alcohol](#)

Information about talking with young people at risk of alcohol related harm and a structured conversation for staff to use.

[Parent and community support](#)

Information to help schools work with parents and the community to reduce alcohol related harm.

## Implementing Alcohol – My Reality

*Alcohol – My Reality* is for school executive and teachers who have a specific role in student welfare or learning support. They should work in consultation with the school counsellor where possible.

Before implementing this intervention, it is recommended that designated staff work through [Keep them talking](#) to enhance skills in building relationships and communicating with young people.

*Alcohol – My Reality* should be used in association with the Drugs in Schools Policy, *Drugs in schools: Procedures for managing drug related incidents* and *Young People and Drugs: a guide for school staff to support students*.

# Why is alcohol early intervention necessary?

## Alcohol guidelines

### How much alcohol should young people consume?

The National Health and Medical Research Council published new guidelines, *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* in February 2009. The guidelines give clear advice on alcohol consumption for Australians and provide specific guidance for children and young people.

Alcohol guidelines for young people are based on an assessment of potential harms and a large body of research evidence that shows:

- ‘drinkers under the age of 15 years are much more likely than older drinkers to undertake risky or antisocial behaviour connected with their drinking’
- ‘alcohol may adversely affect brain development and lead to alcohol related problems later in life’.

(National Health and Medical Research Council, 2009)

Guideline 1. Reducing the risk of alcohol related harm over a lifetime	Guideline 2. Reducing the risk of injury on a single occasion of drinking	Guideline 3. Children and young people under 18 years of age	Guideline 4. Pregnancy and breastfeeding
<p>For healthy men and women, drinking no more than 2 standard drinks on any day reduces the lifetime risk of harm from alcohol related disease or injury.</p>	<p>For healthy men and women, drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol related injury arising from that occasion.</p>	<p>For children and young people under 18 years of age, not drinking is the safest option. Parents and carers need to be informed that:</p> <ul style="list-style-type: none"> <li>A. Children under 15 years of age are at greatest risk of harm from drinking – for this age group, not drinking is especially important.</li> <li>B. For young people aged 15 to 17 years, the safest option is to delay the initiation of drinking for as long as possible.</li> </ul>	<p>Maternal alcohol consumption can harm the developing fetus or breastfeeding baby:</p> <ul style="list-style-type: none"> <li>A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.</li> <li>B. For women who are breastfeeding, not drinking is the safest option.</li> </ul>

The guidelines are available at <http://www.nhmrc.gov.au/publications/synopses/ds10syn.htm>

## Patterns and prevalence of alcohol use by secondary students

### How do we know how prevalent alcohol use is?

The *Australian School Students' Alcohol and Drugs Survey* collects data related to tobacco, alcohol and other drug use of secondary school students in Australia. The Centre for Epidemiology and Research has conducted this triennial survey and monitored data since 1984.

*New South Wales School Students Health Behaviours Survey* collects information about the health behaviours and attitudes of secondary school students in NSW. It includes questions from the *Australian School Students' Alcohol and Drugs survey*.

The Australian Institute of Health and Welfare has also collected data on drug use patterns, attitudes and behaviours of Australians aged 14 years and above (in 2007, 12 years and above). This has occurred every three years since 1985 through the *National Drug Strategy Household Survey*.

When referring to data, it is important to use up-to-date and accurate information from reliable sources. The above surveys provide a more accurate picture of young people's drinking behaviour as 'normative' information rather than relying on adult, student or media perceptions.

This information helps the school community:

- understand current 'drinking culture'
- develop realistic expectations of young people
- support young people with alcohol related problems.

### What are the patterns of alcohol use?

Alcohol is the most popular and accessible drug available in Australia. After caffeine and medication, it is the most widely used legal drug. It is socially sanctioned and is extensively promoted and advertised.

Many young people have experimented with alcohol by the time they reach secondary school. The average age for young people to begin experimenting with alcohol is between 12 to 14 years for both males and females. Often this experimentation occurs in the home, or the home of relatives or friends.

The trend among young people is for alcohol consumption to become more common as age increases. A large proportion of those who have commenced drinking, become regular consumers of alcohol. By the time they are 18 years of age around 90 per cent of students have tried alcohol. The proportion of young people who drink at harmful or risky levels is also more common for those aged 16 to 17 years.

The Australian Institute of Health and Welfare has reported on the key indicators of health, development and wellbeing for children and youth. Some significant findings related to alcohol for adolescents aged 13 to 19 years are reported in *Making Progress: the health, development and wellbeing of Australia's children and young people* (2008) and include:

- adolescent risky alcohol intake has declined from 2001 to 2007 showing a favourable trend
- one in four teenagers regularly risked short term harm to their health from alcohol consumption; one in ten teenagers was at risk of long term harm in 2007
- more than one quarter of 14 to 19 year olds had been the victim of alcohol related verbal abuse in a 12 month period, and 7 per cent had experienced alcohol related physical abuse

- males were more likely than females to have experienced alcohol related verbal or physical abuse, but females were more likely to have been put in fear from the alcohol use of others
- almost 300,000 teenagers felt or experienced threats to their safety through the alcohol use of others.

(Australian Institute of Health and Welfare, 2008)

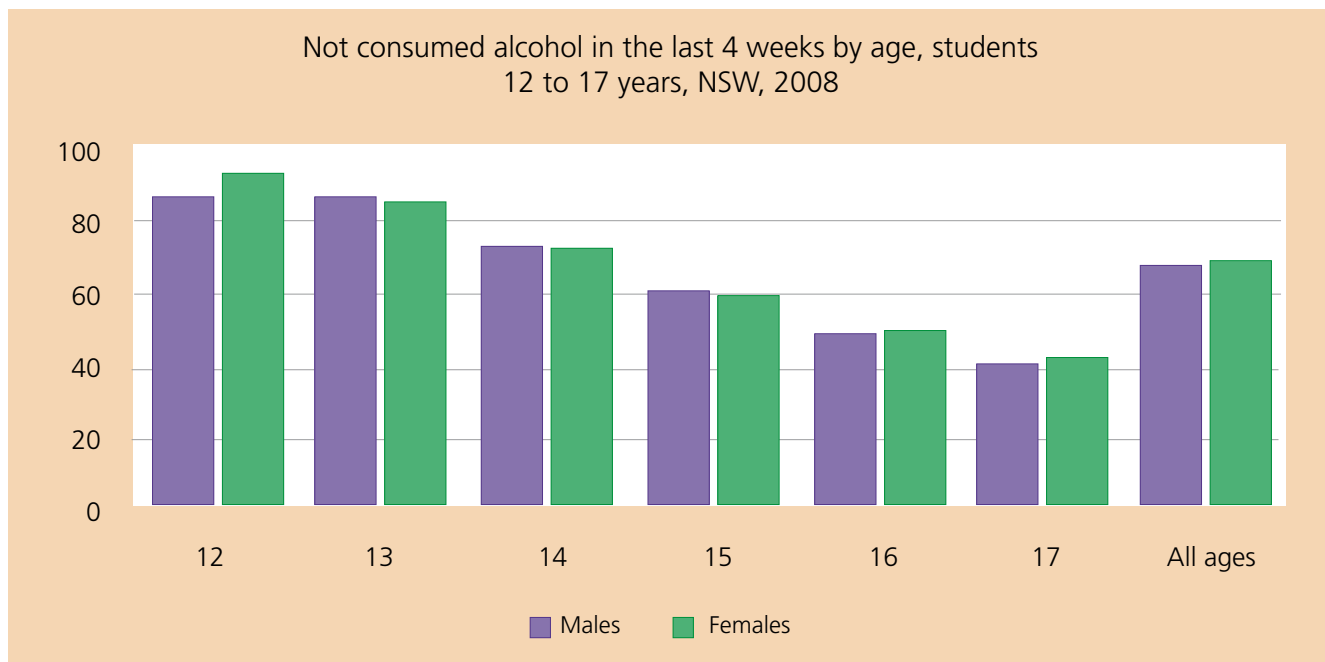
The long term impact of alcohol use in Australia cannot be ignored. Excessive alcohol consumption results in health and social costs related to road accident injury and death, lost productivity, health care and crime.

### Is drinking alcohol the norm in adolescence?

Most secondary school students aged 12 to 17 (67.3 per cent) had not consumed alcohol in the last 4 weeks before the 2008 *Australian School Students' Alcohol and Drugs* survey. Further:

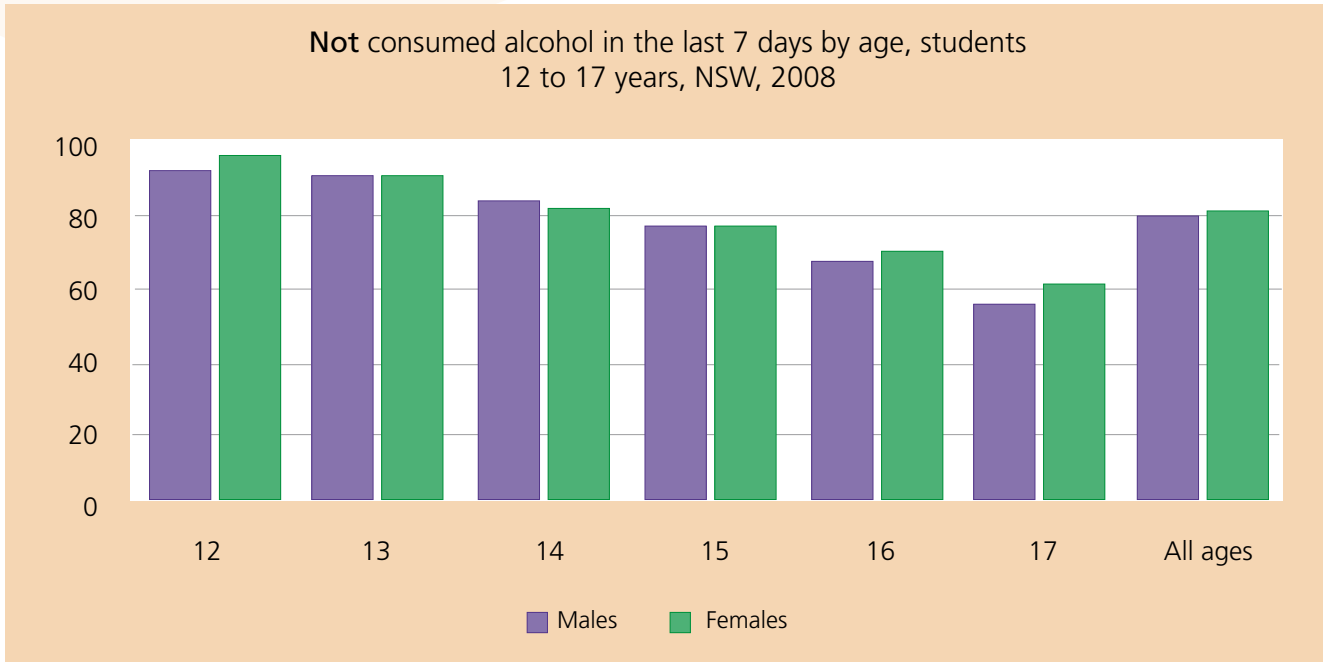
- many students aged 12 to 17 (79.6 per cent) had not consumed alcohol in the last 7 days
- students aged 12 to 15 years were significantly less likely to consume alcohol than students aged 16 to 17 years
- there is no significant difference between males and females in the proportion of students consuming alcohol
- there has been a significant decrease in the proportion of students who had consumed alcohol in the last 4 weeks, especially among students 12 to 15 years, since 1984 and since 2005
- consuming alcohol in the last 7 days and the last 4 weeks was more common in rural than urban areas.

**Figure 1.** Percentage of students according to age and sex who had **not consumed alcohol** in the last 4 weeks before the survey.



Adapted from the *New South Wales School Students Health Behaviours Survey: 2008 Report*, Centre for Epidemiology and Research. NSW Department of Health.

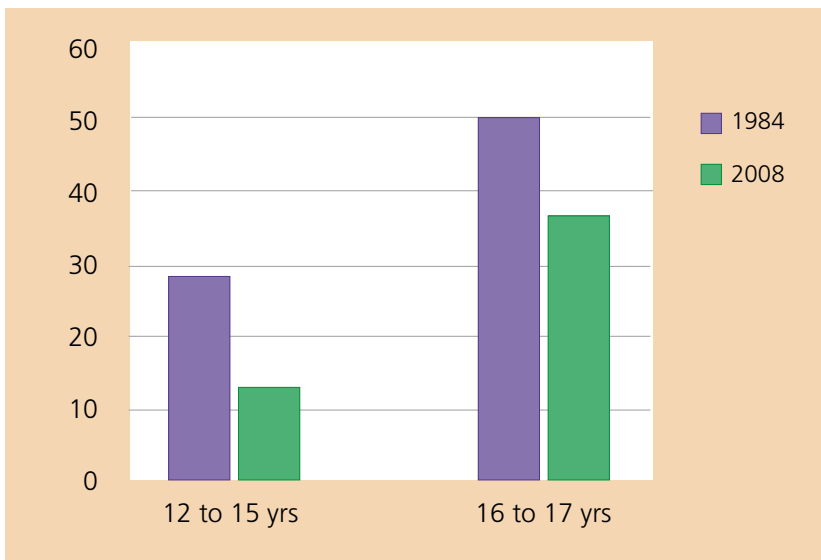
**Figure 2.** Percentage of students by age and sex who had **not consumed alcohol** in the last 7 days before the survey.



Adapted from the *New South Wales School Students Health Behaviours Survey: 2008 Report*, Centre for Epidemiology and Research, NSW Department of Health.

A promising trend in alcohol consumption among NSW secondary students is revealed through *Australian School Students' Alcohol and Drugs* survey data collected over time.

**Figure 3.** Comparison in the percentage of students who had consumed alcohol in the last 7 days, between 1984 and 2008.



Adapted from the *New South Wales School Students Health Behaviours Survey: 2008 Report*, Centre for Epidemiology and Research, NSW Department of Health.

The above figures confirm that alcohol consumption is not the norm for students aged 12 to 17 years. However, in the light of the alcohol guidelines it is a concern that a proportion of both male and female students are drinking on a weekly basis. A small proportion of males and females are also drinking at high risk levels.

Drinking at high risk levels will significantly increase the risk of ill health, injury and health compromising behaviours for these young men and women. Young females with relatively smaller size, weight and body types compared to males, may have increased potential for harm.

Among those students aged 12 to 17 years who had consumed alcohol in the last 7 days (20.4 per cent):

- 56.1 per cent were supervised by an adult while drinking
- 28.7 per cent were given alcohol by their parents
- nearly 61 per cent consumed 1 to 5 drinks, 18.6 per cent consumed 6 to 10 drinks, 8.2 per cent consumed 11 to 15 drinks, 4.5 per cent consumed 16 to 20 drinks and 7.8 per cent consumed 21 or more drinks
- the largest proportion usually drank pre-mixed drinks or spirits.

A full copy of *New South Wales School Students Health Behaviours Survey: 2008 Report* is available [here](#).

## Cultural and social influences on young people

Rather than responding to the data alone, it is important to consider the impact of social and cultural factors on alcohol use and non use for young people. This information helps us understand how and why young people drink alcohol.

Alcohol consumption permeates current adolescent culture in Australia. However, young people continue to receive conflicting messages regarding the social acceptability of drinking alcohol.

An awareness of alcohol related social constructs helps staff in schools:

- understand adolescent drinking
- consider how to address the problems associated with its use
- intervene appropriately at school and in the community.

There are a number of key influences on young people's attitudes and behaviours related to alcohol and drinking. These include culture, identity, religion, exposure to the media and peer influence. A range of dominant values, norms and ideals also shape the drinking behaviour of young people.

A report produced by the National Centre for Education and Training on Addiction in 2008 titled *Young People and Alcohol: the role of cultural influences* addresses the impact of these influences. A brief summary of research findings highlight five areas of impact.

### Role of culture

Alcohol is:

- embedded in Australian society and commonly used to celebrate events (such as weddings, births, sporting wins, promotions), 'drown sorrows' (such as sackings, sporting losses) or demonstrate respect at a wake after a funeral
- aggressively marketed to youth, for example, new alcohol premixed drink products
- considered a marker of adulthood and a rite of passage, for example, 'clubbing' and 'schoolies'
- considered a legitimate and planned way to 'let loose'
- central to leisure activities and parties
- used to market the cultural ideal of youth through new products and sponsorship of youth music and dance events
- a way to identify socially and satisfy needs of belonging and recognition.

### Social trends and interpersonal factors

- Women typically are now more socially and financially independent, and drink more than previous generations.
- Parents are the ones who most often introduce alcohol to young people.
- The modelling by parents (particularly the mother) and parental attitudes towards alcohol directly influences drinking behaviours of adolescents.
- Parental support (warmth), proactive parenting (open communication and involvement) and control and monitoring are important elements in the prevention of risky drinking behaviours.
- Young people's drinking behaviours are substantially influenced by their peers. They may drink large amounts to mimic the real or perceived alcohol intake of their peers.
- Young people tend to have more independence without responsibilities and have greater expendable income than previously.

### Leisure and lifestyle

- Young people are less likely to drink alcohol, or to drink at risky levels when involved in structured leisure activities.
- Risky drinking may be used as a leisure activity with a strong socialisation element.
- Young people often celebrate with alcohol because adult Australians celebrate with alcohol.
- Drinking as a pleasurable leisure activity in its own right may be due to a lack of appropriate leisure options.
- The 'party phenomenon' in the social life of underage Australians may be seen as opportunities for deliberate or intentional intoxication.
- Risk taking occurs as part of school leaver celebrations and 'schoolies week' despite awareness of potential harms.
- Sport has an intrinsic connection with alcohol in Australia – the modelling of intoxication, underage drinking, alcohol as a reward ('shouts' or free drinks) and drink driving can pose risks to young people.
- Young people are exposed to the modelling of risky drinking behaviours through alcohol marketing in movies, television, the internet and song lyrics – this has been found to predict actual drinking behaviour.

### Market forces

- Alcohol advertising through marketing, advertising, promotions, sponsorship, and branding and product development is pervasive.
- Internet promotions for alcohol have increased and target young tech savvy audiences while promoting 'new' alcohol products and 'designer drinks'.
- Heavily promoted strategies target young people through branded materials, point-of-sale materials, giveaways, sponsorship and special events.
- Discounted alcohol and special price promotions are associated with increased alcohol consumption by young people during the promotion period.
- Cheap, sweet and portable premixed drinks with higher alcohol content are packaged in bright colours, made appealing to younger underage drinkers and promoted with lifestyle and image advertising (messages of good times, romance, fun and social acceptance).

### Structural, policy and legislative factors

- Promotion of cut price offers and generic branding of cheap alcohol at supermarkets and outlets is made appealing to the youth market.
- A reduction in alcohol related harms (drink driving, violent crime and vehicle crashes) have been associated with increases in alcohol taxation.
- The differential taxing of premixed drinks may offer some protection to young and vulnerable drinkers.
- Practices such as cheap or free drinks and 'happy hour', and physical features such as few seats in some pubs and clubs, can encourage excessive and fast drinking.
- The level of enforcement of liquor licensing regulations and accessibility to alcohol are critical factors influencing alcohol use and related harm for young people.

(Roche et al., 2007)

## Problematic alcohol use

Most of the alcohol problems for young people occur due to intoxication. Problematic alcohol use can include any one or a combination of the following situations:

- early initiation of use – particularly by students in years 7 and 8
- drinking to drunkenness – having a sequence of drinks on one occasion (this can include the deliberate pursuit of getting drunk)
- regular drinking – repeated drinking occasions over a period of time (for example drinking daily, or every weekend)
- risky or harmful use – drinking at levels that are likely to increase risk of harm or cause significant harm through injury or ill health (for example from drink driving, sexual assault, alcohol poisoning or physical violence).

‘Despite high rates of risky drinking, most young people who drink at risky levels for short term harm at least monthly classify themselves as ‘light’ or ‘social drinkers’, with only three per cent viewing themselves as ‘heavy or ‘binge’ drinkers. That is, they do not consider their drinking behaviour to be associated with potential harmful consequences.’ There appears to be ‘a disconnection between young people’s perceptions of drinking and established views of alcohol related harms’ (Roche et al., 2007). This has implications for schools and staff working with adolescents.

## Alcohol related harm for young people

The potential for harm from drinking alcohol will increase or decrease depending on the context of use. The behaviour and nature of the individual, the environment (the drinking context) and the alcoholic drink will all affect the risk of harm.

Intervention aims to increase motivation, skills and confidence to move young people towards abstinence to reduce risk.

Young people may be particularly vulnerable to the negative health, social, legal and emotional consequences associated with alcohol use. This is due to their relative inexperience with both the effects of alcohol and their management of potentially risky situations. They may place themselves at increased risk of being either the perpetrators or recipients of verbal and/or physical abuse, unwanted sexual advances or drunk driving.

Young people may not only be at risk of harm from their own use of alcohol. The problematic drinking behaviours of carers, relatives, siblings or friends may also put them at risk of harm.

## What are the effects of alcohol on young people?

Regular and repeated drinking of alcohol during adolescence is likely to cause significant injury or ill health. Early onset and frequent drinking significantly increases the risk of developing a range of negative outcomes during late adolescence and early adulthood. Examples of these problems include alcohol dependence, educational underachievement, health problems and social difficulties.

The new alcohol guidelines highlight that young people are more susceptible to the effects of alcohol. The following specific areas of concern directly relate to adolescents. A large body of research evidence cited in the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2009)* and in *Young People and Alcohol: The role of cultural influences (2007)* reveals this.

### Brain development

Alcohol use during adolescence can be of particular concern as this is a time of cognitive and emotional development. Research indicates that brain development continues into early adulthood. The overall size of the brain increases little beyond early childhood. However, important structural (biological development of brain networks) and functional changes take place as we mature from childhood to adulthood.

Because of the changes that occur during adolescence, young people are particularly vulnerable and there may be long lasting effects due to alcohol use. Research evidence in this area may not be definitive; however, it clearly suggests that:

- heavy drinking of alcohol may affect adolescent brain development
- the adolescent brain is more sensitive to the memory impairing effects of alcohol compared to the adult brain
- an adolescent is just as likely to develop dependence as an adult
- brain functions such as self control, judgement and emotions undergo the greatest changes during adolescence and are shaped by experience
- alcohol affects adolescents differently from adults – ‘the adolescent brain is more tolerant of the negative effects of higher levels of alcohol (for example drowsiness and lack of coordination) and more sensitive to the positive effects (for example increased confidence and sense of pleasure)’
- alcohol use may impact on brain development adversely and lead to alcohol related problems later in life
- young people with alcohol use disorders display significant and detrimental changes in brain development compared with peers not using alcohol
- cognitive impairment is common in young adults with alcohol dependence.

(National Health and Medical Research Council, 2009 and Roche et al., 2007)

### Risk of injury and self harm

- While the proportion of 12 to 17 year olds consuming alcohol has decreased in the past two decades, rates of drinking at harmful levels have doubled.
- Drinkers under the age of 15 years are much more likely to experience risky or antisocial behaviour connected with their drinking than older drinkers.
- Drinking contributes to the three leading causes of death among adolescents – unintentional injuries, homicide and suicide.
- Young people aged 15 to 29 are represented in 28 per cent of all alcohol related injury deaths and more than a third (36 per cent) of all alcohol related hospitalisations.
- Alcohol consumption as an adolescent or young adult is also associated with adverse behavioural patterns and academic failure.
- The prevalence of risk taking behaviours increases in adolescence and the likelihood of injury increases further still when alcohol is involved.
- Adolescent risky sexual behaviour increases when alcohol is involved – adolescents who drink are at risk of sexual coercion.

(National Health and Medical Research Council, 2009)

### Mental health

- Alcohol use, especially when initiated at a young age, elevates the risk of many mental health and social problems.
- The nature of the relationship between alcohol use and mental health in adolescence is reciprocal – certain mental health disorders are more likely to initiate and accelerate alcohol use and in turn, alcohol use may contribute to poor mental health.
- One of the major complications of adolescent alcohol use is self harm, having suicidal thoughts and suicide.

(National Health and Medical Research Council, 2009)

### Early age of first alcohol use

- Those who first became drunk by 19 years are more likely to be alcohol dependent and heavy drinkers in later life.
- Drinking status at 16 years is a predictor of negative alcohol outcomes as a young adult.
- Young people who were drinking by 14 years were more likely to experience alcohol dependence than their peers who did not drink until they were over 21 years.
- Both age of drinking onset and feeling drunk during first alcohol experience increased the odds of problem drinking into adulthood.
- Regular drinking in adolescence is an important risk factor for the development of abusive, dependent and risky patterns of use in young adulthood.

(National Health and Medical Research Council, 2009)

# Talking to young people about alcohol

## Introduction

All young people will observe alcohol being consumed in Australian society. Some young people may accept the long standing custom within their communities of adults drinking small, moderate or heavy amounts of alcohol. Some may believe that learning to 'hold your drink' and to cope with the after effects of heavy drinking is part of becoming an adult.

Others, whose family or community prohibitions about alcohol consumption are strong, may have no experience of people drinking alcohol and they may be unable to envisage a situation in which they or anyone they know may drink alcohol.

Whatever their views about alcohol, it is important to help young people acquire the knowledge and skills they need to stay safe in a society where alcohol use is prevalent and acceptable.

Although students learn about the consequences of alcohol use on the individual and the community as part of the Physical Education, Health and Personal Development curriculum, some young people may need further intervention, such as a brief structured conversation with a teacher about alcohol and its harms.

When implementing this structured conversation consider the following:

1. Acknowledge that alcohol is widely available in Australia today, and while not all students will use alcohol now or later in their lives, everyone will need to develop strategies to help them manage situations where alcohol is present.
2. Explain the frequency, prevalence and risks of alcohol use in Australian society, based on current research.
3. Use scenarios and examples that students have helped formulate, about alcohol related risks, and where they may encounter alcohol, so that they are relevant to their lives.
4. Reinforce specific protective practices, such as sanctions about drinking.
5. Provide opportunities for students to learn and practise skills such as decision making, problem solving, first aid and refusal skills.

*Adapted from Drug education in culturally diverse classrooms, NSW Department of Education and Training, 2004.*

## Motivating change

It is important to understand that people do not make lasting changes, including changes to their attitudes to drinking, until they feel motivated and ready to do so.

However, talking with young people about drinking, in a nonjudgmental but directive way, can help facilitate motivation to make some changes to their drinking behaviour. This creates a state of ambivalence, where the young person contemplates the problems of the behaviour, as well as its benefits. Change often occurs when the perceived costs of maintaining the behaviour outweigh its benefits.

## Stages of change

The stages of change model as discussed in [Young People and Drugs](#) (pages 20 and 21) and [Keep them talking](#) (pages 12 and 13), describes a behaviour change (such as reducing alcohol consumption) as a cycle rather than a single event.

Young people may pass through some of these stages more than once when attempting to manage their drinking behaviour. However, this may not be in a linear progression and each person may experience the process differently.

It is important to be aware of where the student is in this cycle and whether they are interested in making changes. It is also necessary to gauge whether they are likely to be successful in their attempts to change.

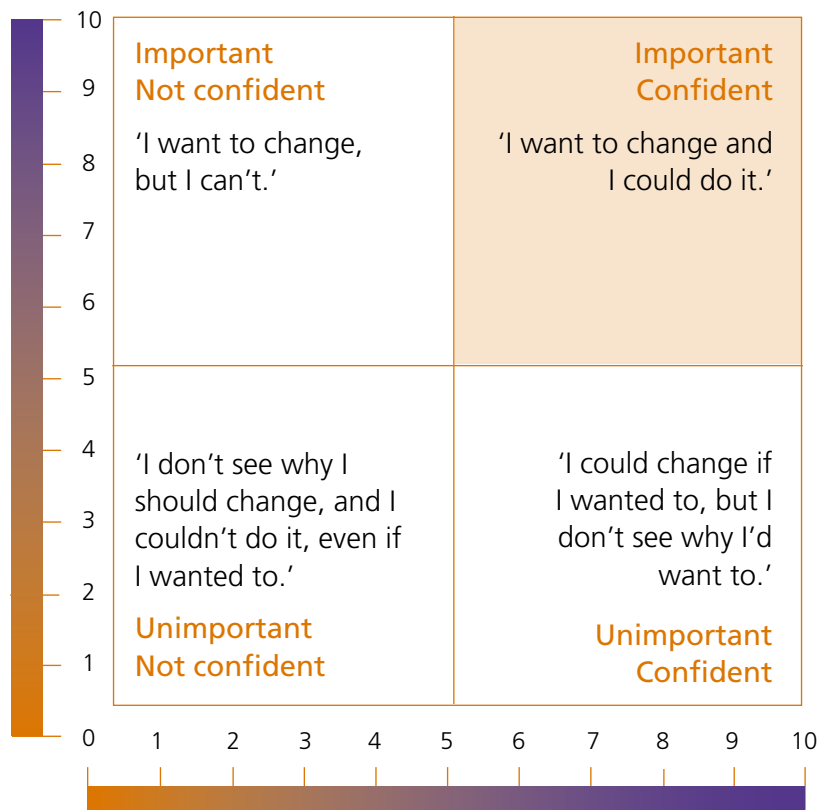
Being 'ready, willing and able' are three crucial elements in readiness to change. These are required of young people before they can achieve a major change to drinking behaviour.

Refer to [Keep them talking](#) (page 12 and 13) for more detailed information on readiness to change before conducting the structured conversation.

## A tool to help identify readiness for change

To intervene appropriately, it is important to gauge whether a young person is interested in changing their behaviour and whether they are likely to be successful in any attempt to change. That is, how important it is to them and how confident they are of being successful.

A young person needs to shift into the shaded section of the diagram below before they are ready to begin the change process.



Hewson, D. (2007). *Motivational interviewing, relapse prevention, dual diagnosis*. NSW Health.

The importance and confidence tools below may be used during a preliminary discussion with a young person. This will allow them to consider their behaviour in the light of more information.

**Importance tool**

On a scale of 0 to 10, how important is it to you to give up?



**Confidence tool**

On a scale of 0 to 10, how confident are you that if you decided you could do it?



Hewson, D. (2007). *Motivational interviewing, relapse prevention, dual diagnosis*. NSW Health.

The young person's readiness to change behaviour will help staff identify and determine:

- whether the young person has both the motivation and the confidence needed to be successful in attempting to change their behaviour
- what intervention strategies are most likely to be successful for the young person
- what level of support is required for the young person at this particular time.

Refer to *Young People and Drugs* page 21 – Possible intervention strategies for the Stages of Change.

## Having a conversation about alcohol use

Student referral to designated school staff may occur for a range of reasons. The young person may be:

- observed to be involved in risky drinking situations themselves
- concerned about a friend's drinking
- worried about the impact of a family member's drinking.

It is important not to label students targeted for this intervention as 'drinkers'.

The structured conversation that follows on page 21 helps designated school staff with appropriate skills, to talk with a young person about their alcohol use experiences.

The conversation is designed to be flexible and dynamic, whether the young person self refers or is referred by another person. It can also accommodate how the young person responds throughout the discussion.

To work with the stages of change, the structured conversation has been organised into three progressive steps. How quickly these steps are worked through will depend on where the young person is in relation to their readiness to change. The steps should be used at the discretion of the teacher, based on the young person's responses.

There are three tasks to achieve throughout the structured conversation.

### 1. **Express empathy.** Listen carefully to the young person and let them know that you hear/ understand their situation.

Reflective listening is needed to make sure the young person 'feels heard'. It can be a powerful yet deceptively simple technique that needs to be practised and implemented with care. The main elements of reflective listening include:

- listening actively by repeating, rephrasing and summarising
- using open ended questions to avoid 'yes/no' answers (for example, 'What else?')
- being accepting of the young person even though you may not approve of his or her behaviour
- obtaining their permission before giving advice
- adopting a curious, interested approach without being intrusive or interrogatory
- avoiding arguments – if the young person is unwilling to consider a particular course of action, reflect what they are saying and then change course.

### 2. **Work with ambivalence.** Highlight the differences or discrepancies between the young person's goals and their behaviours around alcohol use.

Change is a process rather than an event, and young people will be at different stages in this process. Each stage in the cycle of change is not necessarily discrete or fixed, and often they will be ambivalent about their drinking behaviour.

The questions in the structured conversation allow school staff to work with this ambivalence to help the young person move through the stages of change.

The structured conversation also aims to help school staff determine a young person's readiness to make some changes to their drinking behaviour. The online student resource contains 'Info' pages that may also be useful to raise their awareness of relevant issues.

**3. Support the young person.** Help the young person increase both their confidence to make changes and their understanding of the range of available strategies.

The young person needs to be adequately prepared for change. Support may include:

- discussion of strategies that can be used to be safer around the drinking of alcohol. The ‘Quick tips’ provided in *Alcohol – My Reality* contain ideas that young people may find useful
- development of realistic plans to make any changes
- monitoring their progress.

This kind of support may involve one or two additional sessions after the initial interview with the young person (see ‘Sample student record’, page 25). However, lengthy or numerous sessions should be avoided, as they may become too time consuming, and run the risk of inviting the young person to depend too much on the staff member.

A teacher needs to understand issues of confidentiality and privacy before beginning a conversation with a young person about drinking alcohol. It is important to discuss these issues with the young person. Refer to ‘Responding to information about possible drug use’ on page 15 of *Keep them talking*.

# A structured conversation

## Step 1

Structured conversation	Notes
<p><b>Say:</b> 'I would like to spend a few minutes talking about your thoughts on alcohol and drinking, if that is all right with you.'</p> <p><b>Introduce:</b></p> <ul style="list-style-type: none"> <li>– your role in relation to the young person's wellbeing and the structured conversation</li> <li>– the concerns that have resulted in the young person being referred to you</li> <li>– the limits of confidentiality.</li> </ul>	<p>Asking the young person whether they agree to a conversation will give you your first clue about where they are in relation to change.</p> <p>You can proceed with the conversation even if the young person is a little hesitant (ambivalent).</p> <p>However, <b>if they are totally against this conversation:</b></p> <ol style="list-style-type: none"> <li>1. Provide them with access to the electronic student alcohol resource <i>Alcohol – My Reality</i>.</li> <li>2. Plan a time to follow up in the future.</li> </ol>
<p><b>Say:</b> 'We all know that there are risks associated with drinking alcohol but we also know that many adults use alcohol in a variety of situations.'</p>	<p>Acknowledge that many people see both the perceived benefits and the disadvantages of drinking alcohol. This demonstrates that you are prepared to be even handed rather than judgemental.</p>
<p><b>Ask:</b> 'What do you think are some of the things that people like about drinking?'</p> <p>Prompt: 'What about you and your friends? What do you like about alcohol?'</p>	<p>It is best to begin with what they see as the best things about drinking and to listen carefully so as not to set up a passive or an oppositional dynamic.</p> <p>Do not comment on or disagree with any of the statements made at this stage.</p>
<p><b>Ask:</b> 'What are the "not so good" things about drinking?'</p> <p>Prompt: 'What about you and your friends – is there anything that you might be concerned about?'</p>	<p>Use active listening:</p> <ol style="list-style-type: none"> <li>1. Concentrate on really understanding what they are saying.</li> <li>2. Reflect their comments back to them for clarification as necessary. For example, 'So, you feel a drink makes it easier for you to talk to others.'</li> <li>3. Ask questions like 'What do you think about this?' or 'Is that right?' to check your perception of what you have heard.</li> </ol> <p>Allow the young person to explore this area thoroughly. For example ask 'What else?' and 'What about...?' to prompt their thinking.</p>
<p><b>Summarise</b> what you have heard the young person say. For example, 'So on one hand you see that drinking can be... but on the other you are worried about...'</p>	<p>When summarising, reflect <b>both</b> sides of the question, so that the young person perceives that they have been heard. Otherwise, they feel they must defend their position or emphasise the benefits of the behaviour.</p>
<p><b>Ask:</b> 'Have you ever considered making any changes to your drinking behaviour?'</p>	<p><b>If the answer is 'No' or ambivalent:</b></p> <ol style="list-style-type: none"> <li>1. Encourage the young person to use the 4 self-paced quizzes of the online interactive resource <i>Alcohol – My Reality</i>.</li> <li>2. Encourage them to complete these by themselves in their own time. Suggest that the young person might like to check out the 'Info' and 'Quick tips' as well.</li> <li>3. Plan a time for the young person to discuss what they learned with you at a later stage. <b>Move to Step 2.</b></li> </ol> <p><b>If the answer is 'Yes'</b> you can move on to <b>Step 3.</b></p>

## Step 2

Structured conversation	Notes
<p><b>Say:</b> ‘We have learnt a bit more about alcohol consumption and young people from research. I’d like to discuss some of this to make sure that you have all the information you need.’</p>	<p>‘Info’ pages from the student alcohol resource <i>Alcohol – My Reality</i> may be useful here. See the overview on page 28.</p> <p>Your job here is to help the young person to see for themselves the importance of reducing the harms of alcohol consumption.</p>
<p><b>Choose</b> suitable sections from the ‘Info’ topics in <i>Alcohol – My Reality</i>.</p> <p><b>Discuss</b> the relevant issues together with the young person.</p>	<p>Emphasise the results of new research indicating the effects of even low alcohol consumption on young people. Try not to be too ‘heavy handed’.</p> <p>A clear, nonjudgmental, two way discussion is best.</p>
<p><b>Ask:</b> ‘Considering what we have talked about (you have found out), what changes around drinking might be helpful?’</p> <p>Prompts: ‘Would you consider:</p> <ol style="list-style-type: none"> <li>1. Not drinking for a while?</li> <li>2. Not drinking in certain situations?</li> <li>3. Making plans to be safer in certain situations?’</li> </ol> <p><b>Summarise</b> what you have heard.</p>	<p>Listen carefully to the answer to this question. It will let you know whether there has been some movement towards contemplating change.</p> <p>Ask each of these questions to determine what the young person is prepared to do.</p> <p>For example, ‘So, at the moment, you wouldn’t be prepared to stop drinking altogether, but you think that you could make some changes to be safer?’</p>
<p><b>Ask:</b> ‘What would be different for you if you made this change?’</p>	<p>Try to help the young person to see the benefits of change by highlighting the positive aspects of the differences that the young person suggests.</p> <p>Avoid arguments. Arguments generally make people more guarded and less open to discussion and self examination.</p> <p>See resistance from the young person at any point as a signal that you may have overestimated their readiness to change. Change direction or acknowledge that they may be ambivalent. For example, say ‘So on one hand you have fun with your friends, on the other you are sometimes worried about...’.</p>
<p><b>Check</b> importance.</p> <p>Ask ‘How important is it for you to make changes?’</p>	<p><b>Importance scale</b></p> <p>‘On a scale of 0 to 10, how important is it to you to make changes?’</p> <p>0 _____ 10</p> <p><i>Note:</i> This scale is a simple tool to help gauge the young person’s readiness for change (see pages 17 and 18).</p>
<p><b>Ask:</b> ‘When do you think you could begin to make changes?’</p>	<p><b>If they still appear to be ambivalent</b>, allow them a little time to consider the situation and plan a time to follow up in the future. This may also be a time to suggest they access <i>Alcohol – My Reality</i> if they have not done so already.</p> <p><b>If the student is keen to begin soon</b>, move on to <a href="#">Step 3</a>.</p>

### Step 3

Structured conversation	Notes
<p><b>Say:</b> ‘Other young people have used a number of strategies to help them reduce the harms around alcohol. I would like to talk to you about these for a minute.’</p>	<p>Your job here is to try to help the young person feel more confident of making the necessary changes.</p>
<p><b>Ask:</b> ‘What is a typical situation that you or your friends might come across?’</p> <p>Prompt: ‘What are the possible harms in this situation?’</p>	<p>Refer to relevant ‘Info’ in <i>Alcohol – My Reality</i> where necessary (see page 28, Overview of ‘Info’ and ‘Quick tips’).</p> <p>Introduce the concept of ‘self respect’ if the young person does not bring it up spontaneously. For example, ask; ‘How important to you is self respect?’ or ‘In a situation where... how could you keep your reputation/self respect?’</p>
<p><b>Ask:</b> ‘What plans could you make for you and your friends to become safer?’</p> <p><b>Ask:</b> ‘Which plans would be easiest and most realistic to make?’</p> <p><b>Ask:</b> ‘What would make it hard for you to carry out your plans?’ (barriers to change)</p> <p><b>Ask:</b> ‘What help might you need to carry out the plans?’</p> <p>Prompt: ‘Who would help you?’</p>	<p>Refer to relevant ‘Quick tips’ on the online resource as necessary (see page 28, <i>Alcohol – My Reality</i>). Allow the young person to examine their barriers and then ask them to identify where and when they might need help to stop drinking or reduce the harms around alcohol.</p> <p>You may wish to draw up a plan with the young person using the sample student proforma on the following page.</p>
<p><b>Check</b> confidence. Ask: ‘How confident are you that you can make changes?’</p>	<p><b>Confidence scale</b></p> <p>On a scale of 0 to 10, how confident are you that if you decided to make changes you could do it?</p> <p>0 _____ 10</p> <p><i>Note:</i> This scale is a simple tool for you to use to help gauge the young person’s readiness for change (see pages 17 and 18).</p>
<p><b>Affirm</b> the young person’s choices and the skills they have for making the required changes.</p> <p>Prompt: ‘What words would you (or your friends) use to describe your best qualities?’</p> <p>Prompt: ‘How could these qualities help you in situations where drinking might get out of hand?’ Plan a time to meet soon to see how they are progressing. Make sure the young person views this as a supportive action, rather than just ‘checking up’.</p>	<p>You may suggest that they access <i>Alcohol – My Reality</i> if they have not done so already. Encourage them to look at it in their own time. Suggest that the ‘Quick tips’ might be helpful as it provides strategies to prevent or reduce harm.</p> <p>If they are familiar with the resource, they might like to have another look at specific ‘Info’ or ‘Quick tips’ pages.</p>

It is important that the young person chooses strategies that will work for them. If the young person is not confident that they can make changes or they need assistance with developing further strategies for making change, a referral to the school counsellor or other health professional is appropriate.

If the teacher feels unable to help the young person further or becomes concerned or uncomfortable about any aspect of their intervention, they need to refer them to the school counsellor.

# Sample student planning proforma

## Situation: (Concerns? Harms?)

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For example:  
*What situations could be harmful or risky for me?*  
*How often do I take risks or do silly and dangerous things after drinking?*  
*In what situations do I lose control of what I'm doing?*

## Choices: (Strategies? Related consequences? Is it realistic for you?)

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For example:  
*What has happened or could have happened because of my drinking?*  
*Why do I need to keep a check on how much I am drinking?*  
*How can I cut down when all my friends are drinking?*  
*Will it work and is it realistic?*

## My plan: (Which choice would work out best? Who/what could help?)

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## Sample student record

Staff member:		
Student name	Contact dates	Comments
	1. 2. 3. Follow up.	For example: <ul style="list-style-type: none"> <li>• Step 1</li> <li>• Provided link to <i>Alcohol – My Reality</i></li> <li>• Follow up early June</li> </ul>
	1. 2. 3. Follow up.	
	1. 2. 3. Follow up.	
	1. 2. 3. Follow up.	

# Student online resource: Alcohol – My Reality

## Introduction

[Alcohol – My Reality](#) is an online interactive resource, designed for young people to access individually. The electronic tool is for use by individual students who have been identified with at risk behaviour related to the use of alcohol.



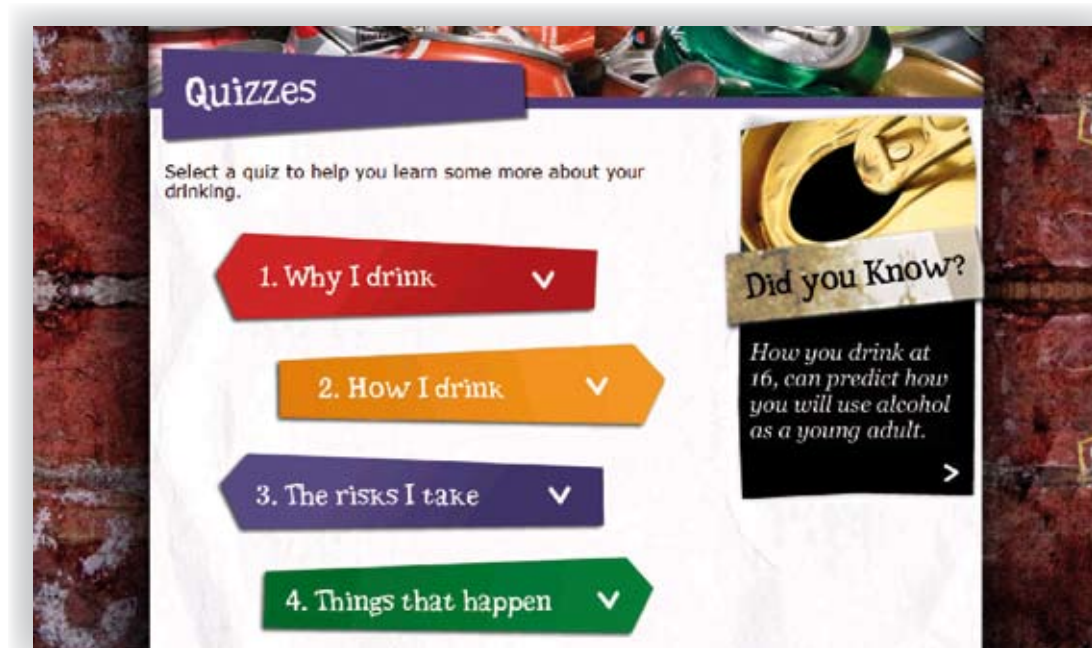
## How to use Alcohol – My Reality

This resource provides three main sections for young people to explore.

### 1. Four self paced quizzes

The resource allows young people to identify their own alcohol related issues by completing four quizzes. Individual responses to the quizzes generate personalised feedback with student friendly comments and suggestions.

Responses to each of the quizzes link to specific, related information pages ('Info' about alcohol and drinking) and harm reducing strategies ('Quick tips' to keep young people safe around alcohol).



### 2. Info pages

Seventeen separate information pages are organised under three theme areas: 'Drinking', 'Results of drinking' and 'Making safer choices'. These pages are accessible from each of the quizzes and separately through the tool bar.

Young people have access to accurate information based on the latest research related to alcohol use, drinking and adolescents. A 'Did You Know' box brings attention to facts that reflect the extensive research in this area.

### 3. Quick tips

Twelve separate pages suggest strategies organised under three theme areas: 'Cut down', 'Stay safe' and 'Look after friends'. The 'Quick tips' provide strategies to encourage young people to prevent risk from alcohol use and to reduce harmful drinking behaviour. These pages are accessible from each of the quizzes and separately through the tool bar.

In addition, helpful web links are provided from each of the quizzes and from the 'Info' and 'Quick tips' pages.

An outline of the 'Info' and 'Quick tips' pages provided in the resource follows with direct hyperlinks.

## 'Info' pages

### Drinking

- Guidelines for young people
- Adolescents and alcohol use
- What is a standard drink?
- How to read the label
- How much am I drinking?

### Results of Drinking

- Alcohol and your brain
- Alcohol and school work
- What is harmful drinking?
- Drinking too much?
- When drinking becomes a problem
- Warning signs

### Making safer choices

- Alcohol and roads
- Alcohol and aggression
- Alcohol and relationships
- Alcohol and medication
- Alcohol and other drugs
- Alcohol and sexual behaviour

## 'Quick tips' pages

### Cut down

- Instead of drinking...
- How to avoid drinking
- Ways to reduce your drinking
- How to refuse a drink

### Stay safe

- Safety tips for parties
- Avoiding the aggro
- Handling stress without alcohol
- Staying safe on the road

### Look after friends

- Looking after friends
- Worried about a friend
- Getting help
- First aid

## Using Alcohol – My Reality with a brief intervention

The student resource *Alcohol – My Reality* gives a young person identified as at risk of alcohol related harm, a way to become aware of issues related to their alcohol use. The young person is directed to the website and encouraged to engage with the resource at different stages of the structured conversation process (refer to pages 21 to 23 of this guide).

The young person is able to work through each quiz, respond to questions confidentially and receive individualised feedback in their own time. The teacher implementing the intervention may encourage them to explore specific 'Info' and 'Quick tips' pages considering those that may be useful to them. The teacher can later discuss the information if the young person is willing to share questions or concerns.

By encouraging the young person to engage with the resource, the teacher can help support them to try to make changes to their behaviours around alcohol, if and when they are confident and ready. It may help move the young person towards abstinence and prevent or reduce the harms from alcohol use.

# Parent and community support

## Why should schools engage parents in alcohol related issues?

Parents, as well as schools, have a role to play in:

- demonstrating the short term and long term benefits of delaying drinking for as long as possible
- guiding responsible alcohol use once young people have started drinking.

Parents also impact strongly on their adolescent's drinking patterns through socialisation, modelling and self regulation strategies.

## The influence of parents on adolescent alcohol use

Many parents feel pressured to accept alcohol use by adolescents as 'normal'. While the peer group, cultural norms, media and law play a significant role, parents have a greater impact on adolescent alcohol use than may be generally thought.

Associations between aspects of parenting and their children's alcohol use cannot be ignored. These are consistently reported in the areas of parental support, parental control and mentoring, and parental alcohol use.

### Parental support

The parent-adolescent relationship is a key element in preventing risky behaviours.

Secure and responsive parenting relationships are associated with lower levels of alcohol use and lower rates of problematic use. They include the provision of support, parental involvement in their child's life, good communication, warmth and affection.

- Within warm and quality relationships, it is more likely that parents and their adolescent communicate about alcohol use and have less conflict about associated behaviours
- Parent-child conflict and authoritarian or distant parenting styles are associated with a greater likelihood of 'adverse' peer relationships and alcohol use.

(Roche et al. 2007 and Hayes, Smart, Tombourou & Sanson, 2004)

### Parental control and monitoring

A proactive parenting approach to alcohol and drinking has a positive impact on young people. This refers to parental efforts to influence children's whereabouts and activities, to establish boundaries for appropriate behaviour, to communicate about activities they do without their parents and to know about and monitor their drinking behaviour.

- Positive family involvement, active management and monitoring of behaviours can discourage initiation into and experimentation with alcohol (for example by setting limits, providing consequences, negotiating rules and boundaries and positive reinforcement).
- Parents who feel more empowered are more likely to have a positive influence on their adolescents – they are confident in their ability to intervene in order to reduce consumption and are more likely to supervise at parties.
- Poorly monitored adolescents begin alcohol consumption at an earlier age, tend to drink more and are more likely to develop heavier drinking patterns.
- Adolescents with unsupervised free time tend to use alcohol more frequently.

(Hayes, Smart, Tombourou & Sanson, 2004)

## Parental alcohol use

Parental attitudes, beliefs and norms are an important influence on adolescent alcohol consumption, both directly and indirectly.

- When parents show disapproval of adolescents drinking alcohol, their children are less likely to drink.
- When parents are tolerant or openly permissive toward adolescent alcohol use, their adolescents are likely to drink more.
- Exposure to the drinking habits of parents, particularly the mother, increases the likelihood of adolescent drinking.
- Parents who support alcohol use as the norm and who model behaviours and reinforce attitudes that promote alcohol use may encourage children to imitate this behaviour.
- Siblings can also be a powerful influence on a younger sibling's drinking behaviour, especially when similar in gender and age.

(Roche et al. 2007; Hayes, Smart, Tombourou & Sanson, 2004)

## Opportunities to engage parents and the community

Having parents involved in both prevention and intervention will strengthen the school's efforts to modify the drinking patterns of students who consume alcohol.

### Formal opportunities

Opportunities to involve and enlist parental and school community support can occur through:

- consultation and involvement in the review of school welfare and discipline procedures and PDHPE teaching programs
- parental contact through school welfare or discipline procedures resulting from a student's own drinking behaviour
- promotion of alcohol early intervention through normal school communication channels to parents and community (see the sample parent letter on page 34)

- the involvement of students in the promotion of specific alcohol support by encouraging peers to discuss any alcohol related issues and problems with designated staff
- promotion of additional support for students at risk of drug related harm – see [Keep them talking](#).

A young person identified or referred to a designated staff member for a brief intervention may not necessarily require parental contact. However, they should understand that their parents will be informed if they disclose information that affects their safety or welfare.

Refer to issues of confidentiality in [Young People and Drugs: a guide for school staff to support students](#) and to [Keep them talking](#) for more information. These young people should be encouraged to share information with their parents about their discussions with staff during the brief intervention.

If parental contact is determined as appropriate through an early intervention, this support may help the young person to abstain, reduce alcohol consumption or engage in safer drinking behaviours.

For those students aged 16 and above who self refer to an intervention and who may not want their parents to be informed:

1. Consider the privacy rights of the young person. Refer to the [Privacy Code of Practice](#).
2. Encourage the young person to talk with and share alcohol related issues with their parents.

Alternatively, a young person may be referred to the school counsellor who can help them talk with their parents about the intervention or how to seek further support if they need it.

## Informal opportunities

Deliberately bringing attention to adolescent related alcohol issues may be one way to help engage parents and the community. It can also highlight the importance of their role in alcohol education.

Any information provided to parents should be accurate, based on recent research evidence, and appropriately presented or distributed. It could relate to:

- the alcohol guidelines
- normative information related to adolescent alcohol consumption – aiming to present an accurate and realistic picture based on up-to-date research
- positive behaviour management practices to prevent risky behaviours
- laws related to supply and underage alcohol use
- how parents can monitor their adolescent without interrogation or having an adverse effect on their relationship (for example by establishing rules, setting limits, showing interest and discussing upcoming activities)
- relevant research information in parent friendly language, without scare tactics (for example, why parents should delay their child's introduction to alcohol or how parents exert an influence).

Other avenues to promote positive parenting practices and responsible adult alcohol use occur through scheduled school events with a parent audience. These include:

- parent-teacher nights
- year related information evenings (for example Year 7 orientation or Year 10 subject selection)
- parent and community meetings
- PDHPE drug education information sessions

- school newsletter items
- school promotion of student welfare initiatives.

Schools have further opportunities to develop awareness of positive health behaviours related to alcohol and drinking by maintaining a connection with local community workers. For example, this can occur through communication and liaison about:

- community based youth support programs or initiatives
- parental education programs that target changing parenting behaviours.

Successful parent-adolescent interventions that have achieved reductions in adolescent substance use may also provide help for families. School counsellors can provide information about these programs.

## Helping parents with decision making

The longer a young person delays their first drink, the less chance they have of becoming a regular consumer of alcohol or of drinking at higher levels. Schools can encourage parents to be proactive and help students make health promoting decisions. They can also make accurate information and support material readily available.

## Laws related to supply and underage alcohol use

Parents are the primary source of alcohol supply. Introducing or supplying alcohol to young people in the home may be viewed as a way to guide young people towards responsible alcohol use. Parents may also see this as a relatively safe and controlled environment.

Research has found however, that this practice could be problematic as parents often have different reasons from their adolescents for drinking alcohol. It is also suggested that moderation in the home setting may not translate to moderation in a peer drinking context.

More information related to NSW underage drinking laws and the consumption of alcohol with adult supervision is available [here](#).

## Where can parents find help?

### Department of Education and Training

[Alcohol: Celebrations and Supply – Information for parents](#) (pamphlet)

Parties, other social activities and holidays are often very important in a young person's life. Parents and carers can help make celebrations and activities safer by talking with their sons and daughters about their responsibilities.

This pamphlet offers parents practical suggestions for hosting celebrations. It also provides information on laws about the supply of alcohol to young people, drinking and driving and proof of age.

The resource includes:

- Talking it over
- Hosting a party
- Going to a party
- Heading off on holidays
- Alcohol, drugs and driving
- Alcohol, young people and the law
- Proof of age.

### **New South Wales Government**

[Guides to dealing with alcohol for teenagers and parents](#)

[Tips for parents whose children are attending parties](#)

[Young people and alcohol](#)

### **Australian government**

- National Health and Medical Research Council: [Australian Guidelines to Reduce Health Risks from Drinking Alcohol](#) (2009)
- Department of Health and Ageing: [Alcohol and young people: a guide for parents](#)

### **Drug Info Clearing House**

Fact sheets are available as downloadable PDF documents at:

[http://www.druginfo.adf.org.au/druginfo/fact\\_sheets/](http://www.druginfo.adf.org.au/druginfo/fact_sheets/)

### **Australian Drug Foundation**

The Australian Drug Foundation position on teenagers and alcohol including some commonly asked questions by parents are available at:

<http://www.adf.org.au/article.asp?ContentID=teenalcohol>

## Sample parent letter

School Letterhead

### REDUCING ALCOHOL RELATED HARM

Our school is committed to ensuring the safety, health and wellbeing of our students. As part of the school's broad welfare approach, we are offering additional support for students who may be at risk of alcohol related harm.

This support involves activities to help young people abstain from drinking or to reduce harm associated with alcohol use and drinking behaviours.

Some teachers at our school have received extra training to provide this specific support for young people. These teachers can support your child by:

- listening to what they say when they may be experiencing alcohol related difficulties
- clarifying what the problems actually are
- providing health information related to alcohol consumption
- discussing ways to stay safe (for example, to reduce or stop drinking)
- connecting them to people who can help
- helping them make informed decisions
- encouraging them to seek further support if they need it.

A self paced electronic resource with alcohol related activities is also available to young people who may wish to have a look at their own alcohol use. Students receive personalised feedback when they complete a quiz and can find information and strategies to help reduce harm and keep them safe around alcohol.

You can discuss any concerns about your child or ask for more help and support by contacting the welfare coordinator, [teacher name] or one of the teachers listed below:

[teachers' names]

Students may approach one of these teachers directly to discuss alcohol related issues or concerns about themselves. They may also share concerns for friends or others who are experiencing difficulties.

*A young person who needs more intensive or specialised support will be encouraged to make an appointment to see the school counsellor.*

If you would like any further information, or wish to discuss this further, please contact [teacher's name] on [school phone number].

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