SETTING THE STANDARD

Alcohol sales & promotion in New Zealand schools

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INTRODUCTION

Alcohol is commonly being used by adults in New Zealand school and early childhood education (ECE) settings. This practice largely went under the radar of public health professionals until changes to New Zealand's alcohol laws came into effect in 2013. Medical Officers of Health may now report on special licence applications by schools and ECEs seeking to supply alcohol to the public. Amongst their decision criteria is an assessment of whether granting the licence is likely to increase alcohol-related harm through inappropriate sale, supply or consumption.

The relationship between school/ECE-based alcohol use and alcohol-related harm has never been empirically tested. However, there have been many anecdotal reports of harm directly associated with school supply of alcohol in Australia. These accounts include uncontrolled and excessive drinking by parents and guests at school functions, the disruption of children's activities and events at schools, public modelling of hazardous drinking, violent assault, children's embarrassment and shame as a result of parental behaviour and sharp division within school communities (Munro, Buykx, Ward, Rae, & Wiggers, 2014).

This document considers the place of alcohol in New Zealand schools/ECEs, by

a) examining the extent of alcohol-related harm in New Zealand, particularly among young people,

b) discussing the contexts in which alcohol is being used by New Zealand schools/ECEs,

c) discussing the possible mechanisms of harm to young people that this practice may facilitate,

d) discussing public concern about the issue,

e) discussing the current legislative and regulatory framework around alcohol use in New Zealand schools/ECEs,

f) discussing school/ECE alcohol policy options and issues.

ALCOHOL-RELATED HARM IN NEW ZEALAND

As a nation, New Zealand is heavily burdened by the adverse effects of hazardous drinking. Every year around 1000 New Zealanders die from alcohol-related causes (Connor, Broad, Jackson, Vander Hoorn, & Rehm, 2005). Thousands more are admitted to hospital for conditions ranging from acute intoxication to alcohol poisoning and injuries resulting from alcohol-related accidents or assault. Sadly, a substantial number of New Zealanders are harmed by the drinking of others (Connor & Casswell, 2012). Some research suggests that every year in New Zealand, more than 62 000 physical assaults and 10 000 sexual assaults occur involving a perpetrator who has been drinking (Connor, You, & Casswell, 2009).

Young people are particularly at risk of alcohol-related harm (Jernigan, 2001). In New Zealand, they are more likely to be heavy drinkers than other population groups (Huckle & Huakau, 2004), with almost 1 in 4 (23%) secondary school students reporting binge drinking (five or more alcoholic drinks within four hours) in the last four weeks (Clark, et al., 2013). Although they rarely exhibit severe chronic disorders associated with alcohol dependence, evidence shows that alcohol consumption in adolescence adversely affects physiological processes and biological development (Faden & Goldman, 2005). Further, early exposure to alcohol predicts later alcohol abuse and dependence (Grant & Dawson, 1997). It is thought that alcohol exposure during adolescence may alter neurodevelopmental processes in such a way that the likelihood of later abuse is increased, as seen in animal models (Spear & Molina, 2001).

The harmful effects of alcohol use extend beyond the physical. Interpersonal relationships and educational achievement are commonly affected. For example, among Maori secondary school students, 14.1% reported having their school or work affected by their alcohol use (Clark, Robinson, Crengle, Sheridan, Jackson, & Ameratunga, 2013). Adolescent alcohol use is also implicated in the development of depression and suicidal behaviours (Fergusson & Boden, 2011).

A range of adverse consequences may stem from a single episode of intoxication. Among adolescents, it is known to increase the risk of motor vehicle collisions, injuries and deaths, crime, and sexual risk-taking (Fergusson & Boden, 2011). In New Zealand from 2008 through 2012, alcohol contributed to over 40% of fatal crashes among people aged 15–24 years (Ministry of Transport, 2013). Young people are also at increased risk of being harmed by intoxicated others (Connor & Casswell, 2012). In Southern District Health Board (SDHB) hospitals, from 2008 through 2012, there were at least 188 instances of people younger than 18 years being hospitalised for alcohol poisoning, acute intoxication, or related injuries (Public Health South, 2013). In SDHB Emergency Departments in 2012, underage patients represented 5–11% of the burden of alcohol-related presentations (Public Health South, 2013). However, most alcohol-related injuries among young people are not represented in hospital data. For example, 27% of Maori secondary students participating in a nationally-representative survey (Clark, Robinson, Crengle, Sheridan, Jackson, & Ameratunga, 2013) reported being injured after consuming alcohol, but only 4.9% required treatment (which corresponds well with observed SDHB Emergency Department data).

Despite the high rates of hazardous drinking among New Zealand youth, few seek and receive treatment for alcohol problems, and drop-out rates are high among those who do (Schroder, Sellman, Frampton, & Deering, 2009). Among those who remain, the prognosis is poor, as few forms of alcohol treatment for adolescents have demonstrated efficacy (Brown, et al., 2008). Given the scale of the problem, the severity of the consequences, and the lack of effective treatment it is imperative that we address any modifiable factors that shape the earliest stages of adolescent drinking.

ALCOHOL USE IN NEW ZEALAND SCHOOL AND EARLY CHILDHOOD EDUCATION SETTINGS

Alcohol is used in New Zealand schools/ECEs for a variety of purposes, similar to those reported in Australia (Table 1). However, the practice of using alcohol to generate revenue appears to be relatively new. In a 2002–2003 survey of 77 primary/intermediate and 79 secondary/area schools throughout New Zealand (encompassing rural and urban and a range of deciles), no school reported selling alcohol for fundraising purposes in the previous 12 months (Richards, Darling, & Reeder, 2005). However, a quarter received funding from 'pub' charities or other trusts associated with gambling. More recently, Utter and colleagues quoted in a 2009 issue of the New Zealand Medical Journal, "Funding for schools should never be at the expense of

children's health, just as schools would never be permitted to sell cigarettes or alcohol to increase revenue." Five years later, schools are indeed being permitted to sell alcohol. In the first six months of 2014, at least 92 South Island schools have applied for special licences to sell or supply alcohol to the public. This is a conservative estimate only, as many applications, especially those made by Parent Teacher Associations, are submitted under the name of an individual rather than a school.

It seems that New Zealand schools/ECEs are rapidly becoming social structures supportive of alcohol use. Regardless of whether this reflects further expansion of alcohol-based leisure in New Zealand society (McEwan, Campbell, & Swain, 2010), or an increased desperation for revenue among New Zealand schools, the implications of this practice for alcohol-related harm to young people must be considered.

TABLE 1 CASES OF ALCOHOL USE IN SCHOOLS (from Munro et al., 2014 with permission)

Generating revenue	
1.	Alcohol is sold to adults for immediate consumption at school fairs, fetes and other events at which children are present.
2.	Alcohol is sold to adults or raffled[1] or bottled under the jurisdiction of the school for consumption at a future time. These events need not involve children although in some cases they may be present or otherwise participate in the process.
3.	Alcohol is supplied or sold by the school to adults at fundraising events, such as Trivia Nights, at which children are not present.
Ritual/celebration	
4.	Alcohol is served at meetings of school councils, which are usually adult-only events.
5.	Alcohol is served at valedictory dinners or balls attended by staff, students and parents where students may drink alcohol because they fulfil one of two conditions: they are of legal age (18 years) or they are in the company of a parent who can give consent to their underage child being served alcohol.
Recreational	
6.	Alcohol is supplied or sold to adults by the school at children's events such as student discos, art shows, plays and performances.
7.	Parents bring a personal supply of alcohol (BYO) to consume at a school event or function, such as a sports day.
8.	Teachers drink in the staff room after work.
9.	Teachers drink alcohol on school camps after children are bedded down.[2]

1. Note that it is illegal to raffle alcohol in New Zealand.

2. The New Zealand Ministry of Education states that there is no place for alcohol in Education Outside the Classroom activities. See http://eotc.tki.org.nz/EOTC-home/For-teachers/FAQ#Is_it_okay_for_adults

POSSIBLE MECHANISMS OF HARM

A complex of interacting factors influences adolescent drinking behaviour. It is well established that adolescent drinkers are more likely than non drinkers to have:

- a family history of alcoholism
- pre-existing mental health problems
- low levels of self-regulation
- come from broken families and/or parents who monitor their activities poorly
- been exposed to deviant peer models
- been victims of sexual or physical abuse
- beliefs that encourage excessive alcohol use (positive alcohol expectancies)

It is also known that adolescents who do not abuse alcohol are more likely to be oriented positively toward family and school and to have long-term educational and occupational aspirations.

Of the identified risk factors, school/ECE use of alcohol is likely to influence alcohol expectancies, which refer to the anticipated effects of drinking alcohol. Among youth, positive alcohol expectancies have been consistently associated with earlier onset of alcohol use, higher levels of use (frequency and quantity), and transitions into increased levels of use (see Windle, et al., 2008 for review).

Many of the factors associated with alcohol expectancies and adolescent drinking are shaped during the first decade of life (Zucker, Donovan, Masten, Mattson, & Moss, 2008). Children form expectancies based on their exposure to alcohol through a number of social contexts. They witness drinking by their parents, other adults in the family, and by young and old in the mass media. Zucker and colleagues (2008, p S262) submit that, "In the absence of their own experience of alcohol, this vicarious learning is the major influence on their attitudes toward alcohol and their expectancies about the effects of drinking". A consistently demonstrated predictor of early drinking onset and the development of alcohol use problems in adolescence is early exposure to alcohol use by parents and peers (Zucker, Donovan, Masten, Mattson, & Moss, 2008).

Children can identify adult drinking norms and form alcohol expectancies at a very young age. Early alcohol expectancies were measured in a task in which 3 to 5 year-old children were shown drawings of child and adult figures in common social situations and asked what kind of beverages they were drinking (alcoholic or non-alcoholic) (Zucker, Kincaid, Fitzgerald, & Bingham, 1995). These preschoolers attributed alcoholic beverages more often to adults than children, and to men than women. Nine years later, the children's age at drinking initiation was predicted by the alcohol attributions they had made as preschoolers (Donovan, et al., 2004). This shows that alcohol expectancies in early childhood are precursors of later alcohol use. In another study, children aged 2 to 6 years were observed role-playing as adults shopping for a social situation in a miniature grocery store containing 73 different products. Almost two-thirds of the children 'bought' alcohol for the adult situation, and those with parents who drank at least monthly were more likely to do so (Dalton, et al., 2005).

Among lay people, there are many vocal proponents of "appropriate behaviour modelling" regarding the prevention of alcohol misuse among young people. No empirical evidence exists in support of this notion. Instead, a systematic review of longitudinal studies (providing the strongest evidence) of parenting factors

associated with adolescent drinking concluded that parental modelling of drinking is associated with both earlier initiation to drinking and increased later alcohol use (Ryan, Jorm, & Lubman, 2010). Following this review, a study was conducted to establish expert consensus on strategies for parents on actions they can take to reduce alcohol use in their adolescent children (Ryan, Jorm, Kelly, Hart, Morhan, & Lubman, 2011). The research team reviewed sources of advice for parents and constructed a set of statements from this literature. A panel of 38 Australian experts[1] then privately and independently reviewed the statements. Items that were rated as either important or essential by at least 90% of the panel were endorsed as recommended strategies. Regarding parental modelling, the following endorsed statements are relevant to school/ECE alcohol use:

- Parents who drink should model responsible drinking by limiting their alcohol use, especially in front of their children.
- Parents should be aware that what they themselves drink, how much, when and where they drink is a major influence on how their adolescent will drink in the future.
- Parents should be aware that the influence of parental modelling on their child's attitude to alcohol begins at a very early age.
- Parents should be aware that warning adolescents about the dangers of drinking will not be effective if they do not set a good example themselves.

Considering the above, the supply of alcohol at school/ECE events where children are present (for example, gala days) may undermine parental strategies to prevent or reduce adolescent drinking. Further, children that witness adult drinking at school events are likely to form expectancies about alcohol use in those and similar contexts. Research shows that these alcohol expectancies will influence their subsequent drinking behaviour.

Public concern about alcohol sales & promotion in New Zealand school and early childhood education settings

Limited public concern about school/ECE use of alcohol is evident in mainstream media. The issue was first raised (in recent times) in a 2009 newspaper article stating that alcohol sales at school fairs were to be reviewed by the government (Beaumont, 2009). Sir Geoffrey Palmer (who was responsible for reviewing New Zealand's alcohol laws) was said to have received a submission about schools selling alcohol for revenue. Judith Aitken (former Chief Review Officer for the Education Review Office, ERO) was said to be preparing a formal request for ERO to look into the matter. However, no mention is made of schools using alcohol to raise funds in the Law Commission report (Law Commission, 2010) or the Litmus Submission Analysis (Law Commission, 2010). Similarly, communications with ERO in June 2014 determined that they have not investigated school use of alcohol nor have they received any complaints about the matter.

An Auckland College made television and online news in 2011 when parents complained about the school selling wine to fundraise for an upcoming rugby trip (Robinson, 2011). The parents felt that alcohol sales send a conflicting message in the face of school policy against selling chocolates to generate revenue. The school denied that the fundraising effort was a double standard, and argued that the students had nothing to do with

[1] Each expert on the panel had at least five years experience in one or more of the following areas: the development and delivery of alcohol and drug education to adolescents and/or parents, research investigating adolescent alcohol use and parenting practices, or the clinical treatment of adolescents who have experienced alcohol use disorders.

the sales. However, public comments about the article on the ONEnews website[2] were overwhelmingly against the school conducting alcohol sales.

Alcohol sales at school fairs were again criticized in news media in 2013 (Huffadine, 2013). Doug Sellman (Director, National Drug Addiction Centre) stated that allowing adults to buy and drink alcohol at school fairs would only continue to normalise New Zealand's drinking culture. New Zealand Principals' Association president Rob Callaghan, along with two other school principals spoke in defence of the practice. Of 15 comments posted about the article, only 7 were against schools selling alcohol at fairs. However, in an associated online poll asking, "Should schools be able to sell alcohol at their events?" 77% of 1744 votes went to, "No, it normalises a drinking culture". The remaining votes went to, "Yes, alcohol is part of our culture".

It was when a school was denied a licence to sell alcohol at a school fair that media attention was triggered. The Dunedin City Council's District Licensing Committee (DLC) decision to decline a special licence application by a Mosgiel school to sell alcohol at a 2013 school fair in was covered in local print, national online and national radio news. The local news coverage generated 13 comments, 6 of which were in favour of the school selling alcohol, 5 were against and 2 neutral (McNeilly, 2013). The national online news article generated 90 comments (McCorkindale, 2014). Of these, approximately 50% agreed with the DLC decision, 25% disagreed, and 25% were neutral or unrelated. Among those who disagreed, the prevailing argument centred on the notion of behaviour modelling of responsible drinking. Other comments regarded children witnessing alcohol consumption in other public contexts—fear of a roll-on effect of alcohol bans at public sporting events was evident. Despite Medical Officer of Health opposition and the precedent Mosgiel case, Christchurch schools have recently been granted licences for alcohol sales at similar school events.

CURRENT LEGISLATIVE AND REGULATORY FRAMEWORK

The purpose of the Sale and Supply of Alcohol Act (2012) is to minimize the harm created from 'excessive or inappropriate' drinking. Based on the strongest current empirical evidence, the Health Promotion Agency of New Zealand[3] recommends that to minimize alcohol-related harm:

- Women should drink no more than 2 standard drinks per day and 10 standard drinks per week.
- Men should drink no more than 3 standard drinks per day and 15 standard drinks per week
- People of both sexes should also have at least 2 alcohol-free days every week
- For children and young people under 18, no alcohol consumption is recommended and drinking onset should be delayed as long as possible
- Pregnant women or those planning to get pregnant should not drink any alcohol

National guidelines for alcohol consumption in both Australia and the United Kingdom also recommend that people under the age of 18 delay alcohol initiation as long as possible, and that people under the age of 15 do not consume any alcohol at all (Donaldson, 2009; NHMRC, 2009).

The current law establishes that it is permissible for parents to supply alcohol to minors (< 18 years) where the supply is undertaken in a 'responsible manner' (Section 241 [3], Sale and Supply of Alcohol Act 2012). In determining whether the supply is responsible, the age of the child will be considered. However, no specific age reference is made regarding supply to minors. While provisional access may be beneficial for some adolescents, it might be especially harmful for a minority with pre-existing risk (Brown, et al., 2008).

[2] http://tvnz.co.nz/national-news/bitter-taste-school-sells-alcohol-4331065
[3] http://www.alcohol.org.nz/alcohol-you/your-drinking-okay/low-risk-alcohol-drinking-advice

According to the New Zealand Ministry of Education, "*There is no legal reason to stop alcohol being consumed on school sites*."[4] It is up to individual school Boards of Trustees to develop their own policy regarding alcohol consumption on school sites and during school events. Should a school board or Parent Teacher Association be desirous of public alcohol sales, they must apply for a special licence. Their application is initially considered by a licensing inspector, Police and the local Medical Officer of Health, who then report to a District Licensing Committee. This committee decides whether to grant the licence. The proposed Medical Officer of Health position (currently out for consultation across the education sector) is that applications for special licences to supply liquor for consumption at events focussed on children will be opposed. This position applies to school fairs, children's sports events, children's birthday parties and children's prize giving events. It does not apply to adult-focussed fundraising events such as quiz nights on school premises or the sale of wine at school fairs (not for consumption on the premises).

There are clear precedents (for example, Section 7A of the Smoke-free Environments Act 1990) to support the development of legislation excluding alcohol products from schools and school events. In licensed ECE settings, government regulations state that during the hours the centre is operating, the licensee must ensure that no person at the centre uses or is affected by alcohol (Section 29 Education [Early Childhood Centres] Regulations 1998). In home-based care settings, no person who is, or is likely to be, affected by alcohol may enter the premises (Part 3, Section 5, Education [Home-based Care] Order 1992). Further, a parent's right of entry to a licensed ECE centre or to the premises where a licensed home-based education or care service is provided, whenever the child is there, can be withheld by a person responsible for the operation of that service if the parent is deemed to be under the influence of alcohol (Section 319A, Education Amendment Act 2006).

No such regulations regarding alcohol use or influence exist for primary, intermediate, middle or secondary school education settings. However, the owner of a school hostel is required to take all reasonably practical steps to ensure that no hostel staff present and performing duties and no boarder at the hostel uses or is affected by alcohol (Section 65[4], Education [Hostels] Regulations 2005). For parents, the law states that access to or contact with their boarding child may be withheld if they are, in the opinion of a responsible person, under the influence of alcohol *to the extent that it is an actual or potential cause or source of harm to the parent or another person or both* (Section 66 [2]).

It is clear that government regulation is urgently required to address the issue of school/ECE alcohol use in New Zealand. Some resistance by New Zealand schools/ECEs to such regulation is likely. New Zealand Principals' Federation National President Phil Harding states that alcohol sales are used by schools to generate income and 'create an atmosphere' (Huffadine, 2013). A school principal quoted (regarding alcohol), "Here is a way of relaxing and enjoying a nice sunny day. It's about keeping things as normal as possible" (Beaumont, 2009). Some school principals argue that school fairs are designed as community gatherings, catering to a wider group than just the school. To address such resistance, it is recommended that health organisations strive to raise awareness among school governing bodies of the implications of fundraising activities for health.

4 http://www.minedu.govt.nz/NZEducation/EducationPolicies/Schools/PropertyToolBox/StateSchools/DayToDayManagement/Alcohol.aspx

POLICY OPTIONS AND ISSUES

When evaluating policy options, it is useful to dichotomise alcohol use into immediate consumption versus supply for consumption at a later time. Separate policies for each may be desirable. Policy options A through D deal with immediate consumption, whereas options E and F deal with supply for later use.

OPTION A *Alcohol consumption is not permitted at any school/ECE function or event*

This policy option excludes alcohol use from all cases of immediate consumption. It would also exclude BYO situations (such as Case 7, Table 1) without ambiguity. Of all policy options, this is likely to be met with the most school and community resistance. In ECE settings, government regulations already state that no person is allowed to use alcohol on site during operational hours, so any ECE-based alcohol policy must be developed accordingly. A possible extension of this policy option is the exclusion of alcohol consumption on school grounds. While this stance would remove ambiguity around the nature or ownership of events, it would prevent alcohol consumption by staff after hours (Case 8, Table 1).

OPTION B *Alcohol consumption is not permitted at any school/ECE function or event where children are present*

The core issue is that permissive school alcohol policies may affect drinking behaviour through the specification of norms regarding drinking. Drinking at school/ECE events suggests that "drinking is appropriate and must be accommodated in all settings and at all times" (Munro et al., 2014). Although direct links between school/ECE use of alcohol and alcohol-related harm have not been investigated, the literature around alcohol expectancies is well developed, and there are plenty of anecdotal reports of harm across Australia. Children associate drinking with the contexts in which it is seen, and these associations influence their drinking behaviour in their adolescent and teen years. Further, drinking at school/ECE events where children are present directly undermines class room health education messages about the non-necessity of alcohol to have fun and recommended parenting strategies to reduce adolescent alcohol use.

The adoption of policy Option B would exclude the use of alcohol for cases 1, 5–7, and 9 but permit it for cases 3, 4 and 8 (Table 1). This approach would allow schools to continue to use alcohol to generate revenue, and is thus likely to be met with less resistance by schools.

OPTION C *Alcohol consumption is not permitted at child-focussed events*

The current Medical Officer of Health stance of no alcohol use at child-focussed events would exclude its use for cases 1, 5–7, and 9 (Table 1). A similar approach is taken in Tasmania and the Northern Territory, whereby drinking is prohibited at 'student focussed events' but is permitted at other events. However, the definition of 'child-focussed event' is ambiguous. A quiz night may not be considered child-focussed, but children may be present (for example). Sometimes children are not the focus of the event, but may have designated roles in preparing for and attending them (Munro et al., 2014). Therefore, policy permitting the sales or consumption of alcohol *only at events where children are not present* (Option B) is recommended over Option C.

OPTION D *Alcohol consumption is permitted at school functions or events*

This permissive policy allows for alcohol use in all situations of immediate consumption. This policy will further normalise the consumption of alcohol in public settings, which as a harm recognised by the Sale and Supply of Alcohol Act 2012. As such, this policy option is not recommended.

OPTION E *Alcohol is not permitted for supply for later use*

This policy prohibits the sale or bottling of alcohol under the jurisdiction of the school for consumption at a future time (Case 2, Table 1).

OPTION F *Alcohol is permitted for supply for later use*

This policy permits the sale or bottling of alcohol under the jurisdiction of the school for consumption at a future time (Case 2, Table 1).

In some cases of supply for later use, children are present or participate in the process by carrying offers of alcohol via school newsletters or delivering payments to the school (Munro et al., 2014). Such participation of children in alcohol transactions is questionable and strongly objected to by the Australian National Council on Drugs (ANCD, 2011).

In some New Zealand schools, children are heavily involved in the marketing process—there are cases of children designing wine bottle labels for sales under school jurisdiction. While it is easy to appreciate the appeal of a personalised wine bottle for parents, the appropriateness of this practice is dubious. It is well-established that the exposure of young people to alcohol marketing leads to earlier drinking onset and increased consumption by current drinkers (Babor, 2010). The Advertising Standards Authority Code,[5] to which schools distributing alcohol much comply, explicitly states that: "The purpose of this Code is to ensure that liquor labelling, packaging and promotions will be conducted in a manner that is not inconsistent with the need for responsibility, moderation, minimisation of harm, and minimisation of appeal and exposure to minors". This Code "applies to a drink's naming and packaging, including the brand name, product descriptor, labelling and any container and external wrapping". The evidence regarding outcomes of youth exposure to alcohol marketing suggests that the involvement of children in wine bottle labelling is a contravention of the Advertising Standards Authority Code.

REMARKS

Young people conform to the prevalent societal patterns of substance use (Hawkins, Catalano, & Miller, 1992). Policies and norms that express a greater tolerance towards alcohol use are associated with a greater prevalence of alcohol abuse (Hawkins, Catalano, & Miller, 1992). Further, the development and adoption of policies which permit the use of alcohol in school activities are discordant with the Health Promoting Schools programme, adopted by approximately 67% of New Zealand schools.[6]

Some issues apply to all permissive policy options. One is the perceived school/ECE endorsement of the alcohol product. This is troubling, given that schools simultaneously sanction the use of that very product among young people. Another issue is the capability of school staff / volunteers to control the level of drinking by patrons. There is concern that the behavioural manifestations of alcohol consumption among adults may affect children's safety, wellbeing or enjoyment of the occasion (Munro et al., 2014). Inexperienced operators may fail to recognise developing intoxication, or feel unable to prohibit further supply to intoxicated individuals. Although controlled purchase operations are typically not conducted on premises with special licences in New Zealand, propensities for sales to both underage and obviously intoxicated patrons at

[5] http://www.asa.co.nz/code_liquor_promo.php
[6] http://www.health.govt.nz/our-work/life-stages/child-health/health-promoting-schools

community festivals in the United States is known to be high (Toomey, Erickson, Patrek, Fletchera, & Wagenaar, 2005).

CONCLUSIONS

Youth are especially vulnerable to the adverse effects of alcohol use on biological and social functioning. Undoubtedly, New Zealand schools and ECEs are under-resourced and face fundraising challenges. However selling alcohol is not an appropriate way to address these issues. Alcohol is a psychotropic drug and an adult product. The South Island Public Health Alliance and the Australian National Council on Drugs do not believe that children and young people should be used to promote or distribute alcohol or alcohol products (ANCD, 2011).

Although evidence for a direct causal link between school/ECE alcohol use and alcohol-related harm is lacking, sufficient evidence exists linking adult drinking contexts with adolescent drinking expectancies, which in turn influence adolescent drinking behaviour. It is acknowledged that young people are exposed to adult drinking in contexts beyond the school environment. However, the school environment is one in which young people are instructed to abstain from drinking. The perceived school endorsement of adult drinking at school events creates a clear credibility gap. It is further acknowledged that banning adult drinking at schools does not address the prevalence of other risk factors for adolescent drinking. Nevertheless, removing this proximal drinking situation is likely to reduce the impact of more distal risk factors (such as family history). Finally, anecdotal reports of harm related to school supply of alcohol are plentiful in Australia. Taking preventative action is therefore warranted.

Alcohol should only be served by schools on an exceptional basis and under carefully controlled circumstances. It should not be served at school sponsored functions where students are present, whether on school premises or at other venues. The serving of alcohol at after parties is to be discouraged. Further discouraged, is the use of alcohol as a means of fundraising. Donations of alcohol should not be solicited from individuals or companies, and gifted alcohol products should be returned. School Boards have to take responsibility for the role they play in normalising alcohol consumption through their willingness to use alcohol in celebration or to generate funds.

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