



THE COLLABORATIVE TRUST
For Research & Training in Youth Health & Development

RESEARCH TO INFORM DEVELOPMENT OF A YOUTH ALCOHOL STRATEGY FOR GREATER CHRISTCHURCH

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EXECUTIVE SUMMARY

Background and Purpose of the Research

The aim of the research was to provide a space where seldom heard from populations (young people, their parents and caregivers and people who work directly with young people) could voice their views of what a strategy to reduce alcohol related harm in Greater Christchurch should look like. The research, undertaken by The Collaborative Trust for Research and Training in Youth Health and Development, was intended to inform development of a Greater Christchurch Youth Alcohol Strategy.

Methodology

The present research was qualitative in nature, with focus groups undertaken with three stakeholder groups: a) young people (three focus groups, n=26), b) parents of young people aged 14 – 17 years (two focus groups, n=11), and c) people who work with young people (two focus groups, n=15).

It is important to note that the convenience sampling method used to recruit participants for this study means that the participants are not necessarily representative of the cultural or socioeconomic diversity of parents, young people or people who work with young people in Greater Christchurch. For example the parents participating in both focus groups were only of pakeha ethnicity and parents participating in one of the focus groups were predominantly of a higher than average socio economic status. As such the views portrayed in this report should not be viewed as representative of all members of such stakeholder groups. In particular, further research is needed to explore issues around alcohol and young people with Māori and Pasifika parents and caregivers, and with parents from lower income backgrounds.

Findings

Alcohol related harm

Parents, young people and professionals consulted largely agreed about what alcohol related harm looks like. Further, they were largely in agreement regarding which young people were most vulnerable to harm:

- Young people with parents and significant adults around them who role model heavy drinking
- Young people with older friends
- Young people who are parented either very permissively or very strictly, and Young people whose parents do not engage with them.



In terms of settings where alcohol related harm is more likely for young people, sports clubs, big events and family gatherings were most commonly identified across the three participant groups.

Preventing alcohol related harm of young people

The following measures were seen as needed to prevent alcohol related harm of young people:

- Education of young people in years 9 and 10 was identified as a key measure in preventing harm. The focus of this education was identified as being on the:
 - harm alcohol can cause
 - effects of alcohol at different levels of consumption, and
 - strategies young people can use to say no to alcohol
- Education of parents about:
 - the harm that alcohol can cause to a teenage brain
 - the impact their own behaviour around alcohol has on their children (particularly role modelling)
 - the effects of different amounts of alcohol on young people
 - what a standard drink looks like
 - their responsibilities under the law
 - host responsibility
 - keeping the lines of communication with their child open
 - getting to know their teen's peers.
- Enforcement of laws relating to underage drinking and parental responsibilities. Young people and professionals also wanted to see a harder line taken in enforcement around sale of alcohol to be consumed by underage young people.
- Addressing New Zealand's drinking culture and especially the link between alcohol and sport.
- Alcohol-free, appealing youth events.

A Greater Christchurch Youth Alcohol Strategy

Across the three respondent groups there was widespread support for a Greater Christchurch Youth Alcohol Strategy, but this was seen as needing to fit within a wider context of efforts to change New Zealand's drinking culture as a whole, and especially the association between binge drinking and sport.

Young people suggested that it was especially important that a strategy such as this should have buy-in from a high level, and especially from Central Government. Youth



workers and other youth professionals were keen that the strategy should cover the ages of 10-25 years.

The input of young people and parents of young people into a strategy was seen as key, and the current research project and the opportunity for them to participate in it seemed to be well-received.

Participants suggested that a youth alcohol strategy would need to contain the following components:

1. Education
2. Sale and supply
3. Fostering and supporting positive alternatives to alcohol use
4. Accessible treatment

Messaging regarding no safe level of alcohol use under 18 years / delay onset message

A health promotion message, telling young people and their parents that there is no safe level of alcohol use under age 18 and that they therefore should not consume alcohol before this age was seen by all the groups consulted as ineffective. It was seen as too easily deconstructed (i.e. how can it be safe at 18 years but not 17 years), and far too heavily undermined by the role modelling of older friends, parents, family members and other adults, as well as the strong drinking culture that we live in. Further, consultations with parents indicated a belief by some that young people need to “learn” how to drink, and that it is better to do this in a controlled situation. While it appeared that some participants knew about the effects of alcohol on the developing teenage brain, not all participants seemed to apply this knowledge to their own child.

A key challenge therefore in getting the delay onset message across to parents and young people effectively is to convey the messaging in a way that is personal and meaningful.

The delay onset message (alcohol use is harmful for under 18 years of age, with no safe level of alcohol use below this age) was seen as more likely to be listened to by parents and young people if it first “sold the why”, explaining the harm that alcohol can do if consumed by people aged under 18 years, and if it fitted as part of a context of active efforts to change New Zealand’s drinking culture at a community level. If the message came from people that young people and their parents respect; started with parents and educated them about legal issues, communicating with their children and young people (eg. what their expectations of their young people are, what sensible drinking behaviour might entail, how much a standard drink is and



what effects different quantities of alcohol may have on them), and around parents influence as role models for alcohol use (both in terms of modelling drinking behaviour and often being the suppliers of alcohol), then participants anticipated change could be achieved. Participants also identified the importance of messaging being meaningful to the target audience. For example the suggestion was made that in targeting the messaging at young people, a focus on the sugar content of alcohol might be useful, since many young people are very interested in body image, and may be more likely to take this message on board rather than the message that alcohol impacts negatively on brain development on its own.

Of note in this research was the similarity in responses from parents, young people and people who work directly with young people in thinking about what alcohol related harm looks like, who is most at risk, how it can be prevented and who needs to be party to preventive efforts. There was nothing reported by the adults consulted that was not also identified by youth participants.

Alcohol use by young people was very much seen as part of a wider drinking culture in New Zealand, and underage drinking was seen as best addressed as part of a wider effort targeting binge drinking. By fostering and encouraging opportunities to have fun without alcohol at community events, family events and sporting gatherings, drinking alcohol was expected to become less appealing to young people, through the role modelling they see from adults around them. While participants acknowledged that cultural change around alcohol use will be hard, they generally agreed that it was possible, if change occurs in an incremental fashion, just as it has with smoking. Social media was viewed as being likely to play a huge role in creating this change.



1.0 BACKGROUND

An application was made by The Collaborative Trust for Research and Training in Youth Health and Development (“The Collaborative”) to Health Promotion Agency’s (HPA) Community Action on Alcohol Partnership Fund in the 2015-16 financial year, for funding to enable research to gather key stakeholder perspectives and in the process, inform the development of a Greater Christchurch Youth Alcohol Strategy (GCYAS). The funding application was successful, enabling a collaborative effort with oversight from Christchurch City Council, Hurunui District Council, Waimakariri District Council and Selwyn District Council, along with Community and Public Health, HPA, Canterbury District Health Board (CDHB) and various NGOs.

At the same time as The Collaborative sought funding for this research, Canterbury Youth Workers Collective also sought funding for their own research into alcohol issues for young people. It was intended that the two projects would work in tandem, complementing each other.

The Collaborative Trust is an independent Charitable Trust established in 2004. It is governed by a Board of Trustees and functions at an operational level through a Director (Dr Sue Bagshaw) and a Research and Evaluation Manager (Dr Ria Schroder) who manages a team of independent researchers and evaluators, who are contracted to work on projects as required. The present project was supervised by Dr Ria Schroder, Research and Evaluation Manager of the Collaborative Trust with Sarah Wylie undertaking the research, in conjunction with two youth peer researchers; Tayla Reece, a University of Canterbury (UC) Social Work student also employed part-time at the Canterbury Youth Workers Collective at the time of the research, and Olivia Dowd, a UC Psychology and Sociology student.



2.0 RESEARCH AIMS

The aim of the research was to provide a space where seldom heard from populations (young people, their parents and caregivers and people who work directly with young people) could voice their views of what a strategy to reduce alcohol related harm in Greater Christchurch should look like. Providing a genuine opportunity for these key stakeholders to contribute to the development of a strategy that is both relevant and applicable to them was seen as likely to increase the reach and uptake of the strategy and therefore increase its effectiveness in meeting key objectives. The aim of the strategy, that can be built on the research findings, is to target both the prevention of alcohol related harm and the treatment of alcohol related harm to young people.

The current research project sought to answer the following questions:

- a. What does alcohol related harm look like in young people and which young people/in which situations are most at risk?
- b. What could be done to help prevent young people being harmed by alcohol?
Supports/Barriers
- c. What support is there for a GCYAS?
- d. What should a GCYAS cover?
- e. What will enhance the effectiveness of a GCYAS?
- f. How will the message that people aged under aged 18 years should not drink alcohol at all because there is no safe level of alcohol use for this age group (the delay onset message) be received, what could support this message being received, and does this message belong in a GCYAS?



3.0 METHODOLOGY

3.1 Focus Groups

The present research was qualitative in nature, with in-depth interviews being undertaken in focus groups with three groups of people who were identified as being key stakeholders in a Youth Alcohol Strategy for Greater Christchurch: a) young people, b) parents of young people aged 14 – 17 years, and c) people who work with young people. These three groups were chosen because they were recognised as key stakeholders in a GCYAS who traditionally are seldom involved in the development of such a strategy.

The focus groups followed a semi-structured format, seeking answers to a number of questions regarding alcohol related harm of young people, what a strategy should seek to address, and seeking feedback regarding a possible health promotion message regarding underage drinking. The parent focus group participants were recruited using convenience sampling. The first focus group was promoted via social media, via two geographic community pages. In addition, parents of young people 14-18 years known to the lead researcher were also messaged via social media and the focus group invite shared directly with them via Facebook, with the invitation that they bring a friend. For the second focus group, this was promoted via flyers given to parent of young people who took part in a large youth group, which operated at the same time and at the same venue as the focus group was held.

For people who work with young people, one focus group was held during a networking meeting. The other used convenience sampling, with youth workers recruited by one of the peer researchers. Two of the focus groups with young people also had the peer researcher recruit, along with students at each of the schools. Recruitment for one of the youth focus groups was undertaken by a year 13 student who had seen the Facebook post regarding the parent focus groups and was keen to take part. Parents and young people who took part in focus groups were given a \$10 voucher to thank them for participation. Focus group participants were also given refreshments.

The following focus groups were undertaken:

3.1.1 *Parents (two focus groups)*

- **Selwyn - Halswell – Hoon Hay** (Te Hāpua) (n=8; seven female, one male, all New Zealand European/European, high socio-economic status, two parent families). Demographic data was gathered via a self completion



questionnaire (anonymous). In their introductions, participants each said how many children they had and their ages.

- Facilitated by lead researcher with two peer researchers scribing and hosting.
- **New Brighton** (Youth Alive Trust) (n=3; two female, one male, all New Zealand European, medium SES, single parent and blended families).
 - Facilitated by lead researcher with one peer researcher scribing.

It is important to note that the parent sample was not culturally representative of the city's parent population as a whole as the sample in this study was exclusively Pakeha. Further, the Halswell – Hoon Hay parent focus group sample was not representative of the city's parent population as a whole in terms of income. Participants in this focus group were of a higher socioeconomic status than average (based on comparison with mean family income for Christchurch City, 2013 Census, Statistics New Zealand website.). Consequently, further research is required to explore issues around alcohol and young people with Māori and Pasifika parents and caregivers, and with parents from low income backgrounds.

3.1.2 Young People (three focus groups)

- **Kaiapoi High School:** (n=7; four females, three males, 15-17 years, four New Zealand European, two Māori and 1 NZ European/Māori/Asian)
 - Facilitated by peer researcher with lead researcher and second peer researcher scribing.
- **Aranui High School:** (n=7; five females, two males 16-17 years, four New Zealand European, two Māori/NZ European and one Māori/Pacific Islands)
 - Facilitated by Peer researcher with lead researcher and second peer researcher scribing.
- **Hillmorton High School:** (n=12; seven females, five males, 16-18 years, six New Zealand European, one European, one Māori, two Asian one NZ European/Asian, one ethnicity unknown)
 - Facilitated by peer researcher with lead researcher and second peer researcher scribing.

3.1.3 People who work with Young People (two focus groups)

Two focus groups were conducted with people who work with young people, one convened through the Canterbury Youth Workers' Collective, and attended by three female youth workers, and one held during the regular monthly meeting of the



North Canterbury Youth Network (n=12). Of the twelve people at the North Canterbury focus group, nine participants were female and three male. Participants came from a range of professions and worked with young people in a range of capacities. The group included social workers, family counsellors, a drug and alcohol counsellor, a funder, a training provider, a local government youth advisor, and youth workers.

The Youth Worker focus group was facilitated by one of the peer researchers and scribed by the lead researcher, while the North Canterbury focus group was facilitated by the lead researcher and scribed by one of the peer researchers.

The total number of participants in the focus groups was therefore 53: 26 young people, 12 parents, and 15 people who work with young people.

3.2 Data Analysis

All focus groups were transcribed in full, with the exception of the New Brighton parent focus group. All data were analysed by the lead researcher with each peer researcher co-analysing different data sets with the lead researcher. Data were read and re-read for emerging themes and consilience between agreement of themes was discussed between the lead researcher and peer researchers. Once identified all themes were written up by the lead researcher, with the peer researchers reviewing the document and providing feedback.



4.0 RESEARCH FINDINGS

4.1 Focus Groups with Parents and Caregivers

4.1.1 *The respondent group*

Two focus groups were conducted with parents and caregivers, one in New Brighton (n=3) and one in Halswell (n=8). The lead researcher facilitated both focus groups, with one peer researcher scribing the New Brighton focus group, and two scribing the larger Halswell focus group.

The New Brighton focus group was conducted at the same time as Youth Alive's Friday night youth programme, and in their premises. The focus group had been actively promoted for two weeks prior via a flyer to parents dropping off young people, and via local social media. Youth Alive Trust undertook promotion of the research, seeing this as fitting well with work they are doing to more actively engage with parents in their local community.

The New Brighton focus group lasted around an hour, and was attended by three parents; two female and one male, all New Zealand European, one aged 40-49 years, one aged 50-59 and a mother of teen and adult children who chose not to disclose age, relationship status, or income. The group included a single mother of four children aged 12-18 years and in paid employment, and a male in a two-parent family where he and his partner both worked, with three children aged 11 to 21 years. During the focus group one participant had difficulty limiting their responses to the topic of this research. In order to protect the privacy of this participant, the decision was made not to have this focus group transcribed by a third party. However to supplement the scribe notes, the recording was referred back to by the lead researcher where needed for analysis. Both parents who disclosed household income were in the \$65,000-\$79,999 bracket. The median household income for Christchurch at the time of the 2013 Census was \$65,300, and the median family income \$76,100, putting these at around average.

The Halswell focus group was promoted via the "Hoon Hay Community" and "Halswell Community" Facebook groups and the "Halswell Community" Facebook page, with three posts made, promoting the focus group over a two week period. The response was slow, so the researcher (local to Halswell) messaged a number of parents known to her with children aged 15-17 years, and encouraged them to attend and to bring a friend. Some of the participants therefore knew each other, while others did not. Two participants were recruited via the Hoon Hay Facebook



page. One of these worked in the addiction treatment sector. The focus group was held at Te Hāpua, the Christchurch City Council community facility in Halswell. It ran for one and a half hours.

The participant group in the Hoon Hay/Halswell/Selwyn focus group was comprised as follows:

- Seven female, one male
- Five aged 40-49 years, three aged 50-59 years
- Seven New Zealand European, one other European
- All were from two parent families, seven with two parents in paid employment and one with one parent in paid employment.
- Five of the parents had children who attended Lincoln High School in Selwyn District, and the remainder had children attending schools in Christchurch city. In total, the parents in the focus group had children who attended five different high schools, all state or state-integrated.
- Half of the parents had two children and half three children, four with teens all under 18 years, and half with a mix of children aged over and under 18 years. Only one parent had an oldest child aged under 15 years.
- Half resided in Christchurch City and half in Selwyn District.
- Six of the parents had household incomes of \$100,000 and over, and two identified their household income as \$80,000 - 99,999. Therefore, all were of higher income than average for Christchurch families.

It is important to note that the sample was not culturally representative of the city's parent population as a whole, as it was exclusively Pakeha. Further, the Halswell – Hoon Hay parent focus group sample was not representative of the city's parent population as a whole in terms of income, being of higher socioeconomic status than average. Further research is needed to explore issues around alcohol and young people with Māori and Pasifika parents and caregivers, and with parents from low income backgrounds.

Feedback from the parent focus groups was as follows:

4.1.2 Alcohol related harm

For the parents in the focus groups, alcohol related harm was about drinking alcohol, and especially binge drinking making young people do things they would not otherwise do, poor decision making and an increased susceptibility to peer pressure making them more vulnerable. They identified the following kinds of harm:



- Alcohol causing harm to the brain and especially the frontal lobe – across both focus groups there was very high awareness of recent brain development research, as presented by Nathan Makaere-Wallis and Brainwave Trust.

“The long term effect on their brain, which is still actually not fully formed really, especially that frontal bit.” – Halswell mother of teens

- Drink driving (especially from parents with young people attending a rural high school).
- Alcohol poisoning and alcohol leading to problems requiring medical attention / accidents.
- Risky sexual behaviours.
- Not looking after their mates – forgetting how to be responsible around alcohol once they do start drinking.
- Lowers performance at school, work, and/or in sport.
- Alcohol acting as a gateway to other drugs.

“In my experience, with my older one going to parties at 17 and 18 ... with the drink, there'd always be someone popping pills and it was so and so who would never try drugs, would take the pills. I was left gobsmacked, at nearly every party.” –Mother of three teens

“A couple of hours earlier, before those three drinks, probably the young person would have said, “No, I'm not into that.” Once that compromise starts to take place, they go, “Yeah okay.” - Father of three teens

Thinking about which kinds of young people might be at greater risk of alcohol related harm, the following young people were highlighted:

- Those with low self esteem.
- Young people with weak parental relationships and a lack of boundaries.



- Young people who do not have open lines of communication with their parents/caregivers and whose parents never discuss alcohol related harm or responsible drinking behaviour.
- Young people whose parents/caregivers do not show clear expectations regarding their behaviour, especially around alcohol.
- Young people from families where the parents/caregivers do not take an active interest in their young people and make an effort to know what their children are up to.
- Females in single parents families where the father is absent.

Parenting practice was a strong theme in all feedback.

Thinking about situations which might put young people at greatest risk of alcohol related harm, unsupervised large youth events where alcohol is available and especially unsupervised and poorly supervised parties were identified as the greatest concern.

“The problem is that as they get older, it's really uncool (to actively intervene). I can't go up to the door and go, “Hello, I'm [name] mum.” I'll drop them off and I'll pick them up at this time and they're not allowed alcohol or they're allowed one glass or whatever rule I've decided. You can't do that because it's so uncool and you're trying to back off and give them space but at the end of the night, when you do pick them up, you find that there were no parents, or that there are parents but they've been drinking and they're not supervising, that's a bit frightening. That's the big one, lack of supervision.” – Mother of three teens, Selwyn District

Sports settings, and especially rugby culture were also highlighted.

“I think there's a big association with rugby and beer and Steinlager particularly have it sewn up with the All Blacks.” – Father of three

“It shouldn't be okay for a group of men to take away a group of young boys on an end of season trip together, and I've heard of this happening more than once, where the men then drink themselves silly. A friend of mine sent her husband who didn't drink and stayed and looked after the boys. The kids didn't get given alcohol or anything but these guys got completely blotto, and that's not okay.” – Mother of three teens



4.1.3 Preventing alcohol related harm

The parents in the focus groups were asked to think about those measures which they saw as most likely to prevent alcohol related harm for young people. Again, changing parent behaviour was the strongest theme. Their suggestions were as follows:

- Encouraging positive parental role modelling around alcohol.

“What's being modelled at home around how I de-stress. Even language, does somebody walk in at the end of the day and sit down and go, I desperately want a wine cos that's how I de-stress at the end of the day. People do that without even thinking about it but that's modelling behaviour.” – Mother of three, Hoon Hay

- Encouraging parents to set clear expectations to their young people regarding drinking behaviour.
- Encouraging parents to actively engage with the parents of their child's peer group, and especially prior to any party – seeking as much information as possible about how the party will be supervised and by whom, whether adults will be drinking, and what host responsibility will be employed.
- Educating adults about host responsibility, and especially in relation to young people, including how alcoholic drinks should be handled (labelling etc.), how freely soft drinks should be available, what food to offer, understanding what a standard drink is, and understanding how much is too much alcohol for a young person.
- Supporting parents to develop good relationships with their young people and clear lines of communication.
- Educating parents around the law and providing clear guidelines around this – In the larger focus group, it was clear that very few parents had a clear idea of what their responsibilities were under the law either as a host of a youth party where alcohol is present, or as a parent.

“I think that there's sometimes some confusion around exactly what the law says about alcohol and young people and what the guidelines are around



that kind of stuff. ... My youngest son is 17 and he's been at parties where he's not supposed to be drinking but there's no supervision happening at that place even though parents have said, "I'm gonna be there." They're not actually present, they're in another room watching telly while the young people are doing what they're doing. I think there's a need for a bit of educating or some clarification around what the law says." – Mother of three teens / young adults

- Educating parents about their impact as role models in relation to alcohol.
- More enforcement of the laws around under-age drinking and parental responsibility.

"I think there's a lack of enforcement around the law. ... It would only take a few prosecutions of parents for it to spread like wildfire throughout the community, that failure to comply with the law would result in that kind of thing. I think the reason that doesn't happen is that Police are parents too and there's an unwillingness to prosecute the average mum and dad... If they did, it would reinforce that there are actually laws around parties at home for parents and what they can and can't do." – Father of three

- More education around brain development messages, through seminars, social media and wider media – eg. Nathan Makaere-Wallis and Brainwave Trust.

4.1.4 Youth Alcohol Strategy

Both parent focus groups were asked for feedback about the development of a Youth Alcohol Strategy for Christchurch, and participants were supportive of this initiative. The following themes came through most strongly in terms of what issues such a strategy should seek to address:

- Education, around the law, how to keep young people safe around alcohol, and how to spot when things are going wrong.
- Increasing awareness of the harmful effects of alcohol.
- Fostering, supporting and creating opportunities for young people to have fun without alcohol – alcohol-free events.



- Restricting the sale of alcohol, limiting outlets, reducing the number of off-licences and controlling location of off-licences to keep these away from schools, making alcohol less appealing in supermarkets.

“15 year old boys, they go to the supermarket when I'm there and they look at the alcohol like it's liquid gold. - I'm shocked and then I went there the other night, and there's another group of lovely 15 year old boys looking at the alcohol like it's gold. For some reason, it's too magical and exciting and it'd be really good if someone could really just make it less exciting somehow.” Mother of three, Selwyn

“I wonder about the supermarket thing. It's really handy to be able to throw a couple of bottles of wine in your supermarket trolley but we live in Lincoln and if you need to shoot down to the supermarket on a Saturday night to get something, the town is full of students and you can just see it; they go to the supermarket cos it's right there, there's a bottle store but it's further into town and they've gotta walk from the halls or their flat or whatever. – Mother of two teens, Selwyn

- Increasing the price.
- Trying to change New Zealand's drinking culture especially targeting binge drinking, and addressing the present links between alcohol and sport.

“Kiwis are quite renowned for their binge drinking culture, quite different from Europe and places like that. That's not an overnight fix, that's years and years of education probably. It's the root cause. You can put all those other things in place but that's generations old and it will continue through if we don't address it somewhere. ... We'd have to get some role models that our boys and girls consider role models - not who we considered role models - people that would appeal to them out there on Facebook or whatever social media they are into.” – Mother of teens

“I wonder if maybe part of the issue is that people get a little bit nervous when you start talking about changing things around alcohol because people are concerned about what that's gonna mean for their own use of alcohol. As a culture, we can get a little bit defensive about that and we can say, “We don't want the price to go up because why should I have to pay more just because other people don't know how to be responsible?” It's very much I, I, I thinking.” – parent of teens, Halswell



- Making sure that when young people do start experiencing problems with their drinking, it is easy for them to access help.

Thinking about who the key partners in a Youth Alcohol Strategy might be, young people, parents, teachers and youth workers were all identified as key partners who should be involved in the development of such a strategy.

4.1.5 Health promotion messaging regarding no safe level of consumption under 18 years (delay onset message)

As well as thinking about what might be in an alcohol strategy, the focus group also sought feedback from parents regarding a potential health promotion message conveying that alcohol use should be delayed until the age of 18, and that there is no safe level of drinking under this age.

The parents could understand where this message was coming from, with high awareness in both focus groups about the impact of alcohol on brain development, thanks to media coverage and talks in high schools. (It is possible that exposure to such messaging made parents more willing to attend a focus group regarding alcohol and young people, so we cannot assume that the awareness of brain development and alcohol is as high across the whole parent population.) However while they could see the relevance of its origins, many participants felt that this message would struggle to result in behaviour change, because a) the drinking culture in New Zealand is so entrenched, b) young people and parents will not believe that there is that big a difference between a 16 or 17 year old and an 18 year old, and c) many parents will think underage drinking was okay for me, so why is it different for my kids?

What was interesting in undertaking the parent focus groups is that almost all, if not all parents accepted that alcohol causes damage to the brain, even in small amounts. Yet at the same time, around half the parents during the course of the focus groups expressed the opinion that it is better for young people to “learn to drink” in a controlled environment whilst underage than to only start drinking at age 18 years, when drinking appeared to be viewed as something of a free-for-all. A number of parents talked about consciously choosing wine as the drink to give their children as a first drink whilst underage, because they knew they would not enjoy the taste, and wanted them to see alcohol as something that is not exciting. One person gave her son beer, and said she felt so disappointed when he said he loved the taste.



Accompanying this, some of the parents found it hard to imagine ever turning New Zealand's drinking culture around, yet a number of references were made to the changes that have occurred in New Zealand around smoking and drink driving behaviours, and even the wearing of cycle helmets. For others, the message was identified by one of the groups as more likely to be accepted if it was conveyed using a multi-faceted approach, where under-age drinking is targeted along with lots of other measures designed to tackle New Zealand's drinking culture. A parent at the New Brighton focus group felt that while this message would be hard to get parents or young people to take on-board, there was "an opportunity to try and do things differently" in this message and what we now know about brain development, and we as a community need to keep going with this.

In order for the message to be taken on-board by young people and their parents, a number of participants expressed the view that this message needs to be targeted at children from a young age. Some felt that all that a message like this would do is push underage drinking underground, and that young people would not stop wanting to drink.

"Young people see themselves as invincible." – Mother of four teens, New Brighton

They also thought the message stood a greater chance of being taken on board by young people, and also by parents, if it was delivered by role models they saw as cool. More seminars on brain development, presented by people like Nigel Latta, were seen as supporting young people and their parents to make good choices around alcohol. Other suggestions included a video that tracked two different people and their life paths following different choices around alcohol, talks from the Police with young people and their parents about the law, encouraging parents to talk to their children about alcohol and set clear expectations around this, and encouraging parents to get to know their children's friends.

Thinking about how a message can best be framed to get buy-in, the following comment was made, which seemed to resonate strongly for the Halswell – Hoon Hay/Selwyn group:

"If you want to sell any concept or any idea, the first thing you have to do is sell the why. If you can't get people to buy into the why, they're not going to buy into anything else that you sell that relates to that. Until people actually really get that there is a problem and what that problem looks like and feels like, and they're connected in some way to that or have some empathy around that, then they're going to be resistant to any change that might



impact on their comfort or their freedom or their ability to do what it is that they want to do.” Mother of three, Halswell

The longer the focus groups considered the message that there is no safe level of alcohol consumption under 18 years, and how this might work as a health promotion message, the more they focused on how New Zealand’s drinking culture could be changed, and how it needed to be changed in order for alcohol related harm of young people to be minimised. Changes were identified as necessary at a community level, and especially around the association between alcohol and sport, and alcohol as a rite of passage to adulthood. Further, a need to clarify and enforce the law around underage drinking was also identified.

“I think if you actually look at the law, you can give your child alcohol. There is no law. They’re not allowed to go on a licensed premises without an adult until they’re 18 but at home, you can give it to them at seven years old, whenever you want. There isn’t actually a law about that. That’s the thing, if they’re with their dad and they’re on a rugby trip or with dad’s best mate – “Come on, Dad won’t mind, it’ll be fine, have another one” - that’s how it goes.” - Mother of teens, Selwyn District

“Mum’s not here, don’t tell mum. It creates the bond between the father and the son.” – Father of three teens

“We might not change in our generation but it might the next generation. ... our children’s kids and our grandchildren’s children.” – Mother of three, Halswell

4.2 Focus Groups with Young People

4.2.1 *The respondent group*

Three focus groups were conducted with young people at three secondary schools in the Greater Christchurch area, Kaiapoi High School (decile 7) – n=7, Hillmorton High School (decile 4) – n=12, and Aranui High School (decile 2) – n=7. In total, 26 young people took part in the focus groups. The Aranui and Kaiapoi focus groups were convened by one of the peer researchers, who was connected to the schools’ student leadership. The Hillmorton focus group came about after a student at the school responded to the Facebook post regarding a parent focus group in the Halswell – Hoon Hay area. This student convened the focus group via the year 13



Facebook group for their school. All groups were held at lunchtime, with lunch provided.

The demographic characteristics of each of the focus groups' attendees were as follows:

Kaiapoi High School:

- Four females, three males
- Three aged 15 years, and four aged 17 years
- Four New Zealand European, two Māori and one NZ European / Māori / Asian
- Six from two parent families where both parents work, and one from a one parent working family
- One in a family with two children, two in families with three children, three in families with four children and one in a family with six or more children
- Four were the oldest child, one a middle child and two were the youngest in their family

Aranui High School:

- Five females, two males
- One aged 16 years, and 6 aged 17 years
- Four New Zealand European, two Māori/NZ European and one Māori/Pacific Islands
- Six from two parent families where both parents work, and one from a one parent non-working family
- One in a family with two children, two in families with four children and three in a family with six or more children
- One was the oldest child, three were middle children and three were the youngest in their family

Hillmorton High School:

(Demographic data form not completed by one participant, although age and position in family given in their introduction)

- Seven females, five males
- One aged 16 years, ten aged 17 years and one aged 18 years
- Six New Zealand European, one European, one Māori, two Asian and one NZ European/Asian, one ethnicity unknown
- Nine from two parent families where both parents work, and two from two parent families where one parent works, one unknown



- One only child, Six in a family with two children, three in families with four children and one in a family with five children, one unknown
- Six were the oldest child, four were the youngest in their family, while the position in the family was unknown for two participants.

The total sample of 26 young people who took part in the research was 57.7 percent Pakeha, 23.1 percent Māori, 3.8 percent Pasifika, and 11.5 percent Asian. The average age of participants was just over 16 and a half years. Just over eighty percent of the participants came from two parent families where both parents work. Only 7.7 percent were from single parent households.

Of the young people who participated in the focus groups, 11 were the oldest child in their family, five were in the middle, and nine were the youngest. The average number of children in their families was 3.2.

4.2.2 Alcohol related harm

The young people who took part in the focus groups most commonly identified alcohol related harm in the following terms:

- Brain and liver damage, and damage to other organs
- Addiction
- Making silly mistakes and behaving poorly as a result of impaired judgement
- Accidents and medical emergencies, alcohol poisoning resulting in a need for hospitalisation

Alcohol related harm was also identified as:

- financial impacts, especially when people become addicted;
- drink driving;
- damage to friendships; and
- pregnancy and unwanted sexual activity.

“With girls, guys can take advantage of them. If they’re drunk, they don't really know what they're doing and guys could use that as an advantage to attack them which isn't fair.” – Aranui young person

They talked about how alcohol has pluses and minuses around its use, with alcohol making young people more confident and more popular.



“They were drinking at the last party, so they can come to our party now - they fit in more.” – Kaiapoi young person

Alcohol related harm was seen as tied in closely with peer pressure, and not just from young people but also from adults around them. Young people were identified as looking to older young people and adults to guide them in what they do around alcohol, with harm resulting from this role modelling.

Thinking about those young people who might be at greater risk of alcohol related harm, the issue was seen by the young people consulted as widespread. However the following groups were highlighted as at greater risk:

- Young people whose parents are very strict (and whose kids are therefore more likely to hide their drinking).
- Young people whose parents don't drink responsibly or where alcohol dependency is an issue and alcohol abuse is “normalised” – *“Once Were Warriors families”*.

“It just depends what sort of ideologies you were brought up with and what you accept as right My family has never been heavily into drinking - it's just not something we do.” – Young person, Kaiapoi

“Your upbringing - kids start drinking when they're three sometimes. If the parents are always drinking then they'll have sips and then they develop a taste for it.” – Hillmorton young person

“It's all about the examples that are your role models ... when you're as young as 10 or younger, it's definitely your parents that are your role models.” – Hillmorton young person

- Young people who are vulnerable due to mental or physical health issues.
- Māori.

“Māori homes typically are affected worse by it.” – Young Māori male, Kaiapoi

- Young people with older friends.

All the young people felt that parties and big events were the situations where young people were most likely to be at risk of alcohol related harm.



“A celebration isn't a celebration without alcohol.” – Hillmorton young person

Students at Kaiapoi and Aranui also highlighted family gatherings (birthdays, weddings, 21st, Christmas, BBQs etc.) as risky.

“I've got nephews who have birthdays and there's alcohol involved and I'm like, what? The people that are drinking are often outside on the picnic table by themselves while the kids are inside opening presents.” – Kaiapoi young male

Sports were discussed at length by all three focus groups with young people, with strong associations identified between alcohol related harm, binge drinking and sport.

“Where you've been brought up as well. I was brought up around a league club; every Saturday night you go the league club and everyone's drinking beer and what-not so you get used to it, it doesn't become anything irregular.” – Kaiapoi young person

“it's so common to go and watch a game of league and there's a group of guys standing around with a box of beers on the side lines just drinking and watching the league.” – Hillmorton male

“There's a man - he would drink and just to watch his son play but every game we went to, when he was there, there was a fight. He would storm the pitch and hit a player... He didn't go there to watch his son. He went there to drink, abuse and fight. With a lot of our sporting culture, when there's alcohol there, it almost overtakes the whole aspect of what you're actually there for.” – Kaiapoi young person, involved in league

4.2.3 Preventing alcohol related harm

Across the three focus groups, some strong agreement was evident in the young people's ideas regarding measures needed to prevent alcohol related harm. All focus groups with young people put forward the following measures:

- **Education of young people**

Educate young people about their limits around alcohol – how much is too much, what the effects of drinking alcohol are, and how to spot when someone is in trouble. The young people felt that these messages should be given to young people from a young age, with some messages around alcohol related harm at intermediate



school-age, and a key focus on this in year 9 and 10 of high school, trying to reach children and young people before they start drinking.

“You didn't get taught anything about it at school. You only know what your parents want to or don't want to tell you.” – Hillmorton young person

“You get told it's wrong but you never get told why.” –Kaiapoi young person

At every focus group, young people expressed the view that children and young people are more likely to take on-board health promotion messages regarding alcohol if these are delivered with the use of first-hand experiences, and in interesting presentations (whatever the media) that take a different angle. All groups talked about Attitude presentations and felt that these make a big impact, but that more things like this were needed, more often. Humour was identified in presentations around alcohol, to be able to engage young people, but scare tactics were also seen by young people in two of the focus groups as effective.

“It would be good to get anecdotes from people who have been affected to alcohol and how it's been around them instead of just saying, “This is bad because this will happen. You need people's actual stories.” – Kaiapoi High School

“(Speaking about Attitude) They put themselves in your shoes and talk to you like you're just another friend at a party or friend sitting next to them on a couch. They try to get to that personal level with you. I think that's what makes it effective.” – Kaiapoi High young person

- ***Communication between parents and young people***

All the young people felt that parents have a key role to playing in protecting their children from alcohol related harm, with young people learning from their parents for good or for bad. A strong message which emerged was that parents need to be more proactive around under-age drinking, and communicating with their young people and fostering open communication from a young age was seen as key to this.

“The parents should be more aware that people under age are drinking and it's their children.” –Kaiapoi young person



- **Enforcement**

Enforcement of the laws around underage drinking was identified as a measure likely to reduce alcohol related harm of young people. Some of the young people felt that parents hosting parties irresponsibly, or letting their children drink excessively in their own care should be prosecuted. Others felt that the people selling alcohol should be held to account, to try and prevent adults from buying alcohol obviously going to be consumed by teenagers.

“People selling alcohol should know what the alcohol's being used for. They should have the right to be able to ask, are you going to be giving this to people under age? I know people are gonna lie but they should at least scare them a bit, like call the police.” – Kaiapoi student

- **Alcohol-free youth events**

More community events are needed that are alcohol free, but to be attractive, and for young people to want to come even if they know they are alcohol-free and entry is conditional on a breath-test or bag search, they need to be appealing to young people, offering food and good music, and catering for particular kinds of young people – skaters, dancers etc. Different kinds of events are needed to cater for different groups.

A number of other measures were suggested by young people as likely to reduce alcohol related harm of young people. These were as follows:

- Parents need education around the effects of alcohol on young people’s health and development, the effects of alcohol at different levels, and how much is too much.
- Communities as a whole need to be encouraged to look after their young people.
- New Zealand needs to tackle its alcohol culture, beginning with stopping alcohol sponsorship of sport.

“I think we just need to face the facts that New Zealand is a country that's plagued by alcohol, it's what a lot of advertisements are about. Even just advertising this brand is usually advertised with a man drinking beer or families around alcohol. I think we need to accept that that's what we are so attacking them at a younger age will probably help.” – Kaiapoi young person



“The sporting thing, almost every local sporting clubs are associated with a pub or something associated with sponsorships and so on and they get it printed on their jerseys and all that, you see it everywhere you go.”

– Hillmorton young person

- Increase the price of alcohol.

4.2.4 Youth Alcohol Strategy

Two of the youth focus groups were very supportive of the idea of a Youth Alcohol Strategy for Greater Christchurch, with the third group also seeing this as a good idea, but only if it had full support at a high level. They were concerned that a strategy may get written, but if nobody reads it, nothing will change.

“If it’s actually taken to Parliament and John Key looks at it, then maybe something will happen.” - Aranui young person

Thinking about who should be involved in developing a Youth Alcohol Strategy, the focus groups all agreed that young people, parents, schools, sports clubs and youth workers needed to be actively involved.

“If it’s for the youth, then it should come from the youth.”

– Aranui young person

Participants wanted the strategy to be focused around education of young people and their parents around risks and effects of alcohol, and the effects of different amounts of alcohol on young people. They wanted the strategy to support alcohol messaging that uses personal stories, and presentations like Attitude and Crash Bash in schools and at large-scale public events, where their messages can be seen by adults as well as young people. They also wanted the strategy to support fun, alcohol-free events. They wanted to see marketing of messages around alcohol and its risks and effects, and around the law promoted via social media.

4.2.5 Health promotion messaging regarding no safe level of consumption under 18 years

Each of the focus groups were told that there was an idea being considered by people who work in health promotion, suggesting that people aged under 18 years should not drink alcohol at all because there is no safe level of alcohol use for this



age group. When asked what they thought of a message like this, most of the young people who participated in the focus groups did not think it would work, at least in isolation, because of the role modelling they see from adults and older young people around them, as many under 18s are already drinking and alcohol at parties is expected, because of New Zealand's strong drinking culture, and because young people do not like being told what to do. Some participants felt that a message like this could have the opposite effect of increasing underage drinking, or shifting this to settings that are even less safe than at present.

"Everyone wants what they can't have - it's not going to stop anyone. It's probably going to increase it because once you're told "you can't do this", especially because I get told I'm not allowed to do stuff all the time, I want to do it more." - Kaiapoi young person

"If you tell someone that they can't do it, they're gonna want to do it more."

Hillmorton young person

"I know when I was younger, my mum was really against it, so I would just pretend I wasn't (going to drink). I would just make up excuses and I'd say I was at my friend's house when actually, I'd be at a party. If something had happened to me, she wouldn't know where I was, so it's dangerous." – Hillmorton young person

In one of the focus groups, a young person expressed the view that drinking before the legal age prepares people for when they are 18 years old. This seemed to resonate with some, but not all of the young people in the group.

"When they get to 18, if they haven't drunk at all before 18 then when they get to 18, the effects are gonna be harsher and they're not gonna know how to drink responsibly because they haven't had any experience."

Hillmorton young person

"Safety isn't necessarily don't drink at all. That could be worse down the track when they finally do get to access to alcohol; they might go crazy with it." – Kaiapoi young person

One young person aged under 18 years and who chooses not to drink commented as follows:



“As an 18 year old, you're a lot more mature than you are at 16; it's a big two years between 16 and 18, I'd say. That's why I think that age limit is there for a reason.” – Hillmorton young person

Thinking about what a better approach might be around this messaging, all three youth focus groups saw **starting with the parents** as the priority.

“I think you've gotta target the parents first because that's where it starts - at home.” – Kaiapoi young person

“I think a lot of the time, adults think that their daughters and sons are influenced by their friends, but I think a lot of the time they're influenced by how your parents act and what they do. I don't think parents realise that they have that much power.” – Aranui young person

Young people thought that it would be effective to educate parents on the following:

- What the laws are around under-age drinking and parental and host responsibilities and liabilities
- Encouraging parents to talk openly and honestly with their children and young people about alcohol
- Encouraging and supporting parents to talk to their young people about what to do to keep other young people safe when they have been drinking.
- Educating parents about why it is best to not let their young people drink underage.

“If they knew why then they'd probably be like, don't touch alcohol.” – Hillmorton young person

- Messaging around safety – young people felt that parents will be more vigilant around alcohol and young people if they have a good understanding of the harm it can cause and the sort of quantity of alcohol it can take to cause negative effects.

Some young people did express the view that the key focus should be on preventing underage drinking.



Targeting parents was seen as especially important given that, according to the participants, parents are in many cases the suppliers. While not everyone could visualise a change, many of the young people consulted seemed to believe that with the right education, parents would come on-board.

Young people wanted to see messaging to parents via advertisements and videos on TV, Youtube, Facebook and other social media. They also wanted messaging around youth and alcohol to be delivered via live drama presentations, telling real stories at large public events such as Christmas in the Park.

4.3 Focus Groups with Professionals Who Work with Young People

4.3.1 *The respondent group*

Two focus groups were conducted with people who work with young people, one convened through the Canterbury Youth Workers' Collective, and attended by three female youth workers, and one held during the regular monthly meeting of the North Canterbury Youth Network (n=12). Of the twelve people at the North Canterbury focus group, nine participants were female and three male. Participants came from a range of professions and worked with young people in a range of capacities. The group included social workers, family counsellors, a drug and alcohol counsellor, a funder, a training provider, a local government youth advisor, and youth workers.

4.3.2 *Alcohol related harm*

The workers identified a wide range of forms of alcohol related harm, many of which were seen as brought about by impaired decision-making resulting from alcohol use, and especially binge drinking and alcohol use precipitated by a desire to numb feelings. Forms of harm included sexual assault, violence, decline in education engagement and achievement, impact on self esteem, alcohol poisoning, and accidents resulting from risk taking behaviour.

Thinking about which young people may be at greater risk of alcohol related harm, the youth workers felt that girls, especially in the 14 to 16 years age group were especially at risk because of their vulnerability as victims when drunk, the ease at which they get drunk because of their size, and patterns of binge drinking. For boys, the youth workers saw harm mostly in terms of accidents resulting from risk taking, heightened by impaired decision making abilities.



Participants in the North Canterbury focus group identified young people with adult role models who drink heavily or in a harmful manner as at greater risk of harm themselves.

“I know I've had young people come to my house and they've had concerns about their parents drinking and they have said, “Mum comes home and Dad will say, “You need a drink.” Mum says, “No, I don't want one.” Dad pours her one anyway.” You're seeing that role modelling as well where people are being pressured into drinking and the kids are noticing.”

Other groups identified as at greater risk were young people exposed to a lack of control around their own drinking. In terms of situational factors, harm was seen as more likely when young people are socialising with a wider age range of people, where there is a lack of food, where there is no adult supervision, when young people are drinking high sugar RTD drinks, and at big events where there are lots of people, and where young people are less likely to be observed, supervised or supported by people they know.

4.3.3 Preventing alcohol related harm

A range of prevention measures were put forward by the professionals who participated in the focus group. These were as follows:

- Working to try and change the culture around alcohol and sport, by supporting clubs to go alcohol-free.
- Working to change New Zealand's drinking culture in general, as well as its youth drinking culture, although neither change was acknowledged as easy, but possible if it was tackled step by step.

“We have a culture with the young people right now where there's no such thing as a limit. When they go to a party, they'll just drink and drink and drink; there's no understanding in their eyes, and if we can create something that you could have a couple of drinks, enjoy yourself and go home, but we don't have a culture like that right now.”

“Its a long term thing and with the smoking it was incremental. The first message was don't smoke in the home, not don't not smoke at work, all those sorts of things. Then they slowly built and then they added things in. It wasn't this big massive thing that came so the same with this messaging, that it comes in in little biteable amounts. We can live with that, we can manage that.”



- Raising the drinking age.
- Promoting positive alternatives

“ Unless the law was to be changed and the age increased, I guess, you need to look at other ways other than just saying, ‘Just don’t do it.’ What is a healthy relationship with alcohol? What makes it okay to not want to drink and still have fun? What are other things that young people can be doing that make them feel like adults?”

- Prevention needs to be part of the school curriculum, and young people need to receive messages about the harm alcohol can do to them from an early age, and in an on-going manner. Both focus groups talked about Attitude and The Good, the Bad and the Ugly and saw value in these kinds of presentations in school, but only when they were delivered in an on-going manner from primary school and especially through year 9, as a core part of the health curriculum.

“I think Attitude does a really good job of that; that's the most effective I've ever seen. As a teacher and as a youth worker, seeing kids actually listening to them and how they go about promoting positive mental social wellbeing and talking about issues like alcohol, like risky sexual behaviour, they do a really, really good job of that. I think things like that connect with kids way more than their teacher saying, "Don't drink or else, it'll be really bad and your brain won't grow ... What they do really well is not just get up there and say, “Alcohol’s bad, don't do this”. they actually weave in it in their stories and kids go, I can see how actually that situation isn't so great for me. I think that's the benefit, that's the most effective that I've seen.”

- Positive youth development as an on-going effort, developing a sense of purpose in young people, helping them thrive in education, training and employment, and fostering positive home environments.
- Encouraging good role modelling in adults in terms of alcohol use, and working to change parents’ attitudes towards alcohol.

“Talking about parents, what are the alternatives? Not just saying, ‘Don’t drink in front of your kids’ or ‘Be a better parent’. That’s about as helpful as a punch in the face but actually, here are some alternatives. You could take examples like this rugby club (where club nights are alcohol-free),



actually that's how you build positive culture in your family; here are some ways that you can actually do it. I think that's a lot more practical.”

- Encouraging retailers to be more proactive around the sale of alcohol, limiting the quantities that can be purchased at one time.

Thinking about the challenges that would need to be overcome to make these things happen, resistance to change on the part of parents, parents not caring and the attraction of alcohol as something cool and fun were all identified.

“All I see is a lot of parents actually don't care. They don't care where their young person is, they don't care that they're drinking that much. Sometimes they even supply them.”

“When you're young or in your early twenties, there's this thing called preloading, but when you're 50, drinking a bottle of wine before you go to dinner, it's not called preloading anymore even though that's exactly what it is.”

The North Canterbury focus group talked about what could be done to get parents to take these messages on-board. They identified:

- enforcement of the law;

“I think parents should actually be taken to task over what they let their children do. That's old school and hard line and we don't do that these days but the more I'm working in this area and the older I get, the more that I think parents just don't parent, they don't parent their children.”

- a focus on brain development and evidence-based messaging; and
- targeting the message at all kinds of families and not just a particular socioeconomic group as important.

“This isn't just a poor people or a poor family issue. I think we've got to change some of the way we look at that.”

4.3.4 Youth Alcohol Strategy

The youth worker focus group participants were supportive of the idea of developing a Youth Alcohol Strategy for greater Christchurch, as long as it spanned people 10-25 years of age. They expressed strong views around the need to include young adults



in the strategy's parameters, because for those moving to university halls or into flats, this meant in many cases drinking without any supervision of parents, and they knew this was a risky period. Similarly, the North Canterbury focus group participants wanted this to sit as part of a wider Alcohol Strategy, with a culture change needed across society as a whole and not just young people.

"You hear that alcohol is really bad for you and on your 18th birthday, suddenly it's not so bad. Kids aren't idiots, they realise that that's actually not true [laughter] and I think that affects our way of approaching it."

"We're aiming at the wrong generation."

The Strategy was identified as needing to cover:

- encouraging parental responsibility;
- encouraging parental engagement with children and young people – good parenting should be supported from the outset;

"I think if the children are growing up feeling secure in their environment and feeling secure in who they are then at 11, 12 and 13, they will feel strong enough to say, "I don't want a drink, I don't want it, I don't need it".

- supporting families when things do start to go wrong;
- sale and supply;
- safe party planning, especially around driving; and
- parent education needs to be central to it.

Participants in the North Canterbury talked about what might make a strategy make the biggest difference, and saw its potential impact as greater if it has good buy in, a clear focus, and if the Five Winning Ways to Wellbeing are at its heart.

"In terms of that changing culture as well, if it wasn't just this big fat frickin' strategy and something that everyone could share, everyone could be a part of it and everyone could know, maybe we could start to make some changes."



Participants in both focus groups wanted young people to be actively involved in writing a Youth Alcohol Strategy.

“Who are we to pontificate about what they should and shouldn't do? A lot of it, to me, should be coming from them because young people aren't going to listen to us.”

That said, the strategy was seen as belonging to, and therefore needing input from a wide range of people, including parents.

4.3.5 Health promotion messaging regarding no safe level of consumption under 18 years

Many of the professionals at the North Canterbury focus group felt that a message like this would be dismissed by young people, because they would not accept that alcohol suddenly becomes safe at age 18 years. They saw it as a deconstructable message that would go over the heads of young people.

“If I'm okay at 18 then what's the difference between 18 and 17, between 17 and 16, between 15 and 11?”

Similarly, the youth worker focus group participants saw the message as weak on its own.

“Nothing really changes from the Thursday when you're 17 to the Friday when you're 18. What's the difference there? ... Don't drink, don't drink, don't drink, it's bad. Okay, now it's fine.”

They seemed to share the view that young people are guided primarily by role modelling.

Some of the youth workers did think the message might be taken on-board by young people if they had the right knowledge around brain development, and were equipped with the right tools to say no to alcohol. They felt messages around there being no safe level of alcohol consumption under 18 years, and encouraging no underage drinking were more likely to be favourably received if they were accompanied with messaging regarding the high sugar content of alcohol, its health and nutritional impacts, and ongoing education around the long term effects of alcohol use, as well as information on what the short term effects of binge drinking mean for the next day. The youth worker focus group participants agreed with the



other professional focus group that the message was not enough on its own. They felt that in order to gain traction, the message needs to form part of a wider effort to achieve culture change around alcohol. It was suggested that the message needed to reach parents in a way where they did not feel judged.

Thinking about how the message might best achieve uptake, the professionals consulted wanted to see education around alcohol from a young age, with ongoing focus in school, imbedded into curriculum and not just talked about at ball season. They wanted open conversations around alcohol, and ongoing promotion of key messages via social media, including Snapchat stories.

“I do think the schools are too focused on curriculum and not enough on the holistic wellbeing things of young people. An assembly once a term’s probably not going to cut it.”

“I feel like schools really only focus on it when it comes to formal then they bring it up and this is unacceptable. That’s what they’re saying; they’re saying, “This is not acceptable.” Not saying, “This is how you do it safely or right.”



5.0 DISCUSSION

5.1 Alcohol related harm

Young people, parents and people working with young people who took part in this research project all shared an understanding that alcohol related harm tends to result when young people experience an impaired decision-making capacity and judgement following alcohol consumption, particularly binge drinking, and when they also become more susceptible to peer pressure as a result. Young people, parents and workers consulted all demonstrated knowledge of recent research regarding the impact of alcohol on the developing teenage brain, adults referring to presentations and seminars by Nathan Wallis, Brainwave Trust and others, and young people exposed to these messages at school. With regard to parents, it is possible that the participant group had higher knowledge of this research than the general population, and opted into the focus group because of an awareness of the developmental issues around young people and alcohol. Sexual assault, risky sexual behaviours, violence, decline in education and sporting engagement and achievement, reduced self esteem, alcohol poisoning, accidents, damage to the brain and other organs and addiction were all highlighted as forms of harm resulting from alcohol use by young people.

As well as agreeing about what alcohol related harm looks like, parents, young people and professionals consulted were also largely in agreement regarding which young people were most vulnerable to harm, and in which situations. Young people with parents and significant adults around them who role model heavy drinking, those with older friends, young people who are parented either very permissively or very strictly, and young people whose parents do not engage with them were most commonly identified as vulnerable to alcohol related harm. Māori young people consulted felt that the issue was more common in Māori homes, but this was not expressed by other groups. In terms of settings where alcohol related harm is more likely for young people, sports clubs, big events and family gatherings were most commonly identified across the three participant groups.

5.2 Preventing alcohol related harm of young people

The following key themes emerged from the focus groups:

- **Education of young people in years 9 and 10**

Across all respondent groups, educating young people about the harm alcohol can cause, about the effects of alcohol at different levels of consumption, and about



strategies they can use to say no to alcohol was identified as a key measure in preventing harm. Young people and professionals working with young people shared the view that not enough time is spent discussing and educating young people around this issue at school. They saw a need for young people to be targeted with such education as a core part of the school curriculum in year 9 and 10, reaching young people before most have started drinking. They wanted education to utilise sharing of first-hand experiences, from people that young people can relate to and look up to.

- **Educating parents**

A need was highlighted across the groups for education targeting parents of young people, and especially reaching them before their children start drinking. Education around:

- the harm that alcohol can cause to a teenage brain;
- encouraging parents to recognise what an impact their own role modelling around alcohol has on their children;
- developing an understanding of the effects of different amounts of alcohol on young people;
- developing understanding of what a standard drink looks like;
- educating them on their responsibilities under the law;
- educating them around host responsibility and
- encouraging parents to keep the lines of communication with their child open, and to get to know their teen's peers

were all highlighted as measures likely to prevent alcohol related harm of young people.

- **Enforcement**

Parents, youth professionals and young people themselves all talked about enforcement of laws relating to underage drinking and parental responsibilities. There was a shared belief that parents are not being prosecuted, and that by doing so, Police could send out a clear message that parents need to step up and take a much more active and responsible role. This was seen as needing to go hand in hand with education around parental responsibilities. Young people and professionals also wanted to see a harder line taken in enforcement around sale of alcohol to be consumed by underage young people.

- **Addressing New Zealand's drinking culture and especially the link between alcohol and sport**

Young people and people working with young people talked about the strong presence of alcohol in sport, and especially rugby and rugby league, and felt that addressing this link was one of the first steps to be made to address New Zealand's



drinking culture. While this was acknowledged as a huge task, it was seen as able to be tackled through incremental changes. In each of the youth focus groups, young people talked about the negative role played by alcohol role modelling of adults in sporting contexts.

- **Alcohol-free, appealing youth events**

Young people were seen as less likely to engage in alcohol use if they have other appealing alternative things to do with their friends. If a range of activities and events are on offer for young people, promoted as alcohol-free and policed as such, they were still seen as appealing by young people as long as they catered for specific interests of different kinds of young people, ranging from alcohol-free skate events, concerts and events with food on offer.

5.3 A Greater Christchurch Youth Alcohol Strategy

Across the three respondent groups there was widespread support for a Greater Christchurch Youth Alcohol Strategy, but this was seen as needing to fit within a wider context of efforts to change New Zealand's drinking culture as a whole, and especially the association between binge drinking and sport. Young people suggested that it was especially important that a strategy such as this should have buy-in from a high level, and especially from Central Government. Youth workers and other people working with young people were keen that the strategy should cover the ages 10-25 years. This was justified by their experiences where alcohol use is already an issue for some children at primary school, and alcohol use by young people 18-20 years and living independently from their families for the first time while in university halls or flatting situations is often dangerous. The input of young people and parents of young people into a strategy was seen as key, and the research and the opportunity for them to participate in it seemed to be well-received.

In terms of what the strategy should cover, the feedback suggests that the following components need to be covered:

1. Education

- Of parents regarding their responsibilities, of their influence as key role models, and regarding the importance of engaging with their children and fostering open lines of communication and connection through the teen years.



- Of young people, especially around year 9 and 10 of high school, attempting to reach them before they start drinking, and building strong understandings of the effects of alcohol on their body (brain development, nutrition, impact on vital organs) and on their decision making capacities, and the harm that can result.

2. Sale and supply

- Encouragement of measures that make alcohol less appealing in retail outlets.
- Encouraging efforts to limit the number of off-licence outlets at which alcohol can be purchased.
- Encouraging retailers to limit the quantity of alcohol that can be purchased at one time
- Advocating for increases in price of alcohol, and especially of the kinds appealing to young drinkers, to make it less affordable.

3. Fostering and supporting positive alternatives to alcohol use

- Supporting and resourcing a range of alcohol free events that appeal to different kinds of young people and their sporting, cultural and recreational interests.

4. Accessible treatment

- Ensuring that treatment and supports for young people who are already experiencing alcohol related harm are easy to access.

5.4 Messaging regarding no safe level of alcohol use under 18 years

A health promotion message, telling young people and their parents that there is no safe level of alcohol use under 18 years and that they therefore should not consume alcohol before this age was seen by all the groups consulted as ineffective on its own. It was seen as too easily deconstructed (i.e. how can it be safe at 18 but not 17), and far too heavily undermined by the role modelling of older friends, parents, family members and other adults, as well as the strong drinking culture that we live in. Further, young people noted that young people do not like being told what to do, and a message like this could have the opposite effect of making young people want to drink before 18 years just to rebel.



In the consultations with parents, participants demonstrated a widespread awareness of research around development of the teenage brain, and the extra risks alcohol poses at this developmental stage. Juxtaposed with this, there also seemed to be a widespread belief that young people need to “learn” how to drink, and that it is better to do this in a controlled situation, than to wait until 18 years when they are more likely to be living away from home or socialising away from parents, and are under less parental influence. Even though they knew that alcohol affects a developing brain differently, they did not seem to apply this to their views of the risk involved in letting their children have one or two, or a few drinks in their presence, and a number seemed to believe that if young people do not drink at all while underage, they will go crazy around alcohol once they do get the opportunity at age 18 years. It seemed that a number of parents believed that by letting under ages have a few drinks, they were educating them about their own limits (how much was too much for their child) and maybe even developing some sort of tolerance to alcohol to take with them when they do start drinking independently. It did seem that while some people knew about what alcohol can do to a teenage brain, they did not seem to apply this knowledge to what alcohol would do to their child.

A key challenge therefore in getting the delay onset message across to parents and young people effectively is to convey the brain development messaging in a way that is personal and meaningful to them.

While all focus groups were quick to dismiss the message when it was first outlined to them, in talking it through, they mostly came to agree that even though it would be a hard message to get people to take on-board, we as a community needed to try. The message was seen as more likely to get through to parents and to young people if it first “sold the why we need to reduce alcohol use”, and if it fitted as part of a context of active efforts to change New Zealand’s drinking culture at community level. If the message came from people that young people and their parents respect; started with parents and educated them about legal issues, communicating with their children and young people (eg. what their expectations of their young people are, what sensible drinking behaviour might entail, how much a standard drink is and what effects different quantities of alcohol may have on them), and around parents influence as role models for alcohol use (both in terms of modelling drinking behaviour and often being the suppliers of alcohol), then participants anticipated change could be achieved. Participants also identified the importance of messaging being meaningful to the target audience. For example the suggestion was made that in targeting the messaging at young people, a focus on the sugar content of alcohol might be useful, since many young people are very interested in body image, and may be more likely to take this message on board rather than the message that alcohol impacts negatively on brain development on its own.



The message needs to be put out to young people in an on-going manner from at least year 9, if not earlier, striving to reach young people before they start drinking. The message was seen as needing to reach parents, young people, and families at times when they are together, so social media was a key tool, along with live presentations from key role models at large community events, such as Christmas in the Park. Dramas or short talks about alcohol and young people in such live forums were especially supported by the young people consulted.



6.0 CONCLUSION

Parents, young people and people who work directly with young people who were consulted in the present research shared many of the same views. Furthermore, in thinking about what alcohol related harm looks like, who is most at risk, how it can be prevented and who needs to be party to preventive efforts there was nothing that came through from adults consulted that was not identified by the young people themselves. Feedback from young people indicated that they wanted parents to talk with their children about alcohol; the effects at different levels, risk of harm, parental expectations, what their peers are doing, and strategies for saying no and staying safe before they start drinking. They also wanted adults to lead by example with alcohol and to recognise that they are the most important role models regarding alcohol use. As the primary suppliers of alcohol, young people felt that getting messages to parents about alcohol related harm and young people, around safe levels of alcohol use, and around their responsibilities under the law would make a big difference.

Alcohol use by young people was very much seen as part of a wider drinking culture in New Zealand, and underage drinking was seen as best addressed as part of a wider effort targeting binge drinking. By fostering and encouraging opportunities to have fun without alcohol at community events, family events and sporting gatherings, drinking alcohol was expected to become less appealing to young people, through the role modelling they see from adults around them. While cultural change around alcohol use will be hard, the participants in the present research generally agreed that it was possible, if change occurs in an incremental fashion, just as it has with smoking. Social media was seen to have a huge part to play in creating this change.

It should be reiterated that the present study draws together feedback from a relatively small number of young people, parents and professionals who work with young people. While the youth sample was culturally and socioeconomically representative of the wider youth population, the parent sample was not, comprising only New Zealand Europeans, and skewed to those of higher socioeconomic status. More research is needed to gauge the views around alcohol of Māori, Pasifika and Asian parents.