



Developmental research for a National Alcohol Campaign

Summary Report

Prepared by
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Elliott & Shanahan Research

March 1999



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1. Introduction

In April 1998 the then Commonwealth Department of Health and Family Services (now the Department of Health and Aged Care) commissioned research to inform the development of a national alcohol campaign. The campaign is being developed in the context of the National Drug Strategic Framework 1998-99 to 2002-03 which was adopted by the Ministerial Council on Drug Strategy in November 1998.

The Framework presents a shared vision, a framework for cooperation and a basis for coordinated action to reduce the harm caused by drugs in Australia. The Framework has as its mission *“to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society”*.

Alcohol is recognised by the Framework as one of the most significant causes of drug-related harm in Australia. It is second only to tobacco as a preventable cause of death and hospitalisation in Australia.

The National Drug Strategic Framework 1998-99 to 2002-03 reinforces that a harm minimisation philosophy should underpin its activities. In other words, the overall objective of policies and programs undertaken under the Framework should be a reduction in drug-related harm. Harm minimisation includes preventing anticipated harm as well as reducing actual harm.

The National Drug Strategic Framework contains twelve objectives and eight priority areas linked to those objectives, including:

- to increase community understanding of drug-related harm; and
- to prevent the uptake of harmful drug use.

The Framework also states that *“During the next phase of the National Drug Strategy health education campaigns will be used to continue the emphasis on increasing the public’s awareness of the health impacts of drug use. Emphasis will also be given to increasing the public’s understanding of drug-related harm and the wider impacts of drug use on individuals, families and communities; this includes increasing the community’s understanding and acceptance of the broad range of prevention, treatment and harm reduction programs and services and of evidence-based approaches to new treatment options.”*

A series of National Drug Action Plans designed to specify priorities for reducing the harm caused by drug use will be developed. These plans will complement the National Drug Strategic Framework, which outlines policy principles and priority areas for attention. Education and information programs will be included in these Action Plans.

It was against this background that the Commonwealth Minister for Health decided to embark on a national campaign designed to reduce alcohol-related harm, particularly amongst young people.

A Campaign Reference Group has been established to assist the Department in development of the campaign. The Reference Group is comprised of members of the National Expert Advisory Committee on Alcohol, one of the Expert Advisory Committees established to provide advice to the Ministerial Council on Drug Strategy.

Research is required to help **underpin the development** of the proposed national alcohol campaign. The **primary target groups** identified for the research were:

- **teenagers**, aged 15 to 17 years;
- **adults**, aged 18 to 24 years;
- **parents**, with teenagers 12 to 17 years; and
- **secondary school teachers**.

The following document details a summary of the findings from a qualitative study and a quantitative survey conducted by Elliott & Shanahan (E&S) Research during 1998.

2. Research objectives

The overall aim of the National Alcohol Campaign strategy is to contribute to the **reduction of harm associated with alcohol consumption**. Research was required to obtain information and data that will provide the basis for formulating behavioural and communication objectives for the respective target groups for the strategy.

In broad terms, the research aims covered the following:

- **to provide a current understanding** of knowledge, attitudes, beliefs and behaviours towards alcohol consumption among young people, their parents and teachers (and to contrast this with the results of similar studies conducted in 1987 and 1988);
- **to uncover attitudes and perceptions** of the salience of excessive alcohol consumption as a health issue (particularly in relation to other issues such as safety, personal life choices and every day use);
- **to determine attitudes toward alcohol** with a view to ascertaining intention and propensity to change risk behaviours regarding the harmful use of alcohol; and
- **to establish the views of parents and teachers** in terms of: their perception of the importance of their role in educating young people about the risks associated with the harmful use of alcohol; as well as, how they see their role in modelling and reinforcing appropriate behaviours and attitudes regarding drinking; and their perceived ability to respond to problems associated with the consumption of alcohol by young people.

Within these broad areas of enquiry there were a number of **specific questions** detailed in the brief which were addressed.

3. Research methodology

3.1 The overall plan

The research plan embodied **two distinct phases** each of which incorporated specific research components. The two phases covered the following:

Phase 1: A developmental research study which involved **qualitative, exploratory research to examine in-depth** the prevailing attitudes, understandings, perceptions, and behaviours among the target groups.

This phase allowed us to assess, where possible, changes that have occurred since 1987. As well, as background to this research stage E&S Research recapped and reassessed recent literature and research on **adolescent and young adult drinking attitudes and behaviours**. This first phase of research was conducted during May and June 1998.

Phase 2: A series of quantitative surveys which consisted of **measurement of the key issues** arising from the earlier research phase and provides data which will be a benchmark of awareness and baseline of attitudes towards alcohol use among three of the target groups. This not only will guide development of the Campaign but also provides a basis for future monitoring, if required. This phase was conducted during July and August 1998.

This volume consists of a summary of the findings of both phases of research. Detailed findings for each phase can be found under separate covers.

3.2 Phase 1: Qualitative research

Phase 1 provided a **current understanding of the problem, situations and behaviours** which could possibly be addressed in any new program development or communication campaign aimed at youth, parents and young adults. It attempted to provide information on the **difficulties and barriers** likely to be faced in attempting to bring about specific behavioural changes among the target groups.

This phase examined in-depth **attitudes, perceptions, impressions and experiences**. It focussed on:

- **establishing and exploring** the key variables that underpin attitudes and perceptions;
- **determining** the role and link between these factors;
- **ascertaining** the relative importance of the factors to determining eventual behaviour;
- **uncovering** the similarities and dissimilarities in behaviour, perceptions and attitudes that exist between different sections of the Australian community and of the target groups concerned;
- **identifying** any barriers that can affect communication with the target audiences; and
- **uncovering** the shared beliefs that can trigger the most effective communication paths.

3.2.1 Scope of Phase 1 research

This phase of research was extensive to enable evaluation of **a diverse range of attitudes** and to ensure that as deep an examination as possible of the issue was made. Phase 1 research consisted of a qualitative and exploratory examination of the topic area. Consequently, a series of group discussions and individual interviews were conducted across the target groups.

The scope of the research covered the **four target segments** for the proposed campaign:

- **teenagers**, aged 15-17 years;
- **adults**, aged 18-24 years;
- **parents with teenagers**, aged 12-17 years; and
- **school teachers**.

E&S Research believed that a large number of group discussions and mini-group discussions were required in order for the problem area to be **fully explored** and the underlying attitudes and motivations for adopting a range of drinking behaviours thoroughly analysed. A large number of groups also enabled a broad coverage of the target segments so that all views were included. These were supplemented with in-depth interviews with people from the target groups and specific key stakeholders.

In accordance with the need to obtain a **wide coverage** E&S Research included a number of capital cities and specific rural regions in **New South Wales, Victoria, and Queensland**. Greater weight in terms of the number of group sessions was given to Sydney and Melbourne because of the large population in these regions and the wide cross section of community attitudes that exist in these centres.

The group discussions, mini groups and individual interviews covered the following **six (6) geographic areas**:

- **Sydney**, New South Wales;
- **Melbourne**, Victoria;
- **Newcastle**, New South Wales;
- **Ballarat**, Victoria;
- **Sunshine Coast**, Queensland; and
- **Condobolin**, New South Wales.

The study included a variety of locations not only to ensure that a good spread of attitudes and behaviours was obtained but most importantly, because different locales and environments can influence attitudes and behaviours. The six regions were chosen for the following reasons:

- **Sydney and Melbourne** represent large population centres and contain a diverse range of youth sub-cultures, as well as representation from a range of different cultural and ethnic backgrounds;
- **Newcastle** represents a strong blue collar community with high unemployment;
- **Ballarat** represents a large inland rural regional area;
- **Condobolin** is a remote inland rural community and attitudes and access to services are likely to be different due to this remoteness; and
- **Sunshine Coast** is a relatively young coastal region. This area provided Queensland representation and also enabled a coastal community to be included.

Specific details of the group and interview composition are outlined in the Appendix, together with an outline of the group discussion technique.

Overall the scope of this study was as follows:

- 17 group discussions;
- 16 mini group discussions;
- 20 in-depth interviews with the target market; and
- 20 in-depth interviews with stakeholders.

Each group contained 8 to 10 participants and mini groups 4 to 5 participants. Groups included people from a broad range of socio-economic strata, marital status, ethnic and cultural background. The aim was to ensure a broad representation of Australians. Discussions and interviews were held in private homes or central locations. The fieldwork was conducted in May and June 1998.

3.2.2 Discussion and interview procedure

Each discussion and interview began with a general consideration of alcohol in Australia today. A discussion and interview guide was developed in consultation with the Commonwealth Department of Health and Aged Care's Research and Marketing Group; however, this acted as a guide and was not administered in a strict question and answer format, rather participants were encouraged to raise those issues they believed were important, particularly in relation to possible harm from the misuse of alcohol. This enabled the researchers to gain an understanding of the attitudinal context in which the campaign will operate, whilst allowing for further and deeper probing and exploration of the issues where needed.

The research team consisted of: Mr Patrick Shanahan, Ms Nicole Hewitt, Mr Barry Elliott and Ms Kate Tidswell.

3.3 Phase 2: Quantitative surveys

The **quantitative component** of the study consisted of **three separate surveys**:

- Survey 1: a face to face survey conducted among **800 teens aged 15 to 17 years**; throughout urban and rural Australia;
- Survey 2: a national telephone survey of **404 parents of teens aged 12 to 17 years**; and
- Survey 3: a national telephone survey of **601 young Australian adults aged 18 to 24 years**.

Details of the Sampling Procedure and sub-sample sizes are detailed in the Appendix. The Quantitative Report provides a more detailed coverage of the methodology.

3.3.1 Questionnaires

Three questionnaires were developed one for each of the three target groups. These were developed as a result of the findings of the earlier qualitative research phase and in consultation with the Research and Marketing Group (Department of Health and Aged Care) and the Campaign Reference Group.

3.3.2 Fieldwork and analysis

All quantitative fieldwork was conducted by NCS Australasia under E&S Research supervision, with fieldwork completed during July and August 1998. Data analysis was also carried out by NCS Australasia.

3.4 About this report

The following report provides **a summary of the key results of both phases** of the research. Detailed reports for the qualitative and quantitative components of the research appear under separate covers.

The results of the qualitative study consist of an analysis and interpretation of the comments made in each interview and discussion group. It should be noted that the qualitative study was **exploratory and diagnostic** in nature. No attempt has been made to attach numbers to the findings; rather they are indicative of community attitudes towards alcohol use.

Findings from the quantitative surveys are incorporated with results from the group discussions and in-depth interviews. This enables **a more comprehensive understanding** to be gained of all of the issues that have been raised for consideration.

The separate quantitative report details Summary Tables (with reference to the Computer Print Out) with a more detailed examination of the results. The quantitative report focuses on the issues which most frequently emerged and were most consistent within and across the target groups. Therefore, the analysis was data driven.

It should be noted that in the Teens and Young Adults' sections of both this Summary Report and the quantitative report reference is made to "heavier" drinkers. This definition related to those who consumed 7+ standard drinks on their **last drinking occasion**, with "lighter" drinkers representing those who consumed 1-2 standard drinks and "moderate" drinkers consuming 3-6 standard drinks on their last drinking occasion. These definitions are for analysis purposes.

As well, in the Parents section of the report reference is made to the number of "drinks" **usually** consumed; however, unlike the Teen and Young Adult surveys there was no specific measurement of parent alcohol consumption. Reference to their consumption is based on their own assessment. Once again, the analysis was data driven.

4. Some key issues

4.1 In general

In 1998 the harmful use of **alcohol was seen as a problem** within Australian society, however it was not seen as the most significant social issue facing Australia. In 1998 the issue of **“drinking too much alcohol”** is still a concern but new issues such as **“family problems”, “suicide”** and **“violence”** are of greater concern, along with the issue of **“taking hard drugs”**. Nonetheless, in 1998, among teens, the vast majority (78 per cent compared with 70 per cent in 1988) are saying that **“more” people their age are drinking too much alcohol compared with 12 months ago.**

Interestingly, while most in the 1998 study believed that the harmful use of alcohol is one of many serious social issues facing Australia few internalised it to be a personal problem. There was a tendency for the harmful use of alcohol to be seen as **a problem for others**, with younger teenagers generally regarded as most in danger of the harmful effects of alcohol use. There was far greater concern elicited in regard to **the social harms associated with alcohol use** in 1998 than was observed in a similar study conducted in 1987.

What is interesting is that in 1998 the **social problems associated with alcohol were thought to have become more salient and more public.** This is most marked in relation to alcohol-related violence and crime, with increased incivility, displays of public violence, vandalism and destruction of property and its potential role in the breakdown of family life. All of these issues were also thought to have resulted in increased media reporting.

Concerns about the public face of harmful alcohol use were consistent across all locations, with the larger urban areas considered to have more instances of alcohol-related problems. Generally, study participants looked upon **rural and remote areas as having similar problems** to those experienced in the cities, with the harmful use of alcohol believed to be much greater in city areas but the impact of the harmful use of alcohol very apparent in rural areas.

Other issues raised throughout this study and depicting community concern about the public face of the harmful use of alcohol included:

- the belief that underage drinking is **becoming younger** (ie: under 15 years);
- a perceived **increase in sexual abuse and unwanted sexual advancement** as a result of the harmful use of alcohol; and
- increased **self-inflicted harm**, injury and risk taking behaviour.

Young people (ie: up to 25 years of age) were generally thought to be more likely to be involved in the harmful use of alcohol, with the problems associated with the harmful use of alcohol considered greater within this group and more readily observed.

In essence:

- young people were thought to **indulge in greater consumption** of alcohol and more public consumption; and

- **more frequently expose themselves to environments** in which there is likely to be heavy consumption of alcohol (ie: night clubs, pubs, partying); and
- **young men** were thought to be particularly vulnerable to alcohol-related violence either as perpetrators or victims, and **young women** more vulnerable to sexual abuse and harassment.

In addition to young people generally, other **community segments singled out as being more vulnerable to the harmful use of alcohol** were: those of Aboriginal and Torres Strait Island origin, those suffering from familial and household disruption, hardship or disadvantage, or those experiencing life traumas or set backs (eg: loss of employment).

The issue of alcohol-related harm (and underage drinking especially) has **greater salience for all target groups once it is raised or put on the community's social issues agenda**. The evidence suggests that a national alcohol campaign will not only raise the salience of the issue but also generate the opportunity to provide information and assistance to the community on minimising the potential harm from alcohol use.

4.2 Influences on alcohol consumption

In regard to the key factors that were said to have influenced alcohol use and its potential harmful use, similar findings to those observed in 1987 were once again evident in 1998, for example:

- alcohol consumption was said to play **a fundamental role** in Australian community life. Its consumption features strongly in most social and recreational activities of both a formal and informal nature;
- alcohol was regarded as the **drug of choice** for most Australians but was rarely looked upon as a drug;
- alcohol was said to have become **even more accessible** with perceived increased sale and distribution through supermarkets and other retail outlets;
- there was perceived to be a **proliferation of different alcoholic drinks** with what was said to be improved palatability resulting in alcohol having more widespread appeal;
- alcohol was thought to **maintain a high profile** within the community through extensive advertising, promotion and sponsorship (particularly in sport); and
- one of the key differences in the findings of the 1998 study and that of the 1987 research is the **role and ease of access to finance**, with a greater proliferation of ATM's and EFTPOS machines (particularly at drinking locations). The ability to access finance 24 hours a day was said to make it easier to drink and continue drinking.

4.3 Overall benefits and shortcomings

The benefits of alcohol use were said to **far outweigh the disadvantages**. The perceived benefits across all target groups included: the enjoyment experienced through its use, its use as a social lubricant to ease awkwardness of social occasions, and its relaxant qualities.

The specific problems associated with harmful use included: alcohol-related public violence, domestic violence, property destruction, health problems (both short term and long term) that can eventuate from regular misuse in particular.

For teenagers the potential outcomes associated with drinking which were perceived as most negative were becoming violent and aggressive, catching an STD or becoming pregnant through unprotected sex.

There was low awareness and understanding of the more severe health problems that can eventuate from the harmful use of alcohol. In particular, for young drinkers the perceived health consequences of **misusing alcohol were limited to short term problems** (eg: vomiting, black outs etc). However, the short term consequences were not always associated with any significant harm to health.

There was a tendency for all community segments when describing responsible consumption of alcohol to define it as drinking **without doing harm to oneself or others**. However, there was no agreement as to what constitutes harm (other than acts of violence and self-inflicted harm).

4.4 Understanding alcohol

Understanding of intoxication varied. The effects of alcohol were said to vary substantially and related to: mood, type of drink, pace of drinking and so on. There was broad understanding that alcoholic effect relates to alcoholic content.

There was no strong evidence to suggest that people actively monitor their drinking except when driving, although there is an acceptance of occasions when moderate consumption is appropriate.

There was **low understanding of the concept of a standard drink**. Counting drinks had more relevance to drink driving rather than any health consideration. In fact, survey results indicated **confusion with the term standard drink and considerable inaccuracy in its measurement**. Across all target groups the “heavier” drinkers (ie: 7+ standard drinks on last drinking occasion) were more likely to provide an accurate description of a standard drink.

There was recognition among the community of **increased legislative strategies** and law enforcement designed to help reduce the potential harm associated with the use of alcohol. Changes to drink driving laws and widespread enforcement of these laws was emphasised as one area in which there has been significant positive change.

Changes to the laws regarding **the responsible serving of alcohol** were also mentioned but there was thought to be few changes made regarding underage drinking; underage drinking is an area in which many parents and stakeholders would like to see change. The literature in this area suggests that legislation has an important role to play in influencing alcohol consumption.

4.5 Gender differences

The gap between **male and female attitudes and behaviours in regard to drinking alcohol is lessening**. But, interestingly, despite the growing similarity in male and female drinking behaviours, females generally tended to **express greater concern** about the consequences of the harmful use of alcohol (such as loss of respect, damaging relationships etc), and how others perceive their drinking behaviour. They were also more likely to perceive the potential for negative experiences occurring as a result of excessive alcohol consumption, especially negative experiences relating to sexual behaviours. Females 15-17 years were also **less reluctant** than males to admit that there had been an occasion where they have drunk “too much”.

Female drinkers, especially young females (15-17 years), seem to be increasingly drinking in ways that are similar to what were once traditional male drinking behaviours. Boys and girls are drinking with similar frequency. Nearly one half of all 15-17 year old girls in the Teen Survey had consumed 3+ standard drinks on their last drinking occasion and over one third had consumed 5+ standard drinks; compared with 57 per cent of boys who had drunk 3+ drinks and 42 per cent consuming 5+ standard drinks on their last drinking occasion.

The gap between male and female drinkers in the 18-24 year age group increases slightly, with two thirds of males having consumed 3+ standard drinks on the last drinking occasion and 48 per cent of females consuming to this level (5+ drinks: 42 per cent and 34 per cent, respectively). On the last drinking occasion heavy drinking (7+ drinks) is greater for males than females (40 per cent to 28 per cent). These figures also suggest that **male drinking behaviour increases** in the 18-24 year age group (from 15-17 year age group), while female drinking behaviour remains relatively constant.

Whereas **female drinkers under 25 years** are far more likely than their male counterparts to drink **spirits and wine**, males have a stronger preference for beer. Interestingly, alcoholic soda/cider (eg: Lemon Ruski, Sub-Zero) was more likely to be consumed by **female drinkers aged 15-17 years** than their older 18-24 year old counterparts.

Interestingly, **female drinkers (15-17 years)** were more likely than males to have consumed alcohol on their last drinking occasion under **adult supervision**. Parents were also mentioned as being the more likely purchase source for girls than boys. As well, drinking tends to be even more social for teenage girls, with a higher proportion of girls than boys having drunk alcohol in a large peer group on their last drinking occasion.

4.6 Other drug taking

The findings of the 1998 study indicate that the role of illicit drugs in adolescent culture appears to have increased in comparison to what was uncovered in the 1987 study. There was a notable increase in **awareness of and access to illicit drugs** among 15-17 year olds; however, the majority of adolescents in this age group maintained they were not attracted to or had only “briefly” experimented with illicit drugs.

One third of teenagers claimed that they were “more likely” to use illicit drugs when they had drunk “too much alcohol”. Moreover, the environment in which alcohol consumption occurs was generally considered conducive to drug taking. Adolescents maintained that alcohol removes their inhibitions and alters their judgement and these factors were thought to make them **more susceptible to experimenting with drugs**.

In 1998 there was an increase in the proportion of teens saying “more” people their age had engaged in drug taking activities for all comparable categories in 1988; most notably “smoking marijuana” (75 per cent compared to 44 per cent in 1988); “smoking cigarettes” (74 per cent compared with 57 per cent); “taking hallucinogens” (30 per cent compared with 11 per cent).

Teenage girls perceived “**more**” **drug taking** among their peers this year than did males; whereas, females aged 18-24 years were more likely than teenage girls to specifically mention cigarette smoking, alcohol consumption, “illegal drugs” and marijuana use to have increased among their age group.

4.7 Heavier drinkers

Throughout the survey the findings suggested that those who had consumed **7+ standard drinks on their last drinking occasion** were attitudinally and behaviourally different from “light” or “moderate” drinkers. In essence:

- “heavier” drinkers under 25 years (ie: 7+ standard drinks on last occasion) appeared to **drink alcohol more frequently** and were more likely to have self reported taking other drugs in the past 12 months;
- teenage (15-17 years) “heavier” drinkers were found to be more likely to **drink in large groups**, with a large proportion (55 per cent) consuming alcohol under adult supervision;
- “heavier” drinkers also held different attitudes to the more “moderate” drinkers (3-4 standard drinks on last occasion) and non-drinkers. For example, “heavier” drinkers were **less concerned about the negative consequences** of the harmful use of alcohol and were more likely to place greater emphasis on the positives of drinking; and
- “heavier” drinkers also had **greater exposure to alcohol-related incidents**, such as violence and aggression.

4.8 Rural and metropolitan differences

Drug taking among teens and young people was perceived to be more prevalent in **metropolitan areas** than rural areas; and among teens, the experience of alcohol-related incidents (eg: fight at a party) was higher in metropolitan areas. Curiously, this trend reversed for the 18-24 year age group.

Rural teens also displayed different attitudes to their metropolitan based counterparts. For example, they were in stronger agreement with negative statements relating to alcohol use than were metropolitan teens (ie: become more aggressive when drunk; lose parents’ respect etc). Moreover, rural teens were more likely to attribute underage drinking to **external influences** such as advertising, enforcement and availability of alcohol than did metropolitan teens.

4.9 Teenagers

Many in the study, including youth themselves, voiced concern about what they see as the changing world of adolescence; in particular, the **heightened feelings of hopelessness, despondency and uncertainty about their future** found in the current study contrast with the findings of the 1987 study. High youth unemployment rates were viewed as a reflection of these concerns. This somewhat depressed situation acts as a backdrop to their drinking behaviour.

Alcohol plays a **significant role** in adolescent culture and in the culture of 18-24 year olds. In the younger age group alcohol consumption is very much a group activity with peer group norms and mores an important influence on the use of alcohol. This finding supports literature on “peer preference” which indicates that individuals select groups with similar norms to their own rather than the group putting pressure on the individual.

As in 1987 the aim in 1998 for most underage drinkers was **to get drunk and to get drunk quickly**. Drunkenness was often viewed as a goal of alcohol use and was defined

by teenagers as being “out of control” or “losing control”. Drunkenness was not necessarily seen by teenagers as being harmful. Adult alcohol use was generally viewed to be more controlled, although it too can be irresponsible.

In addition to **the perceived benefits** of alcohol in terms of its relaxant qualities, adolescents indicated that they drink: to get drunk, to bind them to a peer/social group, to gain confidence in communicating with the opposite gender, to experiment and to lose control.

Binge drinking is the norm for underage drinkers. The type of alcohol consumed during underage binges relates to: price (inexpensive forms); alcoholic volume (the higher the better); taste (the more acceptable the better); and peer preference (what’s in). Alcoholic preferences among adolescents tends not to vary between drinking settings.

Teenagers represent a key target for a national alcohol campaign. The results of this study indicate a **large proportion of teens 15-17 years are drinking alcohol** and, on occasion, drinking “too much” alcohol. There is also evidence to suggest that teen alcohol use, particularly “heavier” drinking, is associated with other licit and illicit drug taking.

Much of the focus of the previous teenager campaigns (1988-1993) is **still relevant** in 1998/99; for example, violence, loss of control, regretful behaviours. However, while these underlying concepts are still relevant, the previous creative executions of those concepts may not be.

4.10 Parents

Parents are also a major target group for a national alcohol campaign. Parents represent **key gatekeepers** in terms of role modelling, information providers and educators, but parents appeared reluctant to enact their role in this regard, instead they look for external controls and assistance.

One of the greatest differences between the 1998 study and that of 1987 is the **growing but reluctant acceptance of underage drinking by parents**. Parents acknowledged that binge drinking is common among the underaged and this belief was accompanied by a feeling that there is little that can be done about underage drinking. **Parents feel powerless and overwhelmed by the issue**.

As well, they expressed **more concern about illicit drugs**. Most parents maintained that they can understand alcohol and believe that their children will survive periods of irresponsible drinking; use of hard drugs is far more terrifying for them.

Parental knowledge of adolescent alcohol use varied and ranged from **complete ignorance through reluctant acceptance to intolerance**. There is a **gap between parents’ perceptions of teen drinking and actual teen drinking behaviour**; only half believed underage drinking to be a problem. In relation to teen drinking, parents are most concerned about the repercussions of drinking, such as drink driving, the perceived potential for illicit drug taking or getting into a car with a drunk driver. Alcohol-related issues (other than drink driving) do not appear to be discussed honestly, openly, in-depth or with any regularity.

Parents emerged as an important and **potential agent for control** of the consumption of alcohol by teenagers; for example, nearly 2 out of 3 teenagers had consumed alcohol on their last drinking occasion under adult supervision; and nearly 3 out of 10 claimed

their parents gave them the alcohol on their last drinking occasion; nearly 1 out of 3 teenagers who indicated that there had been an occasion when they had drunk “too much” maintained it was at a house or a party under adult supervision, and on this occasion 12 per cent said their parents had given them the alcohol.

Parents acknowledged that they have a critical role to play in **helping to shape teen attitudes and behaviours towards alcohol consumption**. The vast majority of parents (95 per cent) in the survey were in agreement that: “it’s parents’ responsibility to teach their children when, where, and how to drink”. Moreover, the family was perceived to play a key role in preventing alcohol-related problems (eg: drink driving) and in providing information to teenagers about the responsible drinking of alcohol.

However, parents generally do not feel well enough informed on the nature and extent of the harmful use of alcohol and more importantly, they **need both advice and assistance** on how to positively enforce safe drinking behaviours. While parents see themselves as role models they also see themselves as increasingly alienated, isolated and powerless in their role. In the researchers’ opinions, parents appear to **undervalue the influence they have on their own children’s behaviour**.

4.11 Young adults (18-24 years)

The findings of this study suggest that alcohol also plays a prominent role in the lives of 18 to 24 year olds. Alcohol use is a legitimate behaviour and its consumption becomes the **catalyst for social gatherings**. While many in this age group maintained that their drinking behaviour has changed from the uncontrolled and irresponsible behaviour of their underage years, they acknowledged that they do not always maintain a responsible stance in their consumption of alcohol.

Even though a more regular and controlled drinking pattern emerges, particularly toward the older end of the 18 to 24 year age scale, there are still occasions in which binge drinking occurs, especially among young males. Binge drinking tends to be a planned activity for this age group.

They indicated that the drinking environment of young adults tends to **foster excessive alcohol consumption**, with night clubbing and partying generally an important element in their lifestyle. Of all the target groups included in the study the 18-24’s were the **most likely to encounter alcohol-related violence** in public drinking environments. Violence is a key concern for this age group and all had seen or experienced violence in their drinking life.

This age group also appeared **more likely to encounter the use of illicit drugs** and, while alcohol remains the drug of choice for most, they are more accepting than most other segments within the community of the drug scene. Once again, marijuana emerged as the most widely used illicit drug. With this age group more specific drug cultures emerged, with membership of a drug culture dependent on peer group norms.

4.12 Teachers

The teachers interviewed in this study demonstrated attitudes toward adolescent alcohol use that were more in keeping with the drinking behaviours adolescents claimed to adopt. Teachers appeared to be more in tune with the views and attitudes of teenagers in respect to alcohol consumption than were many parents interviewed in the study. Unlike

many parents, teachers were **more concerned about binge drinking than illicit drug taking**; although they accepted that there has been increased use of illicit drugs among adolescents.

The **key recent changes** noted by teachers in the use of alcohol by adolescents focused on: the belief that alcohol was being increasingly used by adolescents, with the increase in pre-mixed packaged drinks thought to be facilitating increased usage; and, a concern about the way in which adolescents consume alcohol, coupled with the belief that more and more adolescents are using alcohol to deal with perceived negative life circumstances.

Teachers viewed their role as drug educators as ever changing and demanding. The **harm minimisation approach** to drug education was generally welcomed as realistic and relevant. The qualitative report details a number of methods employed by teachers for approaching the drug education curriculum.

5. Teens 15 to 17 years

5.1 Key issues facing teens

The period of adolescence is a critical life stage for 15-17 year olds, whereby they are grappling and searching for their identity in preparation for adulthood. Adolescents in this age group displayed a diversity of interests, priorities and concerns. Activities and interests common to this period of adolescence include: peers, sport, movies, music, fashion, partying. The research revealed a **diversity of youth sub-cultures**.

Youth and adult target groups discussed the changing world of adolescence. Specifically, youth displayed **feelings of concern, hopelessness and despondency** about their future. These feelings occur behind a backdrop of perceived social disorder and uncertainty, with high levels of youth unemployment, youth suicide and youth crime and violence tending to feed these beliefs.

Importantly, there was also thought to be a **breakdown in the importance of societal and familial values and morals** impacting on the environment in which adolescents are growing, learning and experimenting. Youth were seen as bearing the brunt of these changes, with adults suggesting that the youth of today lack respect for themselves, their parents and authority. Parents in particular held strong views on this issue and felt the youth of today are living in a very different society to the one they grew up in.

A total of 800, 15 to 17 year olds were interviewed, on a face to face basis, across Australia. Without prompting, the issue which was most frequently mentioned as the greatest problem facing 15-17 year olds was **“taking hard drugs”** (37 per cent) followed by **“employment, job and career concerns”** (9 per cent) and **“drinking too much alcohol”** (8 per cent). There were similar findings for both males and females.

When shown a list of issues of likely concern to teenagers, **similar responses were given in 1998** as those given in a survey conducted in 1988. “Cigarette smoking”, “drinking too much alcohol”, “taking hard drugs” and “unemployment” recorded strong responses. “Taking hard drugs” and “cigarette smoking” as issues were most noticeable among the responses of 15 year olds; concern about “smoking marijuana” as an issue increased with age, as did concern about unemployment.

“New” issues to receive considerable support in the 1998 survey among teens were: “suicide” (27 per cent), “family problems” (26 per cent), “violence” (20 per cent), “unwanted pregnancy” (14 per cent) and “STD’s” (11 per cent).

When ranking a list of problems, “smoking marijuana” and “cigarette smoking” were ranked higher and “exam pressure” and “drinking too much alcohol” were ranked lower in 1998 than in 1988.

Aided issues

	1998	1988
Cigarette smoking	19%	17%
Smoking marijuana	14%	7%
Drinking too much alcohol	12%	18%
Taking hard drugs	11%	15%
Unemployment	10%	17%
Exam pressure	9%	16%

The change in the proportion of people choosing any one issue when prompted compared with the unprompted response suggests that **the salience of an issue is likely to change when it is placed on the community agenda.**

5.2 Frequency of drinking alcohol

Over half (53 per cent) of the 15-17 year old sample maintained they had consumed more than 10 alcoholic drinks in their life, with 70 per cent of 17 year olds claiming this.

Of the 15-17 year olds who had ever tried alcohol, nearly **3 in 10 had consumed alcohol within the last 7 days**; this was the same proportion for both males and females. Four in ten of the 17 year olds had drunk alcohol in the last 7 days.

In the two weeks prior to the survey, one in two teens had drunk on **two or more days**, with 28 per cent claiming to have drunk on **three or more days**. Of those who drank 7+ drinks on their last drinking occasion, 45 per cent had drunk in the last 7 days. The results indicate that **“heavier” drinkers** (ie: 7+ standard drinks on last occasion) consume alcohol **more frequently** than “lighter” drinkers (ie: 1-2 standard drinks).

5.3 Type of alcohol consumed

Beer was the most popular form of alcoholic beverage for teens 15-17 years of age, with 48 per cent drinking beer on their last drinking occasion. Interestingly, the consumption of low alcohol beer decreases with age (19 per cent for 15 year olds; 11 per cent for 16 year olds; 10 per cent for 17 year olds). Spirits were consumed by 43 per cent, wine by 22 per cent and alcoholic soda/cider by 19 per cent.

Beer was the preferred alcoholic beverage **among males** (67 per cent) and **spirits** among **females** (49 per cent). The preference for spirits among females was reflected across each of the various forms of spirits (ie: spirits mixed with ice, pre-mixed and pre-packed etc).

Females were also more likely to consume **alcoholic sodas/ciders** (eg: Lemon Ruski, Sub-Zero etc) than were males, 25 per cent to 8 per cent. Interestingly, there was a higher proportion of 15-17 year old females (25 per cent) claiming to consume alcoholic sodas/ciders than females in the 18-24 year group (8 per cent).

5.4 Alcohol and drug taking among peers and self

When the teenagers interviewed were asked whether “more”, “less” or the “same” numbers of people their age were taking part in a range of drug taking activities now compared to 12 months ago, the issue of **“drinking too much alcohol”** recorded the **highest proportion** of people (78 per cent) saying “more” were involved in this activity. This compares with 70 per cent saying “more” in 1988.

In 1998, there was **an increase in the proportion of teens** saying “more” people their age were engaged in the drug taking activities for all comparable categories in 1988; most notably, “smoking marijuana” (75 per cent compared to 44 per cent in 1988), “smoking cigarettes” (74 per cent compared with 57 per cent), “taking hallucinogens” (30 per cent compared with 11 per cent).

In 1998, **females** were more likely than males to perceive an increase in drug taking activities among their age group. Those in **metropolitan areas** were more likely than their rural counterparts to perceive an increase in: smoking cigarettes, smoking marijuana, taking speed, using heroin, taking ecstasy.

Overall in 1998, **78 per cent of teens** interviewed indicated they had been involved in at least one of the drug use activities listed in the survey questionnaire. Not surprisingly, the older teens (ie: 16-17 years) were more likely than their younger counterparts (ie: 15 years) to indicate involvement in these activities.

“Drinking alcohol” (71 per cent) was the activity most 15-17 year olds indicated they had been involved in, with 83 per cent of 17 year olds claiming involvement. This compared with 77 per cent of 15-17 year olds in 1988 claiming that they had drunk alcohol in the last 12 months.

“Drinking too much alcohol” was more likely to be stated by females (27 per cent) than males (23 per cent) and the likelihood of “drinking too much alcohol” increased with age.

Interestingly, the more alcohol that was claimed to have been drunk on the last drinking occasion then the greater the likelihood of that person maintaining they had been **involved in other drug taking activities** in the last 12 months.

In terms of whether or not teens felt they were more likely to be involved in these “other” activities when they had drunk too much alcohol: one in two said they were **“more likely to smoke cigarettes”** when they had drunk too much alcohol (this was particularly the case for females), 31 per cent said they were **“more likely to smoke marijuana”**, and one in three said they were **“more likely to take illegal drugs”** when they had drunk too much alcohol.

5.5 Awareness and knowledge of a standard drink

While awareness of the term a “standard drink” was quite high, understanding of it was not.

Of the 800 teenagers surveyed, 79 per cent claimed they had heard of the term “a standard drink”; however, of those who were aware of the term, only 33 per cent could correctly describe it. Older teens and those who had consumed 7+ standard drinks on their last drinking occasion were more likely than any other sub-groups to correctly describe it.

5.6 Consumption, venue and purchase on last drinking occasion

While the proportion of teens drinking alcohol in 1998 was less than found in 1988, 71 per cent to 77 per cent, it would appear that those who are drinking are drinking more. For example, in 1998, 28 per cent of 15-17 year olds had 7+ standard drinks on their last drinking occasion compared with 22 per cent consuming this amount in 1988. In 1998, over half (52 per cent) had 3+ standard drinks on the last occasion and more than one third (36 per cent) had 5+ standard drinks.

Of the 15-17 year olds who had ever tried alcohol and who could recall the occasion on which alcohol was last drunk, close to 1 in 5 teenagers (19 per cent) had **10 or more standard drinks** on their last drinking occasion. **Males** were more likely than females, 23 per cent to 14 per cent, to consume to this level.

In 1987 excessive drinking among underage Australians was thought to be common place with **unsupervised parties, suburban parks, beaches and bushland the most frequent off licence venues**. This situation was not found to have changed in 1998, with such underage drinking venues virtually now taken for granted.

In 1998, some teenagers had consumed alcohol at more than one **venue** on their last drinking occasion, but overall 63 per cent of teens had consumed alcohol on their last drinking occasion **under adult supervision**; while 35 per cent had consumed alcohol without adult supervision but in a home environment (eg: friend's home, party); 18 per cent had consumed alcohol in a **public place** (ie: club, pub, restaurant etc). **Of those who had 7+ drinks on this last drinking occasion, 55 per cent did so under adult supervision.**

Overall 88 per cent of 15 to 17 year olds maintained they **did not buy** the alcohol themselves, 10 per cent claimed they did buy it themselves. Older teenagers, males and "heavier" drinkers (ie: 7+ standard drinks on last occasion) were more likely to buy the alcohol themselves on their last drinking occasion.

In terms of how the alcohol was procured on the last drinking occasion, 35 per cent said that: "**friends gave it to me**", 29 per cent said that "**parents gave it to me**". Nearly one half of all "lighter" drinkers (ie: 1-2 standard drinks on last occasion) said they had obtained the alcohol from their parents, compared with 11 per cent of "heavier" drinkers.

5.7 Drinking behaviour

Alcohol plays a significant role in adolescent youth culture and in their search for identity. Peers have a strong influence in adolescent culture and this was especially so with alcohol use. Alcohol consumption in this age group is very much a **group behaviour**. Few mentioned drinking alcohol alone. They suggested that 15-17 year olds who drink alone generally have **deep rooted problems** and display anti-social behaviour in general.

Overall, 1 in 2 teenagers interviewed had drunk with five or more peers on their last drinking occasion and 37 per cent had drunk with seven or more peers. Interestingly, **females** were more likely than males to "drink in a large group".

Peer group norms and mores influence adolescent alcohol use considerably. Group membership is critical to the drinking behaviours adopted, with group influences

varying and impacting differently on adolescent drinking behaviours. For example, some groups experiment with alcohol among same-gender peers, while others will use it in a party-like situation. Some consume most alcohol before arriving at a party (eg: on a train going to a party), others will only consume alcohol at the party. For adolescents who have left school and are working or studying, alcohol use becomes more regular, and in the company of an older peer group. In fact, **working adolescents feel very much a part of adult culture.**

Adolescents perceived responsible alcohol use to be a **learned behaviour.** They argued that the greater their experience with alcohol, the greater the chance of control. Youth believed that they learn to know their limits with experience the only valid teacher, and maintain that their drinking behaviours will become more controlled in adulthood. Some older members of this age group recognised that their drinking behaviours had become less harmful.

In describing how they felt last time they had an alcoholic drink, 35 per cent of teenagers said they **“didn’t feel any different”**: a description more likely to be used by those who had consumed 1-2 standard drinks. Descriptions which related to **“loss of control”** were more likely to be made by those who had consumed 3+ drinks on their last drinking occasion.

While most (73 per cent) used positive terms to describe how they felt, 22 per cent used a negative description (eg: sick, dizzy etc). Those who had consumed 5+ or 7+ standard drinks on their last drinking occasion **were more likely to use negative terminology** than were more “moderate” drinkers.

5.8 Drinking “too much”

Of the 15-17 year olds who had tried alcohol, **4 out of 10** indicated that there had been an occasion when they had consumed “too much”. **Females** were more likely than males to think this (43 per cent to 39 per cent). As age increased so too did the proportion of teens claiming there was an occasion when they had drunk “too much”.

For those who indicated there had been an occasion when they had drunk “too much”, 42 per cent claimed it was **at a house or party without adult supervision**, 32 per cent at a similar venue **with adult supervision**, 14 per cent at a public venue (ie: pub, club) and 10 per cent in an uncontrolled environment (eg: park, beach, street etc).

On the occasion on which “too much” alcohol was consumed, 80 per cent said they **did not buy** the alcohol themselves. “Friends” emerged as the main source for the alcohol on this occasion and **12 per cent said parents.**

Most of the terms used without prompting, by teenagers to describe what “being drunk” means centred on **being out of control.** This related to: losing control, doing things they will regret, damaging friendships, abusing friends.

5.9 Perceived influences on teens to drink

According to the teenagers interviewed there are **a number of key influences** on teens to drink. Those factors which received most support included: “wanting to try new experiences” (79 per cent), “wanting to socialise with friends” (77 per cent), “wanting to relax” (69 per cent), “peer group pressure” (68 per cent), “wanting to drown problems” (66 per cent), and “not feeling very good about yourself” (66 per cent).

5.10 Attitudes to alcohol use

Survey respondents were given the opportunity to agree or disagree with a series of attitudinal statements. There was **widespread agreement** with a number of statements; for example:

- **“You can say no to alcohol if you don’t want to drink”** (97 per cent);
- **“Drinking too much alcohol can damage your health”** (96 per cent agreement);
- **“You can lose control if you drink too much”** (96 per cent);
- **“By getting drunk you can make a fool of yourself in front of your friends or someone you are going out with”** (95 per cent);
- **“If you drink too much you are more likely to do things you may later regret”** (95 per cent); and
- **“You can become more aggressive when you drink”** (91 per cent).

Female teens were in stronger agreement than were males on many of the items that related to: **regretful behaviour, loss of respect, damaging relationships, embarrassment and embarrassing behaviour, loss of control and regretful sexual behaviour.**

Interestingly, among both males and females who had drunk 7+ drinks on their last drinking occasion there was a **greater likelihood of disagreement** with many of the statements than was the case with those who were either non-drinkers or who had consumed a small amount of alcohol on their last drinking occasion.

5.11 Recent experience of alcohol-related events

Two behavioural experiences received substantial response from all the teenagers (both drinkers and non-drinkers) interviewed:

- 68 per cent had experienced **“seeing violence by someone who was drunk and aggressive”** in the last 3 months; and
- 68 per cent had experienced **“having to look after friends after they had had too much to drink”**. This was an experience more likely to be had by girls than boys, 73 per cent to 61 per cent, with 22 per cent of girls claiming to have had this experience “often” in the last 3 months.

Other behavioural experiences mentioned by over 4 out of 10 teenagers focussed on: **violence and fighting, arguments and abuse.** “Unwanted sexual advances” were more likely to be experienced by girls than boys, 39 per cent to 28 per cent.

Interestingly, over one in five (21 per cent) had **been injured** by someone who was drunk in the last 3 months and 23 per cent claimed they themselves **had been violent** after “drinking too much”.

Teen **exposure** to alcohol-related incidents **increased with increasing alcohol consumption.** For example, 82 per cent of “heavier” male drinkers (ie: 7+ standard drinks on last occasion) and 97 per cent of “heavier” female drinkers had an occasion in the 3 months, prior to being surveyed, of **looking after friends who had too much to drink** (22 per cent of male non-drinkers, 45 per cent of female non-drinkers).

5.12 Perceived likelihood of experiences and perception as to whether they are positive or negative experiences

Teenagers interviewed were asked to indicate the likelihood of certain things occurring when drinking alcohol and whether or not such experiences would be positive or negative.

The key perceived positive experiences related to having **fun, feeling more relaxed and feeling more confident** generally and when communicating with the opposite gender. These items were also perceived to have a high likelihood of occurring when alcohol was involved.

Interestingly, while “loss of control” was seen as a key aim of teenage drinking, the potential outcome of “ending up out of control” was rated as a negative experience by 2 out of 3 teenagers.

The key perceived negative experiences focussed on: **violence, unprotected sex, physical harm and humiliation/degradation**. The two potential outcomes associated with drinking which were perceived to be most negative were becoming violent and aggressive (74 per cent) when drunk and catching an STD (74 per cent) which were rated as being likely to occur by 33 per cent and 31 per cent of respondents respectively.

Overall, **more females rated the likelihood of many of the negative experiences occurring than did males** with the greatest differences relating to sexual behaviours (ie: catching an STD, pregnant through unprotected sex, taken advantage of sexually), “becoming tearful” and “talking too much”.

Perceived likelihood of negative experience

TOTAL	Negative experiences %	Likely to occur %
Becoming more violent and aggressive	74	33
Catching an STD through unprotected sex	74	31
Becoming pregnant through unprotected sex	72	29
Being harassed or taken advantage sexually	70	32
Injuring myself	70	45
Being rejected by my friends because of what I did	69	24
Doing things that will make me feel humiliated or degraded	69	44
Losing or damaging my property	69	45
Ending up out of control	67	44
Doing things that will make me feel embarrassed	67	49
Losing the respect of my friends because of what I did	65	35
Having a fight with my boyfriend/girlfriend	65	39
Experiencing memory loss	65	41
Losing the respect of my parents because of what I did	65	54
Becoming more tearful	64	30
Getting a reputation because of what I did	64	48
Experiencing a hangover	61	64
Losing control a bit	51	59
Escaping from problems	42	47
Talking too much	37	64

MALES	Negative experiences	Likely to occur
	%	%
Catching an STD through unprotected sex	74	27
Becoming more violent and aggressive	73	34
Becoming pregnant through unprotected sex	70	19
Losing or damaging my property	70	44
Injuring myself	70	45
Being harassed or taken advantage sexually	69	21
Doing things that will make me feel humiliated or degraded	69	40
Becoming more tearful	68	18
Doing things that will make me feel embarrassed	68	46
Being rejected by my friends because of what I did	66	21
Ending up out of control	66	42
Losing the respect of my parents because of what I did	66	53
Losing the respect of my friends because of what I did	65	32
Experiencing memory loss	65	41
Having a fight with my boyfriend/girlfriend	64	36
Getting a reputation because of what I did	62	45
Experiencing a hangover	60	61
Losing control a bit	54	57
Escaping from problems	46	46
Talking too much	41	54

FEMALES	Negative experiences %	Likely to occur %
Becoming pregnant through unprotected sex	74	38
Catching an STD through unprotected sex	74	37
Becoming more violent and aggressive	74	32
Being rejected by my friends because of what I did	70	28
Losing or damaging my property	70	46
Injuring myself	69	45
Doing things that will make me feel humiliated or degraded	68	47
Ending up out of control	67	46
Experiencing memory loss	66	42
Getting a reputation because of what I did	66	51
Losing the respect of my friends because of what I did	65	39
Having a fight with my boyfriend/girlfriend	65	42
Doing things that will make me feel embarrassed	65	53
Losing the respect of my parents because of what I did	64	54
Experiencing a hangover	62	66
Becoming more tearful	60	42
Being harassed or taken advantage sexually	60	44
Losing control a bit	58	62
Escaping from problems	38	48
Talking too much	34	73

6. Parents survey

6.1 Perceptions of key problems facing teens

Parents of teenagers 12 to 17 years considered, without prompting, that the main issues facing teenagers today were: **“employment/career”** (30 per cent), **“taking hard drugs”** (27 per cent) and **“peer pressure”** (30 per cent). **“Drinking too much alcohol”** was nominated, unaided, by 4 per cent of the parents sample.

When a number of issues were presented to the 404 parents interviewed and they were asked to indicate which one issue they thought was the greatest problem facing teenagers today, results in response to “drinking too much alcohol” were similar to those given in 1988 when the same question was asked.

	1998	1988
Unemployment	29%	19%
Taking hard drugs	25%	30%
Drinking too much alcohol	13%	14%
Exam pressure	13%	14%
Cigarette smoking	9%	5%
Smoking marijuana	5%	14%
AIDS	1%	8%
Threat of nuclear war	1%	4%

Interestingly, “smoking marijuana” was considered a problem by fewer parents in 1998 compared with the results of the 1988 survey. The reverse finding was the case for the teenage survey.

The **“new issues”** of “family problems” (42 per cent), “violence” (30 per cent) and “suicide” (26 per cent) also received strong support, as did “unemployment” (29 per cent).

6.2 Parents’ perceptions of and attitudes toward underage drinking

Knowledge of adolescent alcohol use varied from **complete ignorance through reluctant acceptance to intolerance**. Many did not acknowledge nor understand the widespread nature of the problem, the easy accessibility of alcohol and the extent of positive societal reinforcers of alcohol within adolescent culture. However, it should be noted that knowledge of adolescent alcohol use appeared to be higher among parents with older adolescents or young adults because they had usually encountered the issue in the past.

Overall, 53 per cent of parents **considered “underage drinking” to be a problem.** Among single parents 66 per cent considered it a problem, as did 59 per cent of mothers and 58 per cent of parents under 40 years of age.

Four out of ten parents thought their teenagers drank alcohol, with those from rural areas, over 45 years, and from blue collar households most likely to think this.

Of note is the clear discrepancy between adolescent drinking behaviours and parental perceptions of such behaviour, with over **seven in ten** 15-17 year olds claiming to have drunk alcohol in the past 12 months. Moreover, only about **one in five parents** believed there was an occasion when their teenager had drunk “too much” alcohol, compared with over **two in five teens** who had admitted consuming “too much” alcohol on at least one occasion in the past 12 months.

6.3 Awareness and knowledge of a standard drink and drinking behaviour

Overall 68 per cent of parents said they had heard of the term “a standard drink”. Of these 51 per cent gave an accurate description of the term.

84 per cent of parents interviewed indicated that they did drink alcohol and 62 per cent of those who drink claimed to do so “at least once a week”. Among drinkers, 22 per cent indicated they consume alcohol at least every second day.

6.4 Parental attitudes to underage drinking

A number of factors were listed and shown to parents for them to indicate how important they feel each factor was **as an influence on teenagers to drink alcohol.**

When compared with the responses given in 1988, **the 1998 survey tended to record a lower proportion of people nominating each factor;** although in many instances, there were still substantial numbers of people considering the factors to be important, especially: “peer group pressure” (94 per cent), “alcohol available where live bands play” (78 per cent), “parental drinking behaviour” (77 per cent), “not feeling good about yourself” (76 per cent), “laws on selling alcohol not enforced enough” (76 per cent).

Parents rated the following factors as **“very important”** in regard to their influence on teenagers to drink: **“peer group pressure”** (69 per cent), **“laws on selling alcohol to people under 18 are not being enforced enough”** (46 per cent), **“wanting to socialise with friends”** (44 per cent), **“parental drinking behaviours”** (40 per cent).

Female parents tended to rate all the factors of higher importance than did males, in particular: “the inadequacies of laws”, “not feeling good about yourself”, “wanting to drown worries”.

6.5 Effectiveness of methods to minimise harm

The key factors that parents considered to be **effective in minimising the harm** associated with underage drinking related to: **“providing entertainment at non-alcohol venues”** (82 per cent), **“increasing education at school”** (78 per cent), **“increasing information campaigns”** (74 per cent), **“increasing community awareness”** (71 per cent), **“encouraging people to control drinking”** (70 per cent), and **“fining retailers”** (70 per cent).

Compared to the results obtained in 1988, parental response in 1998 to a number of attitudinal statements about alcohol use showed some interesting differences; for example:

- **“The majority of teenagers get drunk sometimes”** (78 per cent in 1998 to 71 per cent in 1988);
- **“Teenagers learn to drink from the way their parents drink”** (64 per cent to 68 per cent); and
- **“Most parents find it hard to talk to their teenagers about drinking alcohol”** (51 per cent to 46 per cent).

Notwithstanding, strong agreement remained in 1998 for the statement, **“It’s parents’ responsibility to teach their children when, where, and how to drink”** (95 per cent in agreement in 1998, 96 per cent in 1988).

6.6 Parental concern about underage drinking

The **major concerns** parents have about adolescent alcohol use related to: **“getting into a car driven by a drunk driver”, “drink driving”; “taking hard drugs”, and “becoming violent and aggressive”** as a result of alcohol consumption.

While there was a “high level” of confidence that their teenagers could avoid some of these concerns (eg: drink driving and taking hard drugs), **confidence was not so high** regarding their teens avoiding “getting into car driven by a drunk driver”, “injuring themselves”, “getting into an argument or avoiding violence”.

6.7 Assistance for parents

In regard to providing assistance for parents the two key areas nominated included: **support for the home environment and the family** in addressing the issue and **information through the schools**. Half of the parents interviewed believed they **would get support** to assist them in preventing problems associated with drinking.

Parents believed teens learn most about the effects of drinking too much alcohol from: personal experience (34 per cent), parents (23 per cent), and friends (17 per cent). The **family** was seen as responsible for: providing information on drinking (74 per cent), stopping irresponsible drinking (71 per cent), stopping young people from drinking (66 per cent) and preventing problems when young people drink too much (63 per cent).

However, while parents acknowledged their importance in this issue many are reluctant to accept primary responsibility. The findings on all questions asked relating to assistance and information sources suggest that the community would appreciate a **consultative and comprehensive approach to the issue of underage drinking and to harm minimisation**.

Phase 1 research indicated that while parents perceived themselves as **key role models** for their adolescents, they see themselves as increasingly alienated, isolated and powerless in this role. Further, there was a belief that role modelling in relation to alcohol comes into play as the adolescent nears 18, the legal age for drinking alcohol. Rarely did they associate the importance of their role prior to this coming of age period. Perhaps this finding relates back to a combination of the reluctant acceptance of alcohol among this age group, parental ignorance or apathy towards the issue or the perceived lack of power to act on the problem.

More specifically, role modelling was thought to be manifested in relation to behaviours such as, allowing adolescents to experiment with alcohol at home (arguing that they prefer adolescents to consume alcohol in a safe, supervised environment) and condoning alcohol consumption on special occasions (Birthdays, Christmas).

Parents discussed the **tenuous nature of their role in modelling alcohol drinking** behaviours to their children. Building trust with their adolescent was thought paramount to the parent-adolescent relationship. Some parents asserted that they do not want to shatter this trust by punishing the adolescent if they disclose or confide in them about their drinking behaviours.

Parents also face the dilemma of how the drinking behaviours of adults, including themselves, influence adolescents. Some parents acknowledged the **need to be realistic about their own drinking** behaviours so as not to be perceived as a hypocrite. Recognition that alcohol use is an entrenched part of Australian society complicates the problems parents face.

Most importantly, the findings from this study suggest parents do not realise how significant they can be as an influence and do not recognise the opportunities they have to influence their children's drinking behaviour. From the research, it was clear that adolescents who had clearly prescribed guidelines and parameters responded well to such boundaries (even though they admitted there are times when they will cross these boundaries); while the adolescents who were given free reign lacked a sense of self and, in the opinion of the researchers, were almost yearning for parental direction and control.

7. Young adults

7.1 Key issues facing young adults

Without prompt, 6 out of 10 young adults nominated **“unemployment and career concerns”** as the greatest issue facing them today. **“Taking hard drugs”** (13 per cent) was the next main issue and **“drinking too much”** was mentioned by 3 per cent.

When prompted, the other social issues which received strong support were: **“taking hard drugs”** (19 per cent) and **“drinking too much alcohol”** (11 per cent) but **unemployment** dominated responses at 50 per cent. Once again, as with the Teen and Parent samples, the “new issues” of “family problems”, “suicide” and “violence” received strong support.

7.2 Drug taking among 18-24s

Overall, 56 per cent of the 18-24 year olds interviewed perceived that “since this time last year”, “more” young people (their age) were engaged in **“drinking”**, in **“drinking too much alcohol”** and in **“taking illegal drugs”**.

As well, 84 per cent of those interviewed claimed they had been **involved in one or more of the listed drug taking activities** in the last 12 months. The main activity was “drinking alcohol” (77 per cent). Other activities recorded the following levels of involvement:

	%
Drinking too much alcohol	47
Smoking cigarettes	44
Smoking marijuana	31
Taking illegal drugs	21
Taking hallucinogens	9
Taking speed	8
Taking ecstasy	6
Using cocaine	2
Using heroin	1

Females were more likely than males to claim they had smoked cigarettes but for all other activities **males** were the more likely gender involved.

Interestingly, those who by their own definition, claimed there had been occasions when they had drunk “too much” alcohol were **far more likely to be involved in other drug taking activities in the last 12 months** than were those who claimed to have **never** drunk too much alcohol.

In terms of whether or not “drinking too much alcohol” is more or less likely to influence involvement in these “other” activities: 72 per cent said they were “more likely to smoke cigarettes”, 23 per cent “more likely to take illegal drugs”, 22 per cent “more likely to take speed”, 21 per cent “more likely to take marijuana” after drinking “too much” alcohol. (It should be noted that for some activities there were small bases).

In fact, the **more alcohol consumed** on the last drinking occasion then the **greater likelihood of taking other drugs**; for example, 49 per cent of 18-24 year olds who had consumed 7+ standard drinks on the last occasion claimed to have smoked marijuana in the past 12 months (20 per cent of those who had 1-2 drinks).

7.3 Drinking behaviour

The **drinking behaviours of this age group are markedly different** to underage drinkers. They claimed that as they get older alcohol use becomes more controlled, regular and responsible. Specifically, alcohol use in this age group was said to become **more regular** with binge drinking most common on the weekend nights, either Friday and/or Saturday.

Overall, 85 per cent of the 18-24 year olds interviewed claimed to have heard of the term “a standard drink”. Of these people 51 per cent were accurate in their description of the term.

For the total sample of young adults, **94 per cent reported consuming an alcoholic drink** and 62 per cent of these people had consumed alcohol in the last 7 days. In the last two weeks, 12 per cent had consumed alcohol on 6 or more days and 5 per cent on 10+ days.

On their last drinking occasion, 58 per cent had consumed 3+ standard drinks, 44 per cent 5+ standard drinks and 35 per cent, 7+ standard drinks. **Among males**, two thirds had consumed 3+ standard drinks, 51 per cent, 5+ standard drinks, 40 per cent had drunk 7+ standard drinks and 30 per cent more than 10 standard drinks. **Among females**, 48 per cent had consumed 3+ standard drinks, 36 per cent had drunk 5+ standard drinks, 28 per cent consumed 7+ standard drinks and 15 per cent more than 10 standard drinks on their last occasion.

7.4 Type of alcohol consumed

A **proliferation of alcoholic drinks** are sampled during this time as a result of freedom of choice, alcohol is legally available to them and they have greater discretionary income. As well, it was believed that as you get older the taste for alcohol becomes acquired and appreciated, with preferred alcoholic drinks more likely to reflect taste preference than peer preference or price sensitivity.

Young adults interviewed were asked what type of alcohol they had drunk on their last social drinking occasion. Allowing for multi-response, as more than one type of alcoholic beverage could have been consumed on that occasion, **48 per cent said spirits, 40 per cent said beer** (full strength 34 per cent, mid strength 3 per cent, low alcohol 3 per cent), 20 per cent said wine and 7 per cent said alcoholic soda/cider. Except for beer, females were more likely than males to have consumed each of the remaining beverages.

Unlike adolescents, the nature of the alcoholic beverage consumed becomes **situation-**

specific in that different beverages are chosen to cater to the situation (pre-dinner drinks, wine with a meal, spirits and beer at licensed premises etc), with experimentation of a wide variety of beverages seemingly common. For example, men tend to prefer beer and dark spirits and women prefer mixers, clear spirits, cocktails and wine. “Designer” drinks also appear popular among young women.

On the last drinking occasion **61 per cent of 18-24’s had drunk in a public place** (eg: hotel, club etc) and 44 per cent in a home; and on this occasion, 54 per cent said they had consumed the “**same**” amount of alcohol they would “usually drink”; 25 per cent said they consumed “more” and 21 per cent and “less”.

Overall, 78 per cent said there had been an occasion in their life when **they had drunk too much**. Males and 21-24 year olds were more likely to say this.

Of those who indicated that there was an occasion when they had drunk too much, 55 per cent nominated a **public environment** (eg: hotel, club) as the place where they had drunk too much alcohol.

7.5 Experience of drinking

Survey respondents were asked to describe **how they felt** after the last time they had consumed alcohol: 37 per cent said “relaxed”, 12 per cent said “great”, 10 per cent said “good”; whereas 28 per cent used a negative description. **Negative descriptions** were more likely to be used by those who had drunk **7+ standard drinks** on their last drinking occasion.

Of all the descriptions used to describe what “being drunk” means, 75 per cent of responses related to “**loss of control**”.

7.6 Attitudes towards alcohol use

Young adults maintained that their drinking attitudes have changed since adolescence. They believed they have become more **sensible and realistic about alcohol use, its effects and potential consequences**, although their reported behaviour did not necessarily indicate they had adopted a more responsible drinking behaviour. They maintained they have a more realistic and open-minded view of the presence of alcohol within society than 15-17 year olds. Many postulated that this more realistic view of alcohol may be a result of experience and being exposed to alcohol in a greater number of situations (eg: licensed premises etc).

Attitudes towards alcohol in this age group varied. Very few had actually questioned the role of alcohol within society and in particular the impact of alcohol on themselves. Once they became focussed on the issue of the possible harm associated with the use of alcohol, **latent concerns emerged**.

Non-drinkers or infrequent drinkers were those most concerned about the harmful use of alcohol. On the other hand, drinkers contended that alcohol was an ever present element of society and almost impossible to avoid. Young adults provided examples of irresponsible drinking by adults older than themselves. This was thought to be evidence of the **insidious nature of alcohol within Australian society**. Australia was described by some as a nation of binge drinkers, affirmation that alcohol use is a widespread and largely acceptable behaviour.

Among 18-24 year olds there was agreement with the following statements:

- **“You can say no to alcohol if you don’t want to drink”** (97 per cent);
- **“When you’ve had enough you know you can say no to any more alcohol”** (87 per cent);
- **“Pub and nightclub promotions (eg: dollar drinks) encourage you to drink more than you normally would”** (80 per cent); and
- **“As I get more responsibilities I tend to drink less”** (72 per cent).

7.7 Perceptions of potential drinking-related outcomes

Respondents were read a list of potential drinking-related outcomes and asked to rate these as positive or negative experiences. The most **positive potential experiences** of drinking related to: “having fun” (68 per cent), “feeling more relaxed” (62 per cent) and “feeling more confident generally” (46 per cent).

The most **negative potential experiences** centred on: “becoming more violent and aggressive” (77 per cent), “having a fight” (69 per cent), “ending up out of control” (65 per cent) and “doing things that will make me feel humiliated or degraded” (66 per cent).

7.8 Recent experience of alcohol-related events

Behaviours that had been experienced by 18-24 year olds in the last 3 months included:

- **“having to look after friends who had had too much to drink”** (74 per cent);
- **“seeing violence by someone who was drunk”** (72 per cent);
- **“a brawl in a pub or club caused by someone who was drunk”** (59 per cent);
- **“receiving unwanted sexual advances”** (58 per cent);
- **“a fight at a party caused by someone who was drunk”** (53 per cent); and
- **“being abused by someone who was drunk and aggressive”** (49 per cent).

Males were more likely than females to have experienced all these behaviours except for the “unwanted sexual advances”.

8. Secondary school teachers

8.1 Teachers' concerns

Teachers revealed quite **realistic and rational attitudes and beliefs** about adolescent alcohol use. Teachers' comments indicated that binge drinking, defined as infrequent severe drinking bouts, is a key area of concern. Unlike parents, teachers were **more concerned about binge drinking than illicit drug taking**. While teachers recognised a shift in acceptance and usage of illicit drugs, they viewed the main problems to be alcohol and tobacco. Alcohol use was perceived to be a problem due to greater acceptability in the community and more perceived widespread usage of alcohol than other drugs.

Teachers also acknowledged **a change in the attitudes and behaviours of adolescents today** when compared with their generation. The nature of alcohol, the alcohol setting and a shift in recreational activities (eg: violent video games) were all mentioned as precipitating such changes.

According to teachers, **key changes** in relation to adolescent alcohol use included:

- alcohol was perceived by teachers to be increasingly being used by **younger** adolescents;
- **adolescent inexperience with alcohol**. This was thought a particularly important factor for younger adolescents and their drinking. Teachers maintained that adolescents do not know when to stop consuming alcohol;
- **increase in pre-mixed packaged drinks** which were said to be sweet, easy to drink and mask the taste of alcohol. Teachers believed female adolescents are attracted to such drinks due to their "classy" image and appeal;
- **escapism from reality** was considered to be an increasing motivating force for adolescent alcohol use; and
- a notable **lack of concern** among community members about the problem.

There was a widespread belief among teachers that adolescents distinguish alcohol from other drugs, with alcohol being perceived as a **softer and less serious drug** (if it is perceived to be a drug at all). Teachers felt that alcohol was perceived as a relatively "safe" high and partly attributed this to the increase in acceptance and usage of illicit drugs. Marijuana was viewed as the most acceptable and most used illicit drug by adolescents, with teachers perceiving alcohol to be somewhat passe among adolescents in relation to marijuana. Teachers were **highly concerned** that marijuana and other illicit drugs (eg: "trips) were often easier to access and less expensive than alcohol.

8.2 Teachers' role as educators in influencing adolescent attitudes and behaviours

Teachers viewed their role as drug educators as **ever changing and demanding**. The harm minimisation approach to drug education was welcomed as a **realistic and relevant** approach, with younger teachers (under 35 years) being most supportive of

harm minimisation. Teachers felt it appropriate to tackle drug related issues in the school environment and asserted that most adolescents were relaxed about discussing such issues within the safety of the school.

Teachers discussed their own **individual methods** of approaching the drug education curriculum and how they attempt to impart such information to students. A number of issues emerged:

- foster rapport with students and **enable open communication and discussion** on the issue (eg: when, where and the perceived consequence of alcohol use);
- provide students with **alternatives to engaging in unsafe behaviours** and discuss ways in which they can protect themselves when drinking alcohol (eg: don't drink in parks or get in a car with drunk driver etc);
- provide them with the information to help make **responsible choices and decisions**;
- attempt to provide students with **up to date and relevant information** on the issue. A program in Victoria, "Turning the Tide" was seen to meet this criteria. The "Turning the Tide" program was said to present up to date information on the strengths and weaknesses of each drug and what they look like;
- **relate alcohol to other drugs** to convey the seriousness of drinking. Teachers felt students disassociate alcohol from other drugs;
- highlight that there is a **hard side** of alcohol use;
- present the **legal implications and consequences** of underage alcohol use;
- **listen and learn** from adolescent attitudes and experiences in relation to the harmful use of alcohol; and
- help adolescents better understand the **motivation** behind their alcohol behaviour.

8.3 Teachers' role as role models in influencing adolescent attitudes and behaviours

Teachers clearly perceived themselves to represent a **critical role model** to adolescents both within and outside of the school environment. This role was often felt to be a heavy burden, with some maintaining that positive role modelling should be consistently reinforced by society and not solely dependent on teachers. They contended that parents and community members should also shoulder the burden. In fact, teachers cited several examples of **feeling powerless** to make a difference because adolescents were receiving negative role modelling at home.

Another concern for teachers as adolescent role models was the feeling that they are often caught in a bind between student and society expectation. They discussed the **fine line between gaining the student's respect (ie: being perceived as "cool") and being the conservative role model that students (and the community) expect.**

8.4 Suggestion for facilitating teachers' roles

The teachers involved in the study were **searching for greater support and guidance from the education system and society** on the adolescent alcohol problem. Teachers revealed feelings of being overburdened with the additional responsibilities that their role now entails (eg: road safety, sexual health, drug education, health etc). They felt

that a more top down approach to the issue was also required, whereby society also accepts some responsibility. **Parents were perceived to be the key** to tackling the adolescent alcohol issue. Education was not viewed as the sole catalyst for change.

9. Appendix

9.1 Research method: the qualitative research technique

Phase 1 research consisted of a series of group discussions (and mini groups) and individual in-depth interviews among specific target segments in an attempt to spread as broad a research net as possible and ensure a **representation of attitudes** is obtained.

Group discussions and individual interviews were undertaken because of their heuristic nature. The aim of this phase was **identifying** and **understanding** rather than enumerating. The group discussions, using a relatively non-directive approach, allowed participants to explore issues raised by any individual. This process also revealed the **intensity of feelings** about various issues.

Our approach to the group discussion sessions was to be as non-directive as possible, introducing a topic at the outset, allowing freedom of discussion, intervening where necessary for elaboration or for introducing a new issue/topic.

Both the in-depth interviews and group discussions were **exploratory and diagnostic** in nature. Both techniques allowed emotional as well as rational considerations of the issue to be covered. The other benefits of the group discussion technique are that:

- it provides participants with a *relaxed and friendly atmosphere*, in which they can discuss their attitudes and opinions in their own terms;
- it allows them to reveal those aspects of the topic which are *of interest or importance* to them;
- it permits *deeper and more thorough exploration* of attitudes and reactions than do traditional question and answer techniques;
- it is, an extremely *flexible* technique allowing for the input of stimulus material in the most appropriate manner for any particular group; and
- it permits the group moderator to focus the attention of participants on those *specific areas* in the research objectives which require detailed probing.

9.1.1 Details of the group and interview structure

15 to 17 year olds

- 6 male drinkers mini group discussions
- 6 female drinkers mini group discussions
- 2 male non-drinker mini group discussions
- 2 female non-drinker mini group discussions
- supplemented with individual interviews

18 to 24 year olds

- 4 male group discussions
- 3 female group discussions

Parents (of teenagers aged 12–17)

- 3 male group discussions
- 3 female group discussions

Secondary school teachers

- 4 group discussions
- supplemented with interviews

In addition we conducted **twenty (20) interviews** with a range of specific key stakeholders:

- Liquor shop managers x 2;
- Hotel/bar managers x 3;
- Bar staff x 2;
- Licensed clubs x 3;
- Nightclub/security personnel x 2;
- Licensed restaurants frequented by young people x 2;
- Police x 3;
- Ambulance/paramedics x 2; and
- Bar staff trainer.

9.1.2 Specific structure of phase 1 research

Each of the target segments were covered in all of the geographic locations. This coverage was in the form of group discussions and/or interviews, and is as follows:

Sydney/Newcastle

- 1 group of mothers of teenagers 12-17 years;
- 1 group of fathers of teenagers 12-17 years;
- 2 groups of secondary school teachers;
- 1 group of females 18-24 years;
- 1 group of males 18-24 years;
- 2 mini groups of males 15-17 years;
- 2 mini groups of females 15-17 years; and
- 2 mini groups of non-drinkers 15-17 years (male/female)

Melbourne

- 1 group of fathers of teenager 12-17 years;
- 2 groups of secondary school teachers;
- 1 group of females 18-24 years;
- 1 group of males 18-24 years;
- 1 mini group of males 15-17 years;
- 1 mini group of females 15-17 years; and
- 2 mini groups of non-drinkers 15-17 years (male/female).

Ballarat

- 1 group of mothers of teenagers 12-17 years;
- 1 mini group of males 15-17 years;
- 1 mini group of females 15-17 years; and
- 1 group of males 18-24 years.

Sunshine Coast

- 1 group of fathers of teenagers 12-17 years;
- 1 group of males 18-24 years;
- 1 mini group of males 15-17 years; and
- 1 mini group of females 15-17 years.

Condobolin

- 1 group of mothers of teenagers 12-17 years;
- 1 group of females 18-24 years;
- 1 mini group of males 15-17 years; and
- 1 mini groups of females 15-17 years.

In addition there were **20 in-depth interviews** to supplement the group discussion sessions. These interviews were spread across all the regions, for example interviews with:

- sole parents on **low income** x 3;
- **teachers** (in rural areas) x 3;
- **15-17 year olds** who had left school and were working and/ or studying x 8;
- youth of **ATSI origin** x 3; and
- **unemployed** youth x 3.

E&S Research have their own qualitative research recruitment manager. This ensures careful control over recruitment procedures and E&S Research have Interviewer Quality Control Australia (IQCA) accreditation for this. People were selected for the group discussions and interviews on the basis of age, gender, residential area, and in some cases ethnicity. Respondents in areas not recruited by E&S Research were recruited by other IQCA accredited recruitment agencies.

9.2 Sample details for phase 2 quantitative surveys

9.2.1 Teens 15 to 17 years survey

Face to face interviews were conducted on a nationwide basis with teenagers aged 15-17 years. Geographic start points were statistically and randomly selected from the electronic white pages. The sample was split 80 per cent urban and 20 per cent rural, with results weighted to be proportionate with ABS statistics for age, gender and location.

The actual sample breakdown for the Teens Survey was as follows:

Sample breakdown of 15-17 year olds

	Unweighted N	Weighted %
TOTAL	800	100
GENDER		
Male	411	51
Female	389	49
LOCATION		
Total urban	640	80
Total rural	160	20
AGE		
15 years	292	36
16 years	265	33
17 years	243	31
FATHER'S COB*		
Australia	512	64
Other	288	36
MOTHER'S COB		
Australia	539	67
Other	261	33
ATSI DESCENT		
Yes	22	3
No	778	96
SOCIO ECONOMIC STATUS **		
White	399	50
Blue	307	38
Not working/other	94	12
STUDENT		
Yes full time	700	87
Yes part time	19	2
No	81	10
DISPOSABLE INCOME PER WEEK		
Under \$10	210	26
\$11-20	229	29
\$21-40	149	19
\$41-60	80	10
\$60+	132	17

* COB refers to country of birth

** SES is based upon the main income earner's occupation within the household. White includes occupations such as managers and administrators. Blue includes occupations such as trades and manual labour. Not working/other includes those not currently in paid employment and those for whom no occupation was recorded as respondent was unsure.

Face to face interviews with teenagers were conducted by NCS Australasia, under E&S Research supervision.

9.2.2 Parents of teens

Parents of teens were interviewed via the telephone with the sample break down as follows:

Sample breakdown of parents

	Unweighted N	Weighted %
TOTAL	404	100
GENDER		
Male	161	39
Female	243	61
LOCATION		
Total urban	324	60
Total rural	80	40
AGE		
Under 40 years	100	25
40-45 years	194	48
Over 45 years	110	27
NO. OF TEENS IN HOUSEHOLD		
1	224	53
2	152	40
3+	28	7
SINGLE/DUAL PARENT		
Dual	337	83
Single	67	17
SOCIO ECONOMIC STATUS		
White	240	57
Blue	164	43
EDUCATION LEVEL		
Primary/secondary	221	57
Tertiary	125	28
TAFE	58	15
HOME OWNERSHIP		
Own	157	39
Paying off	169	41
Rent	78	20

* The figures have been weighted in accordance with ABS Census (1996) statistics for location

9.2.3 Adults 18 to 24 years

Adults 18 to 24 years were interviewed via the telephone. The sample break down for the adults 18 to 24 years was as follows:

Sample breakdown of 18-24 year olds

	Unweighted N	Weighted %
TOTAL	601	100
GENDER		
Male	302	51
Female	306	49
LOCATION		
Total urban	424	65
Total rural	177	35
AGE		
18-20 years	264	44
21-24 years	337	56
FATHER'S COB*		
Australia	360	61
Other	241	39
MOTHER'S COB		
Australia	382	65
Other	219	35
ATSI DESCENT		
Yes	9	1
No	592	99
SOCIO ECONOMIC STATUS		
White	276	46
Blue	325	54
STUDENT		
Yes full time	227	37
Yes part time	102	17
No	272	46
WORK STATUS		
Full time	235	39
Part time	166	28
No	200	34
RECEIVE GOVT BENEFITS		
Yes	80	10
No	156	26
	445	74

* These figures have been weighted in accordance with ABS Census (1996) statistics for gender, age and location.

9.2.4 Interviewing procedure

For both the young adults and parent survey, telephone numbers were produced using the Electronic White Pages, a CD ROM product produced by Desktop Marketing Systems. This lists all telephone numbers from the hard copy phone books. Obviously this system does not include silent telephone numbers, but these are the only telephone numbers excluded.

The telephone numbers were randomly selected with a total universe of numbers for each particular location, and once used, they are not re-used for another year. Further, the samples updated on a six monthly basis by Desktop Marketing Systems, to reduce the amount of non-connection due to residents moving house.

Telephone numbers were then randomised within the Survey Craft Sample Management System, and passed to interviewers from the random file. All telephone numbers are dialled and, according to their results, follow different routines.

No answers

Once a number is defined as no answer, it is returned to the computer system to await re-issue. There is a three hour delay on the system so that if a number is rung at 5.30pm on a Monday night and is recorded as a no answer, it would return to an interviewer approximately three hours later (ie: at 8.30pm). If a telephone number is categorised as a no answer at 8pm, it does not return until the next night's (or weekend's) interviewing shift. All of the no answers from the previous night are collected by the system and randomly scattered to appear across the interviewing shift, to increase chances of recontact.

No answers are called five times, and if no response is forthcoming after the fifth call, they are sent off to a category called "Dead". This is what is known as a terminal category in that the numbers never return.

Engaged

Once a number has been categorised as engaged, it is flagged to return to the interviewer in 15 minutes time, on the basis that someone must be home so the chances of contact are very high. If it is still engaged 15 minutes later, it is again flagged to return in 15 minutes after that. If after three attempts it is still engaged, it then follows the no answer sequence and is returned three hours later. Again, if a number is engaged five times, it is sent off to the "Dead" category.

Callbacks

Once an interviewer has negotiated a callback with a respondent, the details are filed into the system and the number is returned to the interviewer 5 minutes prior to the appointment time.

If a callback becomes a no answer on the second attempt, or engaged, it follows the routines outlined above with one exception. They are never put into a terminate category and will cycle through the system until recontact is established.

Answering machines

Answering machines follow an identical routine to no answers. Messages are never left on answering machines.

Language

To enable **a representative sample of people from non-English speaking backgrounds (NESB)**, the initial interviewer established the language spoken by the respondent, and then recorded it as such on the screen. The number is then issued only to an interviewer with that particular language capability.

