



The Smart Generation Program

to prevent underage alcohol use in Knox

Produced by the School of Psychology and Centre for Sport Research (CSR), Deakin University for the Communities That Care Knox.

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1. Overview of the Smart Generation: Sports club monitoring program

The Smart Generation is a program that aims to mobilise communities across Australia to reduce and delay adolescent alcohol use.

The Smart Generation is designed to help the next *generation* of children to be *smarter* and happier as a result of avoiding or delaying the use of alcohol. The program aims to optimise adolescent development by helping communities to work together to prevent young people from drinking alcohol before they turn 18.

The program is a series of evidence-based, multi-level interventions. Being *evidence-based* means all components of the program have been demonstrated to be effective in changing behaviour. *Multi-level* indicates the program seeks to bring about change at multiple levels, including the community, schools, families and individuals.

What does The Smart Generation: Sports Club Monitoring intervention involve?

This is a community-wide monitoring activity that aims to identify the level of alcohol sales by monitoring sales at community sporting clubs to confederates who appear under the age of 18. This involves collecting data on the sale of alcohol through local community sporting clubs to people who appear to be under the legal age of 18.

The overall aim of the monitoring program is to delay or decrease adolescent alcohol consumption by reducing factors in a young person's environment that increase their risk of drinking and increasing factors that protect a young person from drinking.

While a number of initiatives have previously or are currently focused on reducing alcohol consumption in sporting clubs, such as the *Good Sports* program, these do not specifically target the underage sale of alcohol in this setting. As sporting clubs are an important environment where adolescents are socialized, opportunities exist for interventions to reduce underage alcohol consumption by reducing supply.

The present project aimed to investigate levels of compliance with liquor licence requirement and levels of underage sales of alcohol in community sporting clubs and to evaluate the effect of a simple community intervention.

The monitoring program uses a 'pseudo-underage' purchase observation methodology. A sample of local sporting clubs in Knox were identified from websites and a list of community sporting clubs was compiled. Pre and post monitoring data collection and intervention delivery was implemented over a four month period. Pre and post monitoring data was collected through "purchase surveys" that involved sending a young person who looks under the legal purchase age (confederate) into the sports clubs to attempt to purchase alcohol without showing age identification. The intervention involved sending feedback letters to each sports club. The letters informed sports clubs that they had been surveyed, notified them of the outcome from the pre-visit and alerted them to an

upcoming visit (post-visit). The letters are an important action to build awareness and support in the community. Media articles were also published to help communicate the messages and further increase awareness of the issue.

The primary aims of the project was to measure 1) if the confederate was asked for age identification; and 2) was the confederate sold alcohol. Additional club-level data was also recorded. This included the type of licence held by the Club which was accessed from the Victorian Commission for Gambling and Liquor Regulation (VCGLR) website. Club accreditation with the *Good Sports* program and level of accreditation (none, level 1, level 2, level 3), accessed from Alcohol and Drug Foundation who facilitate the delivery and implementation of the *Good Sports* program.

2. Supply Monitoring Outcomes

The visitation period occurred over four months on a Saturday between 12:00pm and 16:30pm.

At baseline 10 clubs were identified to be included in the study. The research team were unable to make a purchase attempt at one club at baseline, due to a club function on the day (confederate felt uncomfortable). Follow-up monitoring was completed at all 10 clubs (ie. includes club 'missed' at baseline).

Of the clubs that purchase attempts were completed, all had level 3 *Good Sports* accreditation (100%). Intervention activities were delivered to all sports clubs monitored at baseline (the one club that was not monitored at baseline did not receive a feedback letter) .

At baseline, clubs indicated low-compliance with the regulation requiring staff to request age verification and the 'underage' purchaser was able to purchase alcohol at clubs (over 80% purchase rate). The results at the completion of the monitoring program indicated a 20% increase in compliance with the regulation requiring staff to request age verification and an equivalent reduction in the 'underage' purchaser being able to purchase alcohol at clubs. During each of these purchases the service staff did not make any comment to the purchaser.

Due to low sample size of clubs visited it is not possible to consider other factors (eg. type of sport, level of Good Sports accreditation, age or gender of service staff) that may influence club compliance with liquor regulations.

In keeping with the project logic, when intervention activities are implemented and follow-up monitoring occurs, it would appear that a reduction in sales rate in Knox sporting clubs was observed.

3. Recommendations

This project investigated compliance to the liquor licensing regulation requiring age identification during alcohol service. The intention was also to assess the levels of actual supply to pseudo-underage purchasers in community sporting clubs in Knox. The findings indicated very low levels of adherence for requesting age identification and very high levels of 'underage' sale of alcohol at baseline. There was an improvement in compliance with the regulation requiring staff to request age verification and a reduction in the sale of alcohol to 'underage' post intervention activities. Broader monitoring of sports clubs is recommended to better understand club compliance with liquor regulations. Pending the findings of this further monitoring work, a logical next step may be to look at methods to strengthen alcohol management practices at sports clubs through a combination of club-based and community-based intervention activities, these could include working with clubs on compliance; Responsible Service of Alcohol (RSA) training expansion to volunteers/club members; review of RSA club signage and media attention.

It is recommended Communities That Care Knox continue to repeat the sales monitoring program as routine practice to achieve and sustain longer term community level outcomes.