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The role of families in preventing alcohol-related harm among young people

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The role of families in preventing alcohol-related harm among young people

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The misuse of alcohol in adolescence is linked to increased risk of alcohol dependence and other social and health inequalities in adulthood (Bonomo et al. 2004; Viner & Taylor 2007) and drinking habits in adolescence are predictive of regular drinking in later life (Toumbourou et al. 2004). One of the key influences on young people is the context of the family and the relationship between the young person and their family, particularly their parent(s) or carer(s). Within a strong supportive relationship, parents who role model low-risk alcohol use, and disapprove of and delay the onset of their children's drinking, reduce the likelihood of alcohol misuse by young people (Nash et al. 2005). Health professionals and those in other fields (such as education, welfare, alcohol and other drug, youth and parenting) have an important role in supporting families and carers concerned about these issues. The provision of resources, guidance and appropriate referrals can help parents focus on factors that reduce the likelihood of young people engaging in risk-taking behaviour, thereby preventing and minimising alcohol-related harms among this age group.

Introduction

Recent reports in the media have again highlighted the normalisation of alcohol use within Australian society (Editorial Opinion, *The Age* 12 March 2008). Figures from the Australian Institute of Health and Welfare (AIHW) show that 90 per cent of Australians aged 14 years and over report having consumed alcohol at some time in their lives and 83 per cent report having consumed alcohol in the previous year (AIHW 2008). One in five teenagers report drinking weekly (AIHW 2008) and 28 per cent of young people aged 14–19 report consuming alcohol at risky or high-risk levels for short-term harm within the last month (AIHW 2005).

These patterns of drinking are linked with increased risks of immediate and long-term effects. Short-term harms include road trauma, high-risk sexual

activity, depression, suicidal behaviour, decreased scholastic and sporting performance, aggression, assault, disrupted family relationships and delinquent behaviour (AIHW 2000). Long-term effects include alcohol-associated illnesses and social problems (National Health and Medical Research Council 2001). Among young people aged 16–24 years, alcohol-related harm is one of the leading causes of disease and injury burden (AIHW 2002).

Media reports have also reinforced the role of families and parents in the prevention and minimisation of alcohol-related harm among young people (Toumbourou et al. 2008). Yet much of the academic literature focuses on problems associated with adolescence and alcohol; there is far less information about what is needed to prevent problems and the role of families in supporting young people.

This paper is for professionals who work with families. It provides:

- ▶ an overview of research into how families, and in particular parents,¹ (where alcohol misuse has not necessarily been identified) can influence adolescent alcohol use and prevent alcohol-related harm
- ▶ information about priority areas and resources for families that can be incorporated into professional best practice to enhance the role of families in preventing alcohol-related harms among young people.

In addition to a review of relevant literature, the views of key informants who have professional experience in a range of fields (parenting, alcohol and other drug service delivery, research and policy) were sought to inform this paper.

The Australian Alcohol Guidelines are currently under review and are expected to be released in June 2008. Professionals who work with families will need to familiarise themselves with the revised guidelines as it is likely they will include recommendations in relation to drinking by young people.

Providing clear messages that make sense to Australian parents can be difficult. There are gaps and inconsistencies in the research in relation to the role of the family and alcohol use by young people. In addition, there is a complex interplay of a number of cultural, parental and family factors (biological, behavioural, social, emotional and broader environmental issues) that often occur simultaneously. The evidence for a direct causal link between families, parenting behaviours and adolescent alcohol use can be difficult to establish (Hawkins et al. 1992). Many young people are exposed to a range of alcohol-related interventions simultaneously (national television campaigns, school-based programs, local community initiatives and so on); establishing a cause-effect relationship between one intervention and alcohol use is virtually impossible. Gaps in the evidence are often filled by ideologically-driven approaches to alcohol use, which serves to further obscure the landscape.

1. The term “parent” is used throughout this paper to refer to both biological parents and other significant carer(s) in a young person’s life

Studies vary in the methodologies employed, the questions asked and the degree of rigour applied. In addition, most of the research has been conducted overseas, where social and cultural differences may impact on parenting behaviours. Research findings may be relevant for a certain time and place, but the environment in which young people are growing up now is very different from even a decade ago.

Adolescent development

Adolescence is the developmental period during which the child develops an identity that is separate from the parent. Experimentation and increased risk taking is common (Carr-Gregg 2005; Fuller 2000). Increases in risk-taking behaviour have been more closely linked with pubertal maturation than with chronological age (Martin et al. 2002). However, while young people who are “early maturers” are more likely to engage in risky behaviour than their peers of the same age, not all adolescents engage in risk-taking behaviours.

Traditionally, it has been thought that young people engage in risky behaviour because they are more “irrational” or “less risk averse” than adults or do not perceive risk (Steinberg 2008). Recent advances in neurobiology have challenged these beliefs and demonstrate that young people are not “ignorant”, “deluded by invulnerability” or “poor assessors of risk” (Reyna & Farley 2006). Instead it is suggested that these behaviours are likely to be biologically driven and that changes to the brain’s dopamine system (at puberty) lead to increased sensation-seeking behaviour (Steinberg 2008). When social and emotional factors are activated, such as in the presence of peers or when levels of excitement are high, young people are less able to think about and alter their behaviour in response to high-risk situations (Steinberg 2008). This theorising suggests that efforts to prevent and minimise harms associated with alcohol misuse among young people need to focus on factors that increase the likelihood of young people engaging in risk-taking behaviour, as well as on changing individual knowledge and behaviour. For example, private parties increase the opportunities for risky behaviour because there may be access to alcohol in the presence of peers, together with reduced parental monitoring.

Maturation of the adolescent brain may be adversely affected by the consumption of alcohol (De Bellis et al. 2000; Moss 2008). Prior to the mid-20s, the human brain is still developing. It is thought that the use of a neurotoxin like alcohol in adolescence may disrupt important refinements that are occurring in the neural architecture during this period. This may lead to learning difficulties, memory problems and reduced performance on attention-based testing (Brown & Tapert 2004; De Bellis et al. 2000).

Providing families with information about adolescent development and the importance of contextual factors, both inside and outside the family, can help them to assess the risk within their own family and develop strategies to reduce young peoples' exposure to risky situations.

Factors that influence alcohol consumption by young people

Many factors influence the drinking behaviours of young people. These include (but are not limited to) sociodemographic factors, cultural norms, familial and peer-group influences, personal values, legislation and broader social and environmental factors (Bradizza et al. 1999; Kairouz et al. 2002; Richter et al. 2006; Roche & Watt 1999; Smith et al. 1993; Williams & Clark 1998).

Gender and friends' gender has been associated with adolescent alcohol use. Alcohol use by adolescent girls is more closely linked to friends' drinking than that of adolescent boys and adolescents of both genders are more likely to drink if they have opposite-sex friends than same-sex friends (Dick et al. 2007). The critical factor in the influence of siblings and peers appears to be whether initiation to alcohol has commenced.

There is a direct link between advertising and alcohol consumption (Hastings et al. 2005). In recent years "... alcohol companies have placed significant amounts of advertising where youth are more likely per capita to be exposed to it than adults" (Jernigan et al. 2005). Young peoples' attitudes towards and use of alcohol are positively influenced when they "... enjoy seeing liquor ads" and are regularly exposed to alcohol advertisements. These two factors are strong predictors of intentions to drink (Fleming et al. 2004; Hurtz et al. 2007).

Many drinkers, both adult and adolescent, are not fully aware of the amount of alcohol that they are consuming. The marketing and packaging of alcoholic beverages often make it difficult to judge the alcohol content in different types of drinks. Studies show that ready-to-drink (RTD) alcohol beverages have high levels of approval among adolescents (Copeland et al. 2007, Gates et al. 2007; White & Hayman 2006). Ready-to-drink products contribute more to additional retail sales than any other category (*Australian Liquor Research*, 26 July 2007, Advertisement) and research conducted for the liquor industry states "... we've seen a whole new generation introduced to spirit brands at a younger age, with potential spirits loyalty benefits in the future" (Roy Morgan Research 2005).

The alcohol and health industries have different and competing agendas (Munro & de Wever 2008). Internationally, the targeting of alcohol advertising to adolescents has been outside the alcohol industry self-regulatory guidelines (Jernigan et al. 2005; Jones & Donovan 2001; Jones et al. 2008). Recent revisions to the Australian Alcoholic Beverages Advertising Code have not resolved this problem (Jones et al. 2008).

"Cheap" alcohol and the close proximity of liquor outlets to each other are linked to increased alcohol consumption and alcohol-related harm. Where several liquor outlets are "bunched" together, there is increased competition around pricing and it is easier for customers to move from place to place in a short period of time (Livingston et al. 2007). Young people with higher disposable income are more likely to purchase and misuse alcohol (Darling et al. 2006; Oh et al. 2003). Lower priced alcohol and ease of access to liquor outlets are linked with increased alcohol consumption by young people (Munro & de Wever 2008).

The influence of the family

It is a misconception that parents have little influence on adolescent behaviour and subsequent substance use. There is strong evidence to support the importance of parents in continuing to influence the development of their adolescent children (Steinberg 2001). During adolescence, there is a shift in emotional attachment between the parent and the young person. The adolescent strives to become more autonomous and independent and the attachment extends from parents to peers (Carr-Gregg 2005; Fuller 2000).

Negotiating this transition can be very difficult for both adolescents and their parents. With effective parenting and a supportive environment, most adolescents are resilient and the connection with family provides a “safe” base from which the adolescent can explore a range of views and identities (Noller et al. 2001).

Conflict over day-to-day matters can be a greater source of stress for parents than for their adolescent (Steinberg 2001). Parents and adolescents generally have different expectations and repeated conflict can often have a greater impact on the mental health of parents than their adolescent children (Steinberg 2001). Research by the Centre for Community Child Health at Melbourne’s Royal Children’s Hospital (CCCH, RCH) has shown that this stress can be exacerbated when parents are unable to provide a warm, nurturing relationship that is accepting of a child’s needs (Centre for Community Child Health 2004). The quality of parent–child interactions can also be affected when parents are experiencing personal problems such as mental health issues, relationship breakdown and financial problems.

Parents need the opportunity and support to address their own problems and to be able to express their thoughts and feelings in a non-judgemental and safe environment (Jesuit Social Services 2006). Another family member or supportive adult may take a leading role with an adolescent until a parent can make changes in their lives (Robinson 2006). A supportive, warm relationship with one significant adult can be enough to protect a young person against adverse events (Rayner & Montague 2000).

Parenting and adolescent outcomes

Effective parenting is a key factor in reducing adolescent risk-taking behaviour (Barnes et al. 2006). “Effective parenting” incorporates a warm and supportive parent–child relationship that includes setting clear and consistent boundaries and is accepting of the need for psychological autonomy (Baumrind 1991; Dishion & McMahan 1998; Steinberg 2001). Monitoring (or tracking) of adolescents’ behaviour has been found to reduce problematic behaviours including substance misuse (Barnes & Farrell 1992; Barnes et al. 2006; Bogenschneider et al. 1998; Dishion & McMahan

1998). However, to be effective, monitoring should reflect a good parent–adolescent relationship, where the parent’s efforts to solicit information from their child is matched by the adolescent’s willingness to disclose information about their activities, whereabouts and company (Stattin & Kerr 2000).

Parental involvement and a supportive parent–child relationship make children more receptive to parental influence (Steinberg 2001). Parental control that uses high levels of punishment and authority has been linked with behavioural problems in adolescence (Bender et al. 2007). Similarly, the use of coercive control (such as threatening, yelling or slapping) has been rejected as an effective strategy for parents (Well & Rankin 1988). Parents’ own experiences of being parented often contribute to a range of assumptions that influence their own parenting style and so parenting problems can cross generations (Centre for Community Child Health 2004).

Children have different temperaments and parenting approaches are more effective if they are sensitive to the temperament of the child. Young people who are described as “shy, reticent or fearful” benefit from parenting that is encouraging, supportive and gentle without being overprotective (Smart 2007), while young people who are “volatile and feisty” are more likely to benefit from parenting that is firm and assertive but still warm and affectionate (Smart 2007). Good quality parenting (supportive with high levels of warmth and affection, clear limits and monitoring) is more important to some children than others. Longitudinal Australian studies have shown that young people who are “moody, volatile and intense” are more likely to experience behavioural problems (such as fighting or stealing) when they experience poor quality parenting than their peers who are “easy going” and experience the same poor parenting (Letcher et al. 2004).

Parents need to know that there is not a standard “recipe” for parenting and that a child’s temperament is neither “good” nor “bad”. Children and parents both contribute to the relationship. Parents need information and support to understand their child and recognise their strengths and to adopt parenting strategies that best “fit” their child (Smart 2007).

Family structures and alcohol use among young people

Relationships between young people and their family are bidirectional and dynamic. Family members influence each other and these influences change over time. There are gaps in the research on many aspects of family life and adolescent alcohol use. Methodological weaknesses, inconsistencies between research findings and lack of longitudinal data mean that it is difficult to provide definitive evidence for many of the factors associated with families and the use of alcohol by young people.

The relationship between family composition, size and order and adolescent alcohol use is also not well understood. Several studies have identified specific family structures as potential risk/protective factors for alcohol misuse among young people. Adolescents from two-parent families have reported lower levels of alcohol use than adolescents from single or step-parent families (Barnes & Windle 1987; Bjarnason et al. 2003; Burnside et al. 1986; Challier et al. 2000; Hellandsjo Bu et al. 2002; Miller 1997; Persson et al. 1994). These factors may be of some use in identifying “at risk” families or they may actually be proxy indicators of underlying risk factors such as lack of social support, poor parental relationships and/or socioeconomic disadvantage.

Family, twin and adoption studies provide evidence that addiction, and in particular alcohol dependence, in families can be partly explained by genetic factors (Ball 2007; Hawkins et al. 1992; Higuchi et al. 2006). However, there are many methodological problems with association studies and the risk of false positives—assuming a link when none exists—is high (Buckland 2001). So it is not clear that the link is universal. It may be that cultural, social and environmental factors mediate both the parent–adolescent relationship and adolescent alcohol use, thereby having a greater impact than genetic associations. Family structures and genetic factors can’t readily be modified and intervention strategies are best targeted at variables that can be manipulated.

Alcohol use within the family

Parental and family patterns of alcohol consumption are associated with alcohol consumption by adolescents; however, parental alcohol use alone

does not fully explain adolescent drinking patterns (Poelen et al. 2007). Numerous studies have identified a link between parental alcohol use, early initiation to alcohol and adolescent drinking (Ary et al. 1993; Bonomo et al. 2001; Casswell et al. 2002; Cleveland & Wiebe 2003; Duncan et al. 1996; Hellandsjo Bu et al. 2002; Latendresse et al. 2008; Li et al. 2002; Windle 1996; Windle 2000). However, other studies have argued that parenting skills and behaviours have the most direct impact on young peoples’ behaviour (Boyle et al. 2001; Dishion et al. 1999; Reifman et al. 1998). It may be that parental drinking has an influence on adolescent alcohol use, but that this is mediated by other social and environmental factors including parenting skills and behaviour management, peer influence, young people’s stress levels and their expectations of alcohol consumption (Barnes & Farrell 1992; Brown et al. 1999; Chassin et al. 1993; Dishion & McMahon 1998).

Where there is a supportive parent–child relationship, parental disapproval of adolescent alcohol use has been correlated with a lower incidence of later adolescent drinking and reduced influence by the drinking patterns of peers. However, this influence appears to have a greater effect on younger adolescents (Ary et al. 1993; Johnson & Pandina 1991; Nash et al. 2005; Persson et al. 1994; Reifman et al. 1998; Smith & Rosenthal 1995; Webster et al. 1994; Zhang et al. 1997).

Once a pattern of alcohol consumption has been established, regular drinking by siblings and friends has been shown to influence adolescents’ drinking habits more than drinking by parents and so this is a time when enhanced parental monitoring is required (Bogenschneider et al. 1998; Boyle et al. 2001; Dishion & McMahon 1998; Poelen et al. 2007; Scholte et al. 2008; Spijkerman et al. 2007; Windle 2000). This can be challenging for parents as it is also the time when increased monitoring becomes more difficult; as adolescents’ demands for autonomy and need to conform to peer expectations are increased. When there are low levels of monitoring, parents are less likely to correctly estimate their adolescent’s alcohol consumption or to discuss their expectations regarding their child’s alcohol consumption (Engels et al. 2007; Nelson et al. 1999).

Early childhood and alcohol

Young children's knowledge, understanding and consumption of alcoholic beverages have been related to alcohol use among parents. Preschool children have been shown to be able to successfully recognise alcohol beverages by smell and this is significantly associated with parental drinking patterns (Noll et al. 1990).

Children can critically discriminate patterns of drinking and alcohol-related harm by the time they are 10 years old and they are more likely to have a negative attitude to alcohol if they have had an experience of an alcohol-related problem in their immediate social environment (Cameron et al. 2003; Dunn & Goldman 2000).

Young children's positive attitudes towards alcohol, intentions to drink and use of alcohol have also been linked to parental drinking patterns (Casswell et al. 1985; Donovan & Molina 2008; Gaines et al. 1988; Quine & Stephenson 1990). While these findings provide insight into the role of parental norms and patterns in early learning about alcoholic beverages, they also highlight how closely learning about alcohol is linked to the home, as media exposure and socialisation opportunities outside the family may be more limited in early childhood.

Alcohol-specific rules

Alcohol-specific rules are an important factor in influencing adolescent alcohol use (Van Zundert et al. 2006). Well-defined and clear alcohol-specific rules have been correlated with the postponement of the onset of alcohol use by adolescents, regardless of their age or personality (Van Der Vorst et al. 2006; 2007). However, once alcohol consumption has commenced, the effect of alcohol-specific rules does not prevent further alcohol use (Van Der Vorst et al. 2006; 2007).

Initiation to alcohol

Early access to alcohol has been associated with subsequent elevated levels of alcohol use, alcohol dependence, early binge drinking and social problems associated with problem drinking (Barnes et al. 1997; Casswell et al. 2002; Costello et al. 1999; Grant & Dawson 1997; Hellandsjo Bu et al. 2002; Hingson et al. 2000; Jackson et al. 1999; Pederson & Skronchal 1998; Warner & White 2003). Australian parents often cite practices of initiation to alcohol from southern European countries, such as France (Ward et

al. 2006). However, it appears that the broader social context of these European settings and changing cultural practices is often overlooked in these comparisons. Traditionally, in countries such as France, alcohol was more integrated into daily life and was associated with food (Craplet 2005). However, this stereotype is least relevant to European adolescents who in recent years report increased patterns of binge drinking (Anderson & Baumberg 2006; Craplet 2005).

There are a range of cultural risk and protective factors linked to alcohol use. Gender equity and social welfare system structures have been linked to family roles and levels of drinking and so generalisations across different countries and cultures should be viewed with caution (Bloomfield et al. 2006; Kuntsche et al. 2006).

There are several religious cultural contexts where alcohol is provided to children in sips. This is generally in the context of a family setting, which is quite distinct from adolescents' patterns of alcohol consumption. Without long-term studies that follow children who are initiated to alcohol in a religious setting through to adulthood, we cannot draw firm conclusions about the role of sips in childhood and the later misuse of alcohol in adulthood.

The majority of adolescents have tried alcohol but far fewer have consumed a full serve. By the age of 13 years, 80 per cent of Australian secondary school students report having tried alcohol (White & Hayman 2006). Among 12–15 year olds, 35 per cent report having consumed at least one full serve of alcohol (AIHW 2005). In general, young people with older siblings are more likely to have an earlier initiation to alcohol than their same-age peers (Hellandsjo Bu et al. 2002). The place and age of initiation to alcohol are linked. The earlier the age of initiation, the more likely it is to occur in the family home (Hellandsjo Bu et al. 2002; White & Hayman 2006).

Parental supply of alcohol

Children's consumption of alcohol in the family home is often sanctioned by parents who believe that it is a harmless practice or that it is beneficial in educating young people about alcohol (Foley et al. 2004; King et al. 2005; Kypri et al. 2007; Lundborg 2007; Ward et al. 2006). The majority of young Australians who report drinking at home also report parents are the primary source of supply (White & Hayman 2006).

Thirty-seven per cent of Australian secondary school students report that parents are the most common source of supply. Parents are more likely to be the main source of alcohol to younger students than to older students (White & Hayman 2006).

In New South Wales, it is now an offence to supply alcohol to minors in a private home without the direct approval of a parent or guardian (New South Wales Parliament 2007). This legislation has been welcomed by advocates against alcohol-related harm and there is intensive lobbying to support the introduction of similar legislation in other parts of Australia (Community Alcohol Action Network 2008).

High-risk settings for alcohol use

Efforts to prevent and minimise harms associated with alcohol misuse among young people need to focus on factors that increase the likelihood of young people engaging in risk-taking behaviour. High-risk settings include (but are not limited to) places where there is reduced monitoring, increased access to alcohol and congregations of young people (such as parties, music events and "Schoolies" week). Young people are more likely to consume more alcohol at parties or outside the family home, when they are in the presence of peers, than at family occasions in the home (Connelly et al. 1992; Lundborg 2007; Mayer et al. 1998; White & Hayman 2006).

Young people who consume alcohol at a party are more likely to obtain it from a source other than their parents (White & Hayman 2006). In Australia, some parents supply young people with alcohol in the belief that, if alcoholic drinks are not supplied, under-age drinkers will access the alcohol somewhere else (Ward et al. 2006). However, overseas studies show that parents' willingness to supply alcohol increases the likelihood that their adolescent (aged 12–18 years) will binge drink the same beverage (Foley et al. 2004; Lundborg 2007). In addition, there is no evidence that adolescents increase consumption of other alcoholic beverages when parents are not willing to supply them (Lundborg 2007).

At the end of each year many young Australians participate in celebrations to mark the end of their secondary education. Thousands of young people, with a mean age of less than 18 years, congregate and often engage in high-risk behaviours. Events such

as "Schoolies" week are linked with harmful levels of alcohol consumption (Salom et al. 2005; Smith & Rosenthal 1997). In the last decade, Schoolies week has gained increasing popularity and local governments, police and other community agencies have worked collaboratively to minimise the harms associated with these celebrations. Despite this, the misuse of alcohol at these events persists, with many attendees still engaging in high-risk behaviours (Community Alcohol Action Network 2007).

One of the difficulties regarding high-risk events is that parents often do not communicate with each other about the level of supervision and availability of alcohol (Ward et al. 2006). A number of resources are available to support parents in evidence-informed decision making in relation to these settings. These include the Victorian Police "Partysafe Program" (Victoria Police 2008), school guidelines (Oliver & Jennings-Brown 2007) and Victorian regional parenting services. However, there is limited uptake of these resources and research is needed to explore the barriers to their use.

Working with families to prevent and minimise harm

Workers in the education, welfare, youth and other fields have an important but relatively brief role in young peoples' lives. An important goal of contact with a young person and their family should be to facilitate and/or strengthen the role between the two parties so that potential situations for alcohol-related harm can be identified.

Part of the role of workers is to help parents see some challenging behaviour/risk taking as healthy and normal: that is, not to "pathologise" normal developmental changes. Parents need to balance these changes against powerful multimedia and marketing images that make the early adoption of what the young person sees as "adult-like" behaviours seductively attractive. While the current legal drinking age in Australia is 18 years, this is purely arbitrary in terms of young people's readiness to "assume the reigns" on their life. In reality, most parents allow a gradual easing of parental controls for variable periods of time before the young person reaches 18. Indeed parental influence continues beyond 18 in most families. It is this period of gradual

transfer of control, during which the relationship shifts from being parent–child to adult–adult, when parents most often flounder on issues such as limit setting around alcohol.

The majority of Australian parents (95%) reported that they believe they have an important role in shaping adolescents' values and behaviours in relation to drinking (Shanahan & Hewitt 1999), but they also report that they do not have enough information about adolescent drinking (Graham et al. 2006; Ward et al. 2006). Many parents have specific questions about what to do in relation to alcohol and young people. In particular, these are often focussed around settings (such as Schoolies week), supply, communication (for example, with other parents) and supervision (by parents themselves and others).

We know that providing information alone to parents or young people is not enough. To date, most attempts to reduce risk-taking behaviour among young people have been through educational programs, targeted primarily at students in schools (Steinberg 2008). Well-designed evidence-based alcohol education programs do contribute to an incremental reduction in alcohol misuse (Midford 2007), but there is a need for strategies that are broader and that take into account the sociocultural context and opportunities for risky behaviour (Steinberg 2008).

Good communication skills and accurate information are essential components of talking to children about alcohol. Parents who have a warm, supportive relationship with their children are more likely to be able to communicate openly and influence their children's attitudes towards and use of alcohol (Engels et al. 2007; Nelson et al. 1999).

Sensationalist media reports about "teenage drinking" can lead to unnecessary parental concern and anxiety about drug use (Mallick et al. 1998). However, many parents feel ill-equipped to talk to their children about substance use and are reluctant to seek assistance for fear of criticism of their parenting practices (Cohen & Linton 1995). In some families, there is an awkwardness associated with talking about alcohol. Some parents are concerned that they themselves are poor role models and, as a result, believe that they lack credibility in talking to their children about low-risk use of alcohol.

Alcohol is not the only difficult topic for parents of adolescents. Parents often find it difficult to talk about sex and, to a lesser extent, concerns about serious mental health problems such as depression and eating disorders. Some parents forego their parental responsibility and instead attempt to befriend their children. This leaves the way open for children to be overly influenced by the "powerful" influences of adolescent peers. There is evidence that parents can be taught good communication skills that will enable them to focus on their role as a parent and enhance the parent–adolescent relationship, making it easier for them to discuss alcohol and other "difficult" topics (Spath et al. 1996).

Parents need to know that, in terms of alcohol use, they will have the greatest influence on their children **prior to** initiation. The widespread use of alcohol in Australian society means that there are many opportunities, both within and outside the family, to refer to or talk about alcohol within a broader conversation. We know that many preschool and primary school aged children have knowledge and attitudes towards alcohol, so it is never too early to commence talking about the effects and use of alcohol (Donovan & Molina 2008; Noll et al. 1990).

Many parents do not understand the influence of the media on adolescent alcohol use. The use of alcohol on prime time television programs is presented as "normal" (Strasburger 2005). Researchers in the United States have shown that active parental scrutiny and rule setting in relation to the types of movies that their children viewed is protective against early initiation to and consumption of alcohol (Austin et al. 2000; Dalton & Adachi-Mejia 2006). However, increasingly the alcohol advertising that young people are exposed to is through the internet and this is very difficult for parents to monitor.

Resources

Workers who primarily work with young people sometimes find it difficult to work with families, particularly parents. Yet we know that early intervention can be effective in improving parent–adolescent relationships (Rayner & Montague 2000). Education, welfare, youth and other workers are often best placed to provide resources and support to families and young people. The challenges of engaging parents are well documented (Hayes et al. 2004). However, there is a range of resources available to help families in relation to alcohol and problematic substance use. These include information sheets, phone services, websites and education programs

Online resources

One example of relevant and up-to-date alcohol specific information is the series of fact sheets recently produced by the Victorian Department of Education and Early Childhood Development (DEECD) in conjunction with the Australian Drug Foundation (ADF). These eight fact sheets for parents are user-friendly and focus on a range of issues relevant to parents, including facts about alcohol, teenage parties, adolescent brain development, myths around alcohol, parenting styles and communication. These are available at www.education.vic.gov.au/studentlearning/programs/drugeducation/forparents.htm

In addition, Family Drug Help has produced *Myth busting alcohol: A guide for families with young teenagers*. This evidence-based booklet is a useful, easy-to-read resource and is available at www.familydrughelp.com.au/Myth_Busting_alcohol_booklet.pdf

The Parenting Support Toolkit for Alcohol and Other Drug Workers is a Victorian resource kit that promotes the inclusion of parenting and child wellbeing into alcohol and other drug workers' professional practice. It is user-friendly and consists of several booklets that include resources for workers to use with clients. Although it is aimed at alcohol and other drug workers and their clients, it contains some useful generic information that could be used by workers in a range of settings. It is available at www.health.vic.gov.au/drugservices/pubs/parenting-support.htm

The Strong Bonds Building Family Connections website is a useful resource that is fully available online. Developed by Jesuit Social Services, it includes a range of tip sheets and is suitable for workers from a range of disciplines. The information is primarily about adolescents and families and there is a user-friendly section that is targeted at workers. It is available at www.strongbonds.jss.org.au/workers

Parenting programs

Universal parenting programs are one way to support parents—there are a range of programs that include the prevention of alcohol-related harm. Many of the interventions in relation to alcohol are embedded in general parenting programs and there is evidence to suggest that when these programs include a focus on building parent–child relationships and positive behavioural strategies, they can be effective in reducing risk factors for alcohol-related harm.

In Australia, universal school-based drug-education programs often include a parent component. These programs need to commence **prior to** initiation to drug use and the content should include social skills, resistance training and information about drug-related harm (Midford et al. 2002). One of the problems with school-based drug prevention and education programs that include families, however, is that they are most often attractive to low-risk families (Cohen & Linton 1995). It is important that all parents understand the aims of education programs: whether they are focussed solely on abstinence or harm minimisation (which may include abstinence). Programs need to incorporate broader social, cultural and environmental issues so that parents can be assisted to “tailor” strategies that are right for them instead of being prescribed as the “right way” to parent.

National and regional parenting resource centres provide a range of support and education services for parents. It is difficult for workers to assess the effectiveness of different parenting programs. At the moment, there is no framework available for assessing the evidence-base of parenting programs. The Parent Research Centre in Melbourne—www.parentingrc.org.au/vp—is currently developing an Evidence Framework that will assist workers to match the needs of parents with programs that have demonstrated effective outcomes. It is expected that

the framework will be completed by the end of 2008. In the absence of such a tool, the following are some of the relevant Australian parenting programs that have been evaluated.

Parenting Adolescents: A Creative Experience (PACE): The seven-week PACE program is an Australian school-based parenting education program. It aims to enhance the parent–adolescent relationship and increase wellbeing, resilience and protective factors in families. One of the outcomes of the early evaluation was decreased substance use among adolescents and improved parent–adolescent relationships (Toumbourou & Gregg 2002). However, like many school-based programs, levels of parental participation were low and long-term evaluation has not been conducted.

Resilient Families Program: This Australian curriculum is based on classroom sessions with first-year secondary students and separate educational sessions for parents. Follow-up with students one year after the program commenced found that, while there were educational outcomes, there was no impact on student alcohol use (Shortt et al. 2007). It may be that the program needs to be delivered in the later primary years, prior to students' initiation to alcohol.

ABCD Parenting Young Adolescents Program (Cann et al. 2003): The ABCD Parenting Program is a group intervention for parents of children aged 10–14 years that can be delivered in either a four or six-week format in seven community languages. The aim of the program is to strengthen parent and adolescent relationships, thereby enhancing key protective factors against uptake of high-risk adolescent behaviours. The program is currently being evaluated using a randomised controlled trial. Preliminary unpublished results show significant differences between families in the intervention and waitlist groups. Intervention participants report reductions in adolescent behavioural difficulties and parental stress and feelings of incompetence, and an increase in the quality of the parent–adolescent relationship (K Burke 2008, personal communication, 29 April). More information is available at www.abcdparenting.org

Teen Triple P Program (Ralph & Saunders 2003): This Australian program is targeted at parents of young adolescents and includes topics related to problematic substance use. Pilot evaluations of the program indicate that it is effective in improving parents' behavioural management skills and reducing

parent–adolescent conflict (Ralph & Saunders 2003). More information is available through the Parenting Research Centre at www.parentingrc.org.au/vp/programs/index.php

Recently the Australian National Illicit Drug Strategy (NIDS) developed ***Strengthening Families***. This measure incorporates a multitude of parent education programs conducted by different agencies throughout Australia. Agencies have funding until mid-2009 but, as yet, evaluation data are not available. Program details are listed on the Commonwealth Government's Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) website at www.facs.gov.au/internet/facsinternet.nsf/family/strengthening_families.htm

Programs for workers

The Family Partnership Program (Davis et al. 2002) aims to enhance the skills of professionals who work with parents. The model originated in the United Kingdom and has been implemented internationally with parents of children of all ages. The model focuses on the qualities and skills of the worker and assists workers in identifying their own needs at each stage of the process of working with families. Workers who have used the model have demonstrated a significant improvement in their skills and the process of engagement with parents and families (Davis et al. 2002). The five-day training program is available in various settings throughout Australia. Information about the program is available at www.cpcs.org.uk/

Conclusion

Professionals in the health, education, welfare, alcohol and other drug, youth and parenting fields can support parents to explore the role of alcohol within their family and identify goals for young people in the family. Importantly, workers can assist families in assessing risk for activities or settings that may increase the risk of alcohol-related harms. This includes providing families with information and strategies for strengthening the parent–adolescent relationship and enhancing communication between parent and young person. Recognising the role of families and utilising appropriate referrals, workers have an important role in minimising alcohol-related harm among young people.

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The role of families in preventing alcohol-related harm among young people

This list is intended as a guide and a starting point for the researcher. It does not aim to be comprehensive of the subject. For further information please search the library online public access catalogue, or contact DrugInfo for assistance. The list is sorted chronologically and by author within each time period. All of the following resources are available in the DrugInfo Clearinghouse Library.

Books and reports

Ireland A 2007 *Myth busting alcohol: a guide for families with young teenagers*, Carnegie: Family Drug Help

This booklet provides guidance for parents of teenagers, discussing the myths around the introduction and use of alcohol, standard drinks and legal drinking age.

DrugInfo Clearinghouse no. vf IRELAND 07

White V & Hayman J 2006 *Australian secondary school students' use of alcohol in 2005*, Canberra: Department of Health and Ageing

This monograph describes the results of the eighth national survey on alcohol use by secondary students in Australia. The survey was conducted in 2005 and included results from 21,805 students from government, Catholic and independent schools from all over Australia.

www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/mono58

DrugInfo Clearinghouse no. JE22 NDS 58

Hilarski C 2005 *Addiction, assessment, and treatment with adolescents, adults, and families*, New York: Haworth

This book pulls together research into a wide range of subjects related to addiction counselling, including intervention techniques, rapid assessment instruments and behavioural couples therapy. Focuses on assessment and treatment approaches and pulls together research studies in substance abuse.

DrugInfo Clearinghouse no. JZ HIL

McAllister I 2003 *Alcohol consumption among adolescents and young adults*, Canberra: Australian National University (unpublished)

This is an analysis of data relating to alcohol use among adolescents and young adults from 14 to 24 years of age.

Available through: ADF Library

DrugInfo Clearinghouse no. AN68 MCA

Premier's Drug Prevention Council 2002 *Victorian youth alcohol and drug survey*, Number 3, September 2002, Melbourne: Premier's Drug Prevention Council, Department of Human Services

Results of a survey into alcohol and drug abuse among young people in Victoria. Includes the questionnaires, and results presented in the form of bar graphs along with written explanations.

www.druginfo.adf.org.au/download.asp?RelatedLinkID=570

DrugInfo Clearinghouse no. STATS

McCollum EE & Trepper TS 2001 *Family solutions for substance abuse: clinical and counseling approaches*, New York: Haworth

This book gives a competency-focused intervention model for families in which someone suffers from alcohol and other drug related problems, looking at family therapy, motivation and negotiating treatment contracts.

DrugInfo Clearinghouse no. TW22 MCC

O'Farrell TJ & Fals-Stewart W 2001 "Family involved alcoholism treatment: an update", *Recent developments in alcoholism, volume 15: Services research in the era of managed care: organisation, access, economics, outcome*. New York: Plenum, pp. 329–56

This chapter presents a meta-analysis of 36 randomised studies of family-involvement treatment and comparison conditions.

DrugInfo Clearinghouse no. ref GC58 REC

Journal articles

Latendresse SJ, Rose RJ, Viken RJ, Pulkkinen L, Kaprio J & Dick DM 2008 "Parenting mechanisms in links between parents' and adolescents' alcohol use behaviors", *Alcoholism: Clinical and Experimental Research* 32:2, pp. 322–30

This study investigated the nature of associations between adolescents and their parents in the development of drinking habits. Key issues examined were: parents' frequencies of alcohol use and intoxication, and lifetime alcohol-related problems; adolescents' perceptions of the parenting that they receive; adolescents' prevalence of alcohol use and intoxication at 14 and 17(1/2) years of age. The study demonstrates that parenting is an important mediator of the association between parental and adolescent drinking practices.

Mason WA, Kosterman R, Haggerty KP, Hawkins JD, Redmond C, Spoth RL & Shin C 2008 "Dimensions of adolescent alcohol involvement as predictors of young-adult major depression", *Journal of Studies on Alcohol and Drugs* 69:2, pp. 275–85

This longitudinal study examined the extent to which four different adolescent alcohol dimensions (frequency of alcohol use, quantity of consumption, frequency of binge drinking, and frequency of problem use) were predictive of young-adult major depressive disorder (MDD). The results clarify the link between alcohol involvement and depression and suggest that harm reduction strategies may help prevent later mood disorders.

Scholte RH, Poelen EA, Willemsen G, Boomsma DI & Engels RC 2008 "Relative risks of adolescent and young adult alcohol use: the role of drinking fathers, mothers, siblings, and friends", *Addictive Behaviors* 33:1, pp. 1–14

This study examined to what extent regular drinking of fathers, mothers, co-twins, siblings, and friends was related to adolescent regular drinking in three age groups: 12–15, 16–20 and 21–15-year olds.

Kaufman J, Yang BZ, Douglas-Palumberi H, Crouse-Artus M, Lipschitz D, Krystal JH & Gelernter J 2007 "Genetic and environmental predictors of early alcohol use", *Biological Psychiatry* 61:11, pp. 1228–34

The study examined genetic and environmental predictors of early alcohol use which is a strong predictor of later alcohol dependence. Predictors of early alcohol use include the following: maltreatment, family loading for alcohol or substance-use disorders, and serotonin transporter genotype (5-HTTLPR; locus SLC6A4).

Available through: Pubmed

Petrynyte G, Zaborskis A & Veryga A 2007 "Risk factors for alcohol use among youth and main aspects of prevention programs", *Medicina (Kaunas)* 43:2, pp. 103–9

This article analyses the risk factors for alcohol consumption among young people and prevention programs which feature family, school and the community.

Available through: Pubmed

Shortt AL, Hutchinson DM, Chapman R & Toumbourou JW 2007 "Family, school, peer and individual influences on early adolescent alcohol use : first-year impact of the Resilient Families programme". *Drug and Alcohol Review* 26:6, pp. 625–34

This study aimed to examine the influence of family factors relative to school, peer and individual influences on the development of adolescent alcohol use during the first year of secondary school; and the feasibility of preventing adolescent alcohol use by modifying family factors.

Toumbourou JW, Stockwell T, Neighbors C, Marlatt GA, Sturge J & Rehm J 2007 "Interventions to reduce harm associated with adolescent substance use", *Lancet*. 369:9570; pp. 1391–401.

This article summarises evidence for interventions aimed at prevention and reduction of harms related to adolescent substance use. Evidence of effectiveness was found for developmental prevention interventions that aim to prevent onset of harmful patterns in settings such as vulnerable families, schools, and communities, and universal strategies to reduce attractiveness of substance use. Harm-reduction interventions are effective in young people involved in risky and injecting substance use.

Available through: Pubmed

Coffelt NL, Forehand R, Olson AL, Jones DJ, Gaffney CA & Zens MS 2006 "A longitudinal examination of the link between parent alcohol problems and youth drinking : the moderating roles of parent and child gender", *Addictive Behaviors* 31:4, pp. 593–605

The effects of paternal and maternal alcohol problems on the drinking behaviour of adolescent girls and boys were investigated. A prospective design was employed to examine changes in youth drinking behaviour over a 3-year period in a community-based sample of 695 families. Results revealed that, as maternal alcohol problems increased, the likelihood of adolescent alcohol use increased. Paternal alcohol problems were associated with an increased likelihood of alcohol use for girls only. Findings point to the need for future research to investigate both maternal and paternal alcohol problems in community samples and with a sample size large enough to examine both parent and adolescent gender. Implications for preventive and interventive efforts are considered.

Kirby JB 2006 "From single-parent families to stepfamilies: is the transition associated with adolescent alcohol initiation?", *Journal of Family Issues*, 27:5, pp. 685–711

This study investigated whether stepfamily formation could be associated with adolescent initiation of alcohol use, and if so whether this association differed by the type of family configuration.

Available through: PubMed

Fromme K 2006 "Parenting and other influences on the alcohol use and emotional adjustment of children, adolescents, and emerging adults", *Psychology of Addictive Behaviors* 20:2, pp. 138–9

This article reviews five articles on potential mediators and moderators of psychological adjustment and drinking behavior and discusses some of the potential contributions of various factors on the alcohol use, consequences, and emotional adjustment of children, adolescents, and emerging adults.

Nash SG, McQueen A, Bray JH 2006 "Pathways to adolescent alcohol use: family environment, peer influence, and parental expectations", *Journal of Adolescent Health* 37:1 pp. 19–28

This study investigated the relationships among family environment, peer influence, stress, self-efficacy, and adolescent alcohol use and to test for the potential moderating effects of parental expectations regarding adolescent alcohol use. Family environment was found to exert significant indirect effects on adolescent

alcohol use through peer influence, self-efficacy, and stress, and parental expectations significantly moderated all structural paths.

Available through: Pubmed

Rowe CL & Liddle HA 2006 "Family-based treatment development for adolescent alcohol abuse", *International Journal of Adolescent Medical Health* 18:1, pp. 43–51

Employing selected contemporary research findings, this article outlines specific areas of focus for a family-based intervention for alcohol abusing teens. The authors review intervention-relevant research on the development of alcohol problems among adolescents with a focus on family risk and protective factors. Clinical research findings are presented supporting the use of family-based interventions with alcohol abusing youth. Finally, areas of intended focus in an empirically supported family-based intervention for adolescent alcohol problems are outlined. By addressing these gaps, empirically supported family-based interventions for adolescent alcohol abuse have significant potential to advance the field of adolescent alcohol treatment.

Available through: Pubmed

Seljamo S, Aromaa M, Koivusilta L, Rautavara P, Sourander A, Helenius H & Sillanpaa M 2006 "Alcohol use in families: a 15-year prospective follow-up study", *Addiction*, 101:7, July, pp.984–992

This Finnish study investigated the prevalence of adolescents' problematic alcohol use and its parental predictors: drinking habits and socio-demographic factors. It is proposed that knowledge of fathers' alcohol use and its time of onset may be used to determine children who are at added risk of problematic alcohol use later in life. Special guidance, support and treatment can be targeted to these families.

Van der Vorst H, Engels RC, Meeus W & Dekovic M 2006 "Parental attachment, parental control, and early development of alcohol use: a longitudinal study", *Psychology of Addictive Behaviors* 20:2, pp. 107–16

The authors explored the predictive influence of both parental attachment and parental control on early onset of alcohol consumption in adolescence by use of a longitudinal sample of 1,012 young adolescents. Whether the relationship between parental control and adolescents' drinking is moderated by parental attachment was also examined.

Veal ML & Ross LT 2006 "Gender, alcohol consumption, and parental monitoring", *Journal of Psychology* 140:1, pp. 41–52

This study examined the relationships among gender, alcohol consumption, and parental monitoring, including television monitoring. Student volunteers participated by reporting retrospective general parental monitoring, television monitoring, and recent drinking behaviours. Implications for preventing alcohol misuse and ideas for future research are discussed.

Available through: Pubmed

Coleman L & Cater S 2005 "Underage binge drinking: a qualitative study into motivations and outcomes", *Drugs: Education, Prevention & Policy* 12:2, pp. 113–24

This article supports a harm-minimisation approach to alcohol education through the promotion of 'safer' or 'sensible' drinking to young people, noting the increase in binge drinking culture.

Loveland-Cherry CJ 2005 "Alcohol, children, and adolescents", *Annual Review of Nursing Research* 23, pp. 135–77

Alcohol use in children and adolescents continues to be a major health concern. This article provides a review of the intervention studies to prevent alcohol use in these age groups. The interventions are categorised by their primary focus: school, family, and community. The studies were limited to those with either an experimental or a quasi-experimental design and published results.

Available through: Pubmed

Power TG, Stewart CD, Hughes SO, Arbona C 2005 "Predicting patterns of adolescent alcohol use: a longitudinal study", *Journal of Studies on Alcohol* 66:1, pp. 74–81

This study examined how adolescent drinking patterns change during the high school years and investigated some of the individual, family, social life and community predictors of changes in drinking patterns over time. Findings demonstrate that the predictors of adolescent alcohol use vary across different levels of adolescent alcohol involvement.

Catanzaro SJ & Laurent J 2004 "Perceived family support, negative mood regulation expectancies, coping, and adolescent alcohol use: evidence of mediation and moderation effects", *Addictive Behaviors* 29:9, pp. 1779–97

This study investigated hypotheses that individuals learn to use drinking as a coping response when they believe healthier means of coping are unavailable, adding two potential coping resources: perceived family support and expectancies for negative mood regulation. The study highlights the importance of family support and NMR expectancies as coping resources related to drinking processes. Because many of the tenets of the model appear to extend to adolescents, it may have considerable utility as a conceptual framework for the design and implementation of prevention programs.

Donovan JE 2004 "Adolescent alcohol initiation: a review of psychosocial risk factors", *Journal of Adolescent Health* 35:6, pp. 529.e7–18.

Longitudinal research studies focused on alcohol use initiation in adolescence were reviewed to determine which variables function as antecedent predictors or risk factors. Classes of risk factors examined include socio-demographic, family, peer, personality, and behavioural variables. The most consistent antecedent risk factors for starting to drink in adolescence were parental and peer approval and models for drinking and drug use as well as adolescents' own prior involvement in delinquent behaviour. There was little evidence for gender differences in risk factors for alcohol use initiation. Secondary analyses of existing longitudinal data sets are encouraged to examine whether there are ethnic/racial differences in the risk factors for starting to drink and to establish those factors that serve a protective or buffering function, delaying onset of alcohol use in adolescence.

Available through: Pubmed

Liddle HA 2004 "Family-based therapies for adolescent alcohol and drug use: research contributions and future research needs", *Addiction*, 99:Suppl 2, pp.76–92.

This article discusses research and clinical advances in the developmental status of family-based adolescent alcohol and drug treatment through a selective an interpretive literature review and analysis.

Wood MD, Read JP, Mitchell RE & Brand NH 2004

"Do parents still matter? Parent and peer influences on alcohol involvement among recent high school graduates", *Psychology of Addictive Behaviors* 18:1, pp. 19–30

This study explored the influences of peer and parent variables on alcohol use and problems in late adolescents. Peer influences included alcohol offers, social modelling and perceived norms; parental behaviours included nurturing and monitoring. Attitudes and values were also examined. Significant associations were found between peer and parent influences and alcohol involvement and showed that parental influences could moderate peer-influenced drinking behaviour, suggesting that parents can continue to exert an influential role in late adolescent drinking.

Kuther TL & Higgins-D'Alessandro A 2003

"Attitudinal and normative predictors of alcohol use by older adolescents and young adults", *Journal of Drug Education* 33:1, pp. 71–90

This study examined the influence of attitudes about the positive and negative consequences of drinking, perceived parental and peer norms about alcohol consumption, and perceived control over drinking predicted self-reported alcohol use. The results suggest that, during adolescence, decisions to consume alcohol are rational, based on the consideration of the positive consequences of alcohol use and perceptions of control over drinking; however, the negative consequences of alcohol use are discounted.

Barnow S, Schuckit MA, Lucht M, John U & Freyberger HJ 2002

"The importance of a positive family history of alcoholism, parental rejection and emotional warmth, behavioral problems and peer substance use for alcohol problems in teenagers : a path analysis", *Journal of Studies on Alcohol and Drugs* 63:3, pp. 305–15

A hypothetical model of alcohol problems in adolescents is tested in this article. Family history of alcoholism, parenting styles, behavioural and emotional problems, peer-group characteristics, feelings of self-esteem, behavioural problems and psychiatric comorbidity of the hypothetical model were explored. The comparisons revealed that the AP group had significantly more behavioural problems, more perceived parental rejection and less emotional warmth, a higher amount of alcohol consumption, were more likely to associate with substance-using peers and more often received a diagnosis of conduct disorder or antisocial personality disorder.

Boyle MH, Sanford M, Szatmari P, Merikangas K & Offord DR 2001 "Familial influences on substance use by adolescents and young adults", *Canadian Journal of Public Health* 92:3, pp. 206–9

This Canadian study uses data from the Ontario Health Survey to examine within-family influences (sibship number, age and sex composition; family structure and parental substance use) on the use of tobacco, alcohol and marijuana in households among offspring aged 12 to 24 years. Sibling concordance for substance use suggests that the treatment and prevention of substance use (and abuse) among adolescents and young adults might be enhanced by including a family focus, especially where there are two or more siblings at home. Available through: Pubmed

Audiovisual

Australian Council for Health Physical Education and Recreation (ACHPER) 2004 Rethinking drinking: you're in control: an alcohol education resource for lower-middle secondary schools, Canberra: Department of Education, Science and Training (DEST)

This resource aims to be culturally inclusive, particularly for Aboriginal and Torres Strait Islander teachers and students. The kit includes: a classroom program with lesson topics and activities, a student workbook; a video containing scenarios of young people in social situations involving alcohol, and interviews; a CD-ROM containing PDF files of the student workbook and parent pamphlet; and a parent pamphlet entitled 'Alcohol and your child; Helpful information for parents, families and the community.

DrugInfo Clearinghouse no. KIT JP20 AUS

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