



PhD RESEARCH THESIS

Adolescents Resisting the Drinking Culture: understanding
Abstinence and Low-risk Alcohol Consumption in Adolescence

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Acronyms used

AABAC	Australian Alcohol Beverages Advertising Code
ABC	Australian Broadcasting Corporation
AIHW	Australian Institute of Health and Welfare
AMJ	Australasian Marketing Journal
ASSADS	Australian Secondary Students Alcohol and Drug Survey
AUD	Alcohol use disorder
CINAHL	Cumulative Index of Nursing and Allied Health Literature
DALYs	Disability-adjusted Life Years
DARE	Database of Abstracts of Reviews of Effects
ENCS	EEG and Clinical Neuroscience Society
HREC	Human Research and Ethics Committee
ICU	Intensive Care Unit
JBI	Joanna Briggs Institute
MAAQ	Motives for Abstaining from Alcohol Questionnaire
NDSHS	National Drug Strategy Household Survey
NHMRC	National Health and Medical Research Council
NZ	New Zealand
QARI	Qualitative Assessment and Review Instrument
QSR	Qualitative systematic review
TRA	Theory of reasoned action
UK	United Kingdom
WHO	World Health Organization

Abstract

The consumption of alcohol among Australian adolescents is a public health concern. Adolescent alcohol consumption is considered to be normal rather than an exception in contemporary Australian culture. Experts have described adolescents' alcohol consumption patterns as 'alarming', despite adolescent alcohol consumption reducing in recent decades.

This thesis establishes new insights into the social phenomena of adolescent alcohol consumption by investigating an adolescent population that chooses either to abstain from alcohol consumption or to consume alcohol only at low-risk levels. The newly generated information and/or knowledge may provide a framework or background to appropriately position new research activity, inform the way the community interacts with adolescents and guide the development of future public health policy, education and strategy directions to prevent the onset of drinking among Australian adolescents, and/or assist them to abstain from alcohol consumption or consume alcohol safely during adolescence.

The study was undertaken in two stages. Stage 1, a qualitative systematic review, sought to synthesise current literature regarding the decisions adolescents make about abstaining from alcohol, and to identify gaps in the literature. This review identified a lack of research such that no metasynthesis was possible and no conclusions or implications for the future could be drawn. Stage 2, a descriptive exploratory study, sought to determine the individual, social and environmental factors that influenced decisions about alcohol use in a small cohort of 12 Australian adolescents aged between 14 and 19 years who abstained from alcohol or consumed only at low-risk volumes.

Participants described a set of intertwined individual and social factors that influenced the decisions they made about not consuming alcohol. Their ability to socialise with their peers who consumed alcohol, rather than become socially isolated, indicated that abstinence or low-risk drinking during adolescence was becoming an acceptable choice, despite pervasive pressure to drink. The

participants reported possessing positive self-identity and life orientation, and they wanted to remain authentic. Connectedness with parents and close friends contributed to and supported their positive life orientations.

Consuming alcohol during adolescence was described as an activity associated with the 'cool kids' of their social network. The hierarchical social structures of cool-kid peer groups were associated with adolescent drinking and default drunkenness. These dynamics were deemed to be social liabilities by adolescents who were abstinent or low-risk alcohol consumers, and this consolidated their personal drinking decisions.

Notably, participants believed environmental factors exerted the least influence on the decisions the abstinent and low-risk drinking adolescents made about drinking, and environmental factors were not related to individual or social factors. These adolescents were not influenced by the easy accessibility of alcohol, or by positive media depictions of alcohol. However, they expressed concern about their peers being able to readily access alcohol through parental and proxy purchasing, and about the effects of young people posting images of their alcohol consumption on social media.

An alternative social norm in which adolescents do not consume alcohol when socialising already exists in Australia. Making visible the abilities and strategies employed by Australian adolescents who resist alcohol consumption may contribute to the development of an adolescent culture that accepts and supports abstinence and low-risk alcohol consumption. The findings of this study can inform future policy, education and strategy directions to prevent the onset of drinking among Australian adolescents and assist them in abstaining from any or excess alcohol consumption during this significant developmental stage.

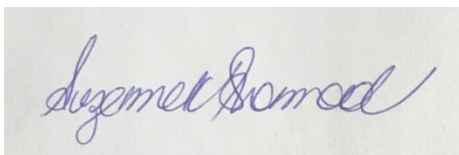
Statement

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I acknowledge the support I have received for my research through the provision of an Australian Government Research Training Program Scholarship.

A rectangular box containing a handwritten signature in blue ink. The signature appears to read 'Suzanne Sharrad'.

25 February 2020

Suzanne Sharrad

Date

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Chapter 1: Introduction

In 2018, GBD 2016 Alcohol Collaborators published a systematic analysis; *the Global Burden of Disease Study 2016*, which reported on alcohol use and burden for 195 countries and territories between 1990–2016 (GBD 2016 Alcohol Collaborators 2018). The study established that in 2016, globally, alcohol use was the seventh leading risk factor for both deaths and disability-adjusted life years (DALYs) and accounted for 2.2% of age-standardised female deaths and 6.8% of age-standardised male deaths. During this time, among the study's population aged 15–49 years, alcohol use was determined to be the leading risk factor, with 3.8% of female deaths and 12.2% of male deaths attributable to alcohol use. Additionally, female attributable DALYs were 2.3% and male attributable DALYs were 8.9%. DALYs refer to the combined estimates of the years of life lost and years lived with disabilities of the study's cohort. The findings of the study were important because they confirmed that the 'total attributable burden of alcohol use was larger than previous evidence had indicated and increased monotonically with consumption' (p. 1016). Furthermore, the study confirmed that the level of alcohol consumption that minimises health loss due to alcohol use was zero. According to the authors (GBD 2016 Alcohol Collaborators 2018), the findings provide the imperative for each nation's alcohol control policies to be targeted towards total population level consumption and they suggest that all nations revisit their alcohol control policies and assess how each can be modified to result in further reductions of population-level consumption. As the present study being conducted by the researcher is attempting to learn from Australian adolescents who are alcohol abstainers or low-risk drinkers, its findings may be able to contribute to the revision of Australia's alcohol control policies for young people.

Detailed Australian data about alcohol use and its burden has been reported by the Australian Institute of Health and Welfare (AIHW) (2019). Data collected by the AIHW (2019) suggests that alcohol is more highly ranked; as the sixth highest risk factor for burden of disease, and was found to be responsible for 4.5% of the total burden of disease and injury in 2015. Specifically, alcohol was

responsible for '22.4% of the burden due to road traffic injuries, 28.0% of the burden due to chronic liver disease, 40.2% of the burden due to liver cancer, 14.3% of the burden due to suicide and self-inflicted injuries, 14.1% of the burden due to homicide and violence, and 11.0% of the burden due to drowning' (NHMRC 2019, p. 8). Other recent data has been published by the World Health Organisation (NHMRC, 2019). In 2016, the World Health Organisation (WHO) reported that the prevalence of alcohol use disorder in Australia (including harmful use of alcohol and alcohol dependence) was estimated at 4.4% (6.1% in males; 2.7% in females) (NHMRC, 2019). Moreover, as alcohol consumption has been causally linked to more than 60 medical conditions by Bowden, Delfabbro et al. (2014), in Australia, in 2017, the Australian Bureau of Statistics (2018a) verified there were 1,366 alcohol-induced deaths, that is, those directly attributable to alcohol, and another 2,820 alcohol-related deaths where alcohol was mentioned as a contributory cause of death. Additionally, it has been established that in the year between 1 July 2016 and 30 June 2017, alcohol accounted for 70,011 hospital separations (episodes of care) and for 51% of all drug-related hospital separations (Australian Institute of Health and Welfare 2018b). Data specific to Australian adolescents is presented in Chapter 2 (pp. 24 – 35). But, given these statistics, it is important generate new knowledge that can be used in the revision of policies, strategies and/or educational programs that reduce the total burden of alcohol related disease and injury in Australian young people. One of the reasons for this is because alcohol consumption among Australian adolescents is considered to be normal rather than an exception in today's Australian culture (Hayes et al. 2004) even though the consumption of alcohol in licensed and public places is illegal in Australia for persons under 18 years of age. Consequently, the consumption of alcohol among adolescents has become a public health concern (Dobson 2012; Harrison et al. 2011), with significant numbers of Australian adolescents consuming alcohol at risky levels. The most recent National Drug Strategy Household Survey (NDSHS) (AIHW 2017b) informed us that:

Alcohol use among adolescents in Australia was prevalent in 2016, with 9.1% of males and 6.8% of females aged 12–17 exceeding the adult guidelines for single occasion risk. (AIHW 2017b p. 40)

Notably, this pattern of consumption seen during adolescence has been described as ‘alarming’ by experts (Allsop 2017).

The purpose of this chapter is to introduce the study undertaken for this thesis. It commences by situating the researcher in the study and continues by stating the study’s context and identifying its purpose. Each of these elements contributes to the discussion of the formulation of the research question, and the aims, objectives and significance of the thesis. Finally, a description of how the thesis is structured is provided. In this thesis, the PhD candidate will be referred to as either in the first person or as the ‘researcher’.

The journey begins

During my 10 years’ clinical experience in a major South Australian trauma centre as an Intensive Care Registered Nurse, I was often faced with the challenge of counselling families whose adolescent children had been admitted to the Intensive Care Unit (ICU) after suffering major trauma associated with alcohol consumption. The impact of the sustained injuries was often significant and life-changing, not only for the adolescent but for all the people who were close to them, particularly their immediate family. The frequency of this scenario raised my concern about adolescents’ use of alcohol and became the impetus for my PhD research.

In the beginning, I believed that traumas associated with adolescent alcohol use were the result of a tragic set of circumstances that came together in a moment in time and culminated in a catastrophic event. I believed that when under the influence of alcohol, adolescents made ‘split second’ decisions to engage in risky behaviour, such as driving while under the influence of alcohol or getting into a car driven by an alcohol-affected driver. When injured adolescents were admitted to the ICU and placed on life support, nurses invariably built intimate professional relationships with the adolescents’ families and significant others. As I counselled family members or friends, I was struck by the frequency with which they expressed regret about having been complacent about the young person’s alcohol use. It was as if family and friends recognised that they had missed an opportunity to ensure the safety of their loved one when socialising with alcohol.

In such conversations with family members, the acceptance of risky consumption of alcohol by Australian adolescents (Hayes et al. 2004 [last updated 24 August 2010]) appeared to be substantiated. Guidance from National Health and Medical Research Council's (NHMRC) *Australian Guidelines to reduce health risks from drinking alcohol* states that for children and young people under 18 years of age, abstinence from alcohol is the safest option. It became clear to me that parents and carers should be advised that children under 15 years of age are at greatest risk of harm from alcohol consumption, and that therefore not drinking alcohol is especially important for this group. For young people aged 15–17 years, the guidelines recommend delaying the initiation of drinking for as long as possible as the safest option (NHMRC 2009). I could not comprehend why the guidelines did not appear to influence the actions of some adolescents and their families.

Unfortunately, the anecdotal evidence collected in my professional role was supported by Australian research confirming that 90% of Australian teenagers aged 14 and over had tried alcohol at least once (White & Smith 2009a), with about 20% of them consuming alcohol at levels that would place them at risk of harm from alcohol-related disease or injury over their lifetime (Harrison et al. 2011; NHMRC 2009).

There is a depth and breadth of available literature and learnings about the consumption of alcohol during adolescence. What appeared to be lacking in the literature were the experiences of adolescents who were not consuming alcohol. I became curious about how some young people were able to resist Australia's current alcohol culture, and I felt that there must be something we could learn from this group and the strategies they employ to abstain from alcohol, or to consume only at low-risk levels (a definition of low-risk consumption is provided below). Perhaps they could guide us to develop new knowledge about abstinence and low-risk alcohol consumption during adolescence in ways that could be of benefit to their peers, parents and the broader community. With this view in mind, this study intends to focus only on Australian adolescents who abstain or only consume low-risk levels of alcohol.

Adolescent drinking and harm minimisation

Alcohol-related harms present in our community prompted the development of the current Australian guidelines (NHMRC 2009). The guidelines emphasise that the earlier alcohol consumption is initiated, the more likely it is that a problem with alcohol will be seen in adulthood, a finding supported by Maldonado-Devincci, Badanich and Kirstein (2010) and one that partly explains why there is community concern about adolescent drinking.

However, in Australia, a downward trend of adolescent drinking has been observed at a time when the Australian Bureau of Statistics (ABS) (ABS 2019) has produced data suggesting there is a mild increase in Australia's apparent consumption of alcohol (from 187.6 million litres in 2015-2016 to 191.1 million litres in 2017-2018). This increase in consumption has been observed regardless of an overall reducing per capita trend of alcohol consumption in Australia. Over the last decade, there has been an overall reduction of alcohol consumption to 1.1% per year in the per capita trend. To give context to this reduced per capita trend, it equates to an average 2.08 standard drinks being consumed daily (ABS 2019). The NDSHS (AIHW 2017b), has stated that the proportion of 12 to 15 year olds who reported consuming alcohol in the past year halved (that is, from 35% in 2004 to 18% in 2013). At the same time, a sharp reduction in drinking by 16 to 17 year old Australian adolescents was also seen. In this cohort, an 81% to 59% reduction in consumption of alcohol was observed.

Importantly, the NDSHS data is supported by the latest Australian Secondary Students Alcohol and Drug Survey (ASSADS) (White & Williams 2016). The ASSADS survey's findings has demonstrated that between 2002 and 2011, drinking in the past week fell by more than half for 12 to 15 year olds (from 29% to 11%) and similarly for 16 to 17 year olds (48% to 33%). The reducing trend of adolescent alcohol consumption in Australia, is being observed in boys and girls, across all socioeconomic groups and in regional and urban areas without being isolated in particular population subgroups (Pennay, Livingston & MacLean 2015). However, according to Callinan, Pennay and Livingston (2017) the reducing trend can be largely attributed to increasing numbers of abstinent or low-risk drinkers rather than young 'self-identified and binge drinkers' (p. 22) and is consistent across socio-demographic groups, ethnic groups and geographic areas. Besides these groups, it cannot be

explained by changes in survey methodologies or substitution to other drug use (Livingston 2014).

Remarkably too, this trend is being observed globally (de Looze et al. 2015).

Some Australian-based drug and alcohol researchers remain concerned about adolescent drinking.

For example, Professor Allsop, in a recent webinar, cited there remains an 'increasing' number of adolescents consuming alcohol at high-risk levels (Allsop 2017), a concern mirrored more recently by Caluzzi (2019). In Australia, the proportion of people exceeding single occasion risk guidelines or consuming 11 or more drinks at least once a month has not changed in recent NDSHS surveys (AIHW 2017b). For the 14 to 19 year old Australian adolescent, 26.6% were faced with lifetime and single occasion risk in 2001, 36.7% in 2010, 46.7% in 2013 and a statistically significant increase to 55.8 % was observed in the latest survey (AIHW 2017b). For Australian adolescents, it has also been established in the latest NDSHS survey, that they are more likely to drink to become intoxicated than any other age group, and 15% of younger Australians drink more than 11 drinks on a single occasion at least monthly (AIHW 2017a). It appears that Australian adolescents engaging in 'high intensity' drinking episodes are underrepresented in national health surveys (Lam et al 2017, p. 105) because one quarter of presentations to Australian emergency departments are related to alcohol consumption and alcohol-related injury presentations, with the highest volume being among 15 to 19 years old adolescents. Such presentations have been steadily increasing in recent years among both young men and women (Lensvelt et al. 2015). The many and varied problems associated with adolescent alcohol consumption impose a significant burden on individuals, communities and healthcare systems as a result the imperative to promote adolescents' safety has been stressed by Hine (2008).

One public health response has been Australia's adoption of a harm minimisation approach to alcohol consumption. Its primary aim is to reduce the harm related to alcohol consumption without requiring abstinence (Grace, Moore & Northcote 2009; Loxley et al. 2005). The approach is based on a number of premises including: that alcohol consumption is an inevitable part of Australian society, that alcohol consumption occurs across life's continuum, that a range of harms is associated with the different types and patterns of alcohol use and, lastly, that a range of approaches must be

implemented to respond to the harms (The Department of Health 2004). With this view in mind, an earlier concept of harm minimisation rested on another assumption: that stopping all adolescents from consuming alcohol is impossible, and those who continue to consume alcohol may experience harm (Commonwealth of Australia 2004). Ultimately, Australia's harm minimisation approach has precipitated a series of harm reduction strategies (policies and programs) and procedures that have been put in place to regulate the supply of alcohol, modify the demand for alcohol and reduce the harms associated with alcohol use. As such, the harm minimisation approach is not aimed at reducing individual levels of harm, but rather at applying a systems approach that considers potential harms to individuals and communities (Commonwealth of Australia 2018). It is noteworthy that the harm reduction strategies that have evolved with the public's health interests in mind (Loxley et al. 2005; Commonwealth of Australia 2018) have, perhaps counterintuitively, accepted alcohol consumption by Australian adolescents. As such, they contradict the direction provided by the NHMRC's *Australian Guidelines to reduce health risks from drinking alcohol* (NHMRC 2009) that young people not consume alcohol.

Reducing the supply of alcohol, particularly the supply to minors is now legislated in Australia. Laws have been enacted to help to reduce the harmful effects of alcohol on individuals, families and communities but, as they are inconsistent across states and territories, some confusion among community members can result. For example, Australia's law about the legal drinking age is consistent, as is the one related to licenced venues or bottle shops either serving or selling alcohol to a person aged less than 18 years (Department of Health 2019). However, other laws, like those that determine where a person can consume alcohol, vary across the states and territories. Among these laws are those that reference the secondary supply of alcohol. This is related to the provision of alcohol to a person aged less than 18 years. In some states, like South Australia and Victoria (Government of South Australia 2019; Government of Victoria 2019), new laws were enforced in December 2018 aiming to promote tighter restrictions on the supply of alcohol to 'minors'. These restrictions mandate that no alcohol is permitted to be served to minors on licensed premises, that the supply of alcohol to a minor by an adult in private residences will be subject to further

restrictions around 'responsible supervision', and finally, alcohol must not be delivered to a person aged less than 18 years of age. Responsible supervision requires 'supervisors' or party hosts to gain consent, possibly in the form of handwritten notes, from parents of minors if they are consuming alcohol. Also, hosts will be required, by law, to 'actively police' minors while they are consuming alcohol. That is, host will be expected to monitor whether minors have eaten prior and during parties, the volume and type of alcohol being consumed and whether minors are becoming or are intoxicated. Hosts, themselves, will be required to be in a state that enables responsible supervision. The recent changes in secondary supply laws in South Australia (Government of South Australia 2019) not only impose greater restriction on underage drinking but, on the advertising of alcohol, trading hours of licensed premises in the state and feature the harm minimisation approach more prominently. In other states and territories (ACT Parliamentary Council 2018; Legislative Assembly of the Northern Territory 2019; Government of Western Australia 2018; NSW Government 2019; State of Queensland 2019), it may be not be illegal for a minor to consume alcohol on private property, but the person supplying the alcohol could be breaking the law unless they have secured consent from the minor's parents or guardians.

Internationally, much of the research concerned with adolescent drinking is focused on adolescents' experience of and motivation for consumption (Anderson et al. 2011; Carter et al. 2011; Hasking, Lyvers & Carlopio 2011; Kuntsche & Cooper 2010; Kuntsche et al. 2005; Kuntsche et al. 2006; Masten et al. 2009; O'Connor & Colder 2005; Wilkie & Stewart 2005), and with problems associated with consumption (Anton 2010; Baker 2011; Crego et al. 2009; Livingston 2013; McNally et al. 2003; Maldonado-Devincci, Badanich & Kirstein 2010; Nixon & McClain 2010) and strategies initiated to curb consumption (Moore 2010; Room 2010) in this vulnerable group. In contrast, there is a paucity of research addressing what influences adolescents to abstain from or limit alcohol use, or how to consume it safely.

This study has been conducted to address the noted deficit in the literature, and to generate beginning and foundational knowledge about Australian adolescents, aged 14 to 19 years, who choose to abstain from alcohol or to only consume alcohol in low-risk levels. In my study,

'abstinence' is defined as no initiation of alcohol consumption by adolescents (AIHW 2011). For this study, the term 'low-risk drinking' is defined as adolescents resisting alcohol consumption or consuming no more than two standard drinks on any day or no more than four standard drinks on a single occasion (AIHW 2011).

Context of the study

As this study is concerned with adolescent drinking, it is appropriate to define two important terms; adolescence and the term 'drinking culture' within an Australian context. Firstly, for the purpose of this study, a definition of adolescence provided by Sawyer et al. (2018) will be used. This group has suggested that adolescence is a 'conundrum' because it describes a phase between childhood and adulthood encompassing elements of biological growth and a number of major social role transitions. They believe too, that the phase of adolescence occupies a greater portion of the life course because of exposure to environmental forces like marketing, social media and other forms of digital media. This is an important definition to consider given the context of this study.

Secondly, a team of prominent Australian researchers Savic and colleagues (Savic et al. 2016), published a critical review, in 2016, which provided a working definition for the term 'drinking culture'. They said the term refers to the norms around patterns, practices, use-values, settings and occasions related to both a society's or a sub-group's consumption of alcohol and any resultant problems that occur. Yet, they said it also refers to the 'modes of social control that are employed to enforce norms and practices' (Savic et al. 2016, p. 280). Unlike the definition provided by Roche et al. (2009), who said it is a popular term implying a range of meaningful and value-laden behaviours and attitudes towards alcohol consumption that are transmitted from generation to generation, Savic et al.'s (2019) definition takes into account a network of other interacting factors. These include; a person's 'gender, age, social class, social networks, individual factors, masculinity, policy, marketing, global forces, and places' (p. 280). Each of these is influential to when, where, why and how people drink, the volume of alcohol they consume, their expectations about alcohol consumption and the behaviours which occur before, during and after drinking. Savic et al.'s (2019) definition is useful for the context of this study because it is congruent with the individual, social and environmental factors

which are to be explored. It also supports the study's aim by finding that the degree and nature of the drinking culture's influence on individuals is not foreseeable but, more likely, dependent upon an interplay of the network of interacting factors in any given drinking situation, and how the 'drinking culture' affects individuals. In spite of the congruence of Savic et al.'s (2019) working definition of 'drinking cultures' to the context of this study, in more recent times, the term 'alcohol culture' has tended to be used in Australian literature about alcohol research (VicHealth 2019).

Thus, currently in an Australian context, an 'alcohol culture' (Commonwealth of Australia 2018, p. 7) exists in which socially acceptable patterns of consumption, typically in excess of current recommendations, are accepted as normal and where not drinking is viewed as being 'unAustralian' (Morgan 2017). Recently, the term 'alcohol culture' has been used to describe 'the way a group of people drink, including their shared understanding of formal rules, social norms, practices, values and beliefs around what is and what is not socially acceptable when they get together' (VicHealth 2019, p. 1). A benefit in using this term in preference to term 'drinking culture' particularly when considering adolescent drinking, is that it shifts the focus from behaviours of individuals to a group's 'social world' and its shared activities and practices (VicHealth 2019). As this view is compatible with the study's theoretical framework and its intention to identify and explore the individual, social and environmental factors that influence adolescents' decisions about their abstinence or low-risk drinking, it will be used mainly in this thesis.

When considering a theoretical framework for this study to identify, explore and discuss Australia's current adolescent alcohol culture, a number of influences were identified in the literature regarding Australian adolescents' decisions about consuming alcohol. Based on the literature, these factors were categorised under three headings: individual (Bartsch et al. 2017; McKay et al. 2012; Veselska et al. 2009), social (Abar & Turrisi 2008; Ali & Dwyer 2010; Helms et al. 2014; Hingson et al. 2013; Mercken et al. 2012; Visser, Winter & Reijneveld 2012) and environmental (Austin, Chen & Grube 2006; Barry et al. 2016; Bellis et al. 2009; Chan et al. 2017; Commello & Slater 2011; Dobson 2012; Jernigan et al. 2017; Kay 2013; Munro & de Wever 2008; Nunez-Smith et al. 2010; White et al. 2015) (see Figure 1).

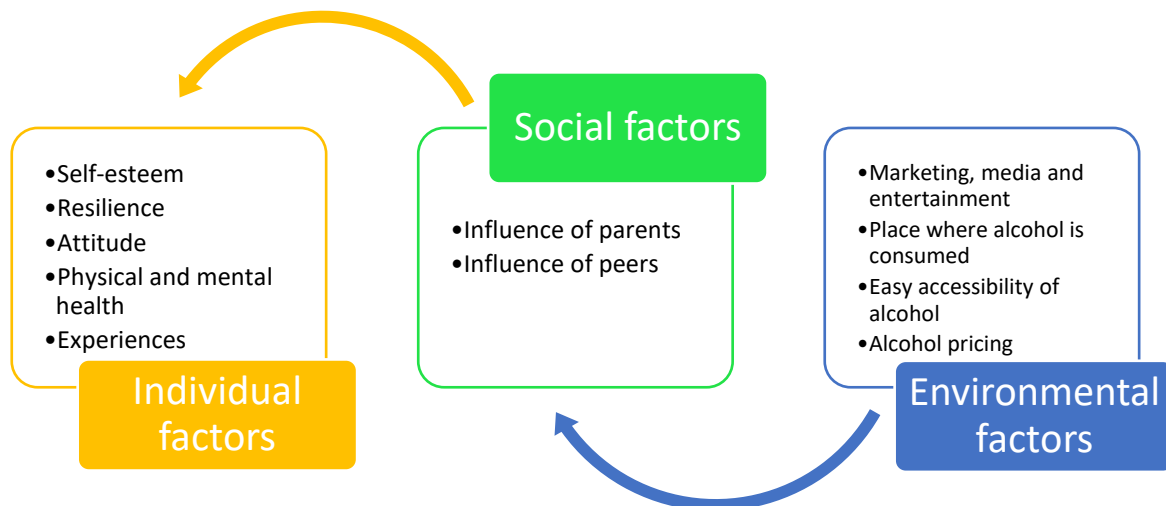


Figure 1: Theoretical Framework: Individual, social and environmental factors that influence the decisions adolescents make about alcohol consumption

An adolescent's individual factors, as listed in Figure 1, will influence the decisions they make about alcohol consumption. However, these decisions are also influenced by the actions of their parents and peers (Abar & Turrisi 2008; Ali & Dwyer 2010; Mercken et al. 2012; Visser, Winter & Reijneveld 2012) (as demonstrated by the yellow arrow in Figure 1). Therefore, as social factors, the influence of parents and peers (Helms et al. 2014; Hingson et al. 2013) became important to this study. Notably, too, the normality of the adolescent alcohol culture, in turn, influences environmental factors like alcohol marketing. Along with other environmental factors, like the place where alcohol is consumed, its easy accessibility and pricing, environmental factors influence the actions of parents and peers (demonstrated by the blue arrow in Figure 1).

Contemporary alcohol advertising and marketing aimed at positively influencing and recruiting younger generations, particularly teenagers, is ever increasing in its sophistication. Examples include marketing through sporting and music events, and the promotion of 'alcopops', in which the taste of alcohol is masked by sugars and sweet-tasting flavours (Chikritzhs, Pascal & Jones 2004). Examples like these explain why marketing, media and entertainment (Chen 2013; Mercken et al. 2012; Roche et al. 2007; van der Vorst et al. 2005; Visser, Winter & Reijneveld 2012), along with the place where consumption occurs (Hughes et al. 2011), alcohol's easy accessibility (Bellis et al. 2009) and alcohol pricing (Chikritzhs, Pascal & Jones 2004; Wagenaar, Salois & Komro 2009), are listed as important environmental factors with the potential to influence consumption during adolescence.

'Alcohol has become more readily available and affordable in Australia over the last decade' (Department of Health 2018, p. 15). It can be obtained from a wide range of venues located in residential areas, and it is available at most hours of the day. Studies have linked higher geographical availability of alcohol with higher levels of excess drinking among teenagers (Chikritzhs, Pascal & Jones 2004; Rowland et al. 2014). Alcohol pricing is another factor that influences an adolescent's decision to consume alcohol. Wagenaar, Salois and Komro (2009) have provided empirical evidence demonstrating that consumption of alcohol is responsive to its price. For example, premixed drinks like alcopops are inexpensive and, therefore, more available to young people who have limited money (Chikritzhs, Pascal & Jones 2004). In this study, adolescents' experiences or perceptions of environmental factors like media and entertainment and alcohol accessibility were explored. The influence of these factors on consumption has been addressed in previous studies (Ali & Dwyer 2010; Comello & Slater 2011; Dobson 2012; Jarvinen & Ostergaard 2009; Kay 2013; Stoolmiller et al. 2012). However, we are still left with limited understanding about adolescents' experiences or perceptions of how these factors influence abstinence or low-risk consumption of alcohol during adolescence. Addressing this incomplete understanding is the aim of this study.

Purpose of the study

The purpose of the study is to establish new insights into the social phenomena of alcohol consumption in an adolescent population that chooses to abstain from alcohol or to only consume alcohol at low-risk levels.

Study aim

The aim of this study is to understand what and how individual, social and environmental factors influence the decisions Australian adolescents, aged 14 to 19 years, make to abstain from alcohol use or to consume alcohol only at low-risk levels.

Study objectives

The study's objectives were to:

- identify and explore the influence of individual factors on adolescents' decisions to abstain from alcohol consumption or to consume it only at low-risk levels
- identify and explore the influence of social factors on adolescents' decisions to abstain from alcohol consumption or to consume it only at low-risk levels
- identify and explore the environmental factors that influence adolescents' decisions to abstain from alcohol consumption or to consume it only at low-risk levels.

Study questions:

1. What is the influence of adolescents' individual factors on decisions to abstain from alcohol consumption or to consume it only at low-risk levels?
2. What is the influence of social factors on adolescents' decisions to abstain from alcohol consumption or to consume it only at low-risk levels?
3. What environmental factors influence adolescents' decisions to abstain from alcohol consumption or to consume it only at low-risk levels?

Significance of the study

This study will contribute to the body of knowledge about what factors influence Australian adolescents to abstain from alcohol or to only consume it at low-risk levels. Improved understanding could inform the ways the community interacts with adolescents, and may be important for future public health policy and for education and strategy directions that aim to encourage the prevention of the onset of drinking among Australian adolescents and assist them to abstain from alcohol consumption during this significant developmental stage. This improved understanding could also contribute to influencing an Australian adolescent alcohol culture that accepts abstinence and/or low-risk alcohol consumption as an alternative cultural and social norm.

Structure of the thesis

The research is presented as summarised in the following diagram (Figure 2). An overview of the chapters is provided below.

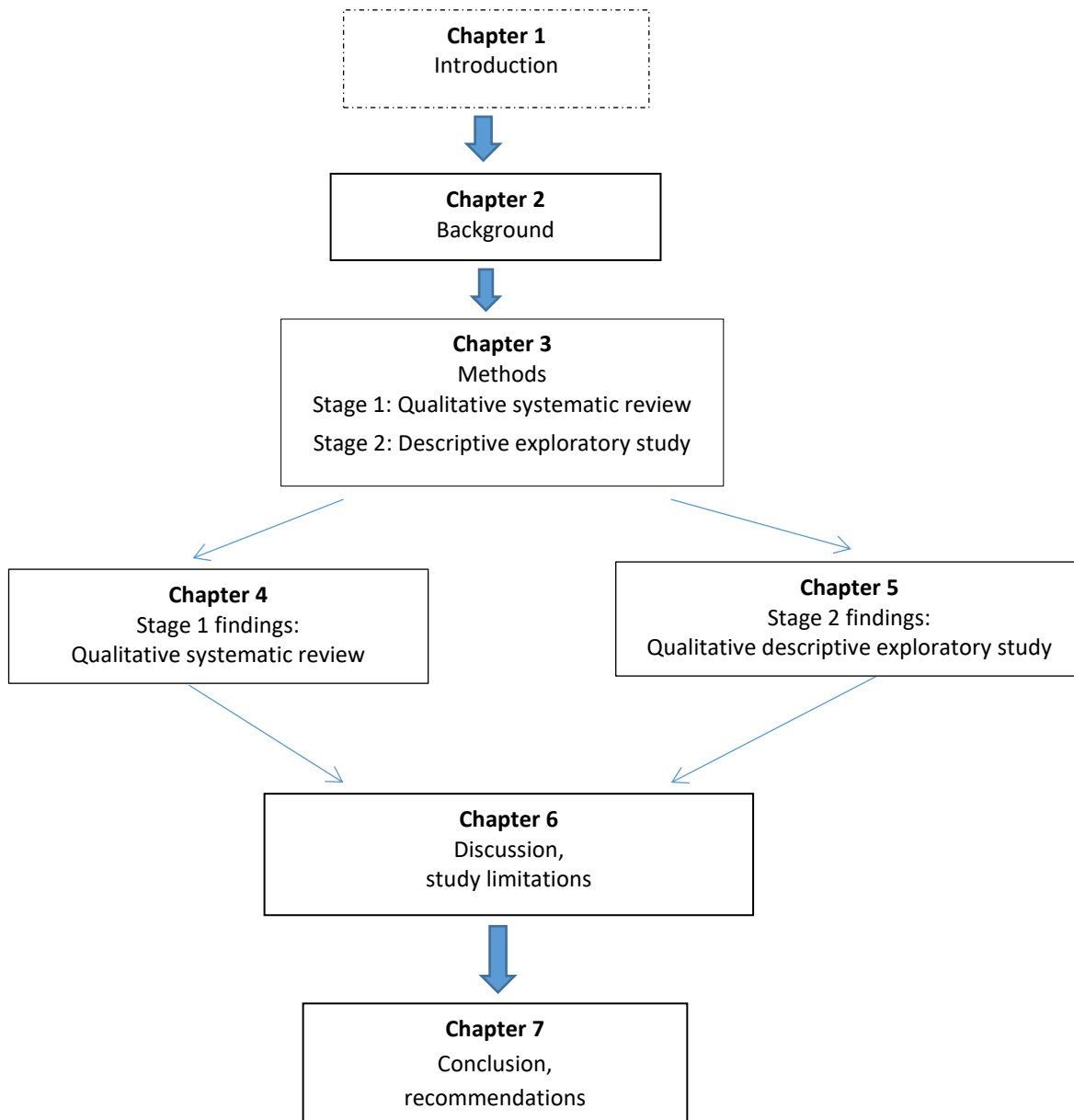


Figure 2: Diagrammatic representation of the thesis structure

Chapter 2: Background

Chapter 2 presents a thorough and comprehensive exploration of the current literature on the issue of alcohol consumption during adolescence. It provides data on current national and international patterns of consumption for adolescents, describes the factors that influence their consumption and, in more detail, describes the problems associated with consumption during this life stage.

Chapter 3: Methods

This study was conducted in two stages. Stage 1 was a qualitative systematic review; Stage 2 was a qualitative descriptive exploratory study. Justification of the research design, for each stage, is outlined. The methodologies and methods used in both stages of the study, including the processes followed and how the data were analysed, are described.

Chapter 4: Qualitative systematic review findings

Chapter 4 describes the findings of the qualitative systematic review (Stage 1). Following an extensive search of the literature, the findings of retrieved individual studies were combined in a metasynthesis to create summary statement(s). The metasynthesis was intended to be truly reflective of the influences on the decisions of Australian adolescents, aged 14 to 19 years, with regard to abstinence or low-risk alcohol consumption.

Chapter 5: Exploratory descriptive study findings

The findings of Stage 2 of the research are presented in this chapter. Following a thematic analysis of the interview data, several major themes and subthemes emerged related to the factors that influenced young peoples' decisions to be abstinent or to only consume alcohol at low-risk levels.

Chapter 6: Discussion

This chapter discusses the significance of the results, and synthesises the findings of the study to answer the question: which, and how, do individual, social and environmental factors influence the decisions Australian adolescents, aged 14 to 19 years, make to abstain from alcohol consumption or to consume it only at low-risk levels? The study's limitations are also discussed.

Chapter 7: Conclusion

In the final chapter, the new knowledge that has evolved as a result of this research is presented along with recommendations for further investigation. It summarises the major findings of the research, and its implications for community involvement, and for policies and educational programs that could be developed and implemented to enable adolescents to abstain from alcohol or to consume alcohol safely.

Chapter conclusion

This chapter introduced the study and briefly summarised the main areas of concern when considering consumption of alcohol by Australian adolescents. It also introduced a rationale for why this research was conducted. It discussed the context of the study, articulated the study's purpose and significance, and described the process of devising the study's aim and objectives.

The next chapter provides the background to the study focusing on alcohol consumption during the period of adolescence.

Chapter 2: Background

In Australia, one in five people aged 14 years or older consume alcohol at a level that places them at risk of harm from alcohol-related disease or injury over their lifetime (AIHW 2017b). As identified by Anton (2010), who is a Professor at the Centre for Drug and Alcohol Programs, Medical University of South Carolina USA and Amonini and Donovan (2006), academics from the School of Economics and Commerce at the University of Western Australia and the Centre of Behavioural Research in Cancer Control at Curtin University, alcohol consumption among Australian adolescents is a major concern from both public health and safety standpoints. By undertaking research in the area of adolescents and alcohol use, Anton (2010) has suggested that the issue of alcohol consumption by adolescents is the focus of much media attention, policy debate, healthcare expenditure, legal issues, mortality, personal suffering and social unrest. Other international research conducted by clinicians of alcohol treatment and clinical epidemiology centres, has attempted to understand why and how adolescents consume alcohol, and responses have been aimed at reducing the number of adolescents drinking (Bertholet et al. 2005). Consequently, many public health studies (Beato-Fernandez et al. 2005; Bellis et al. 2009; Chaveepojnkamjorn & Pichainarong 2010; Donovan 2004) have examined individual, social and environmental factors and their influence on adolescents' alcohol consumption. Each of these factors is known to have an effect on an adolescent's choice to initiate and continue to consume alcohol (Bartsch et al. 2017; Hughes et al. 2011). Some of the intervention strategies applied to reduce adolescent drinking target individual, social and environmental factors primarily by educating adolescents (and adults) about the dangers of adolescent drinking by promoting the 'ill-health and social disbenefits' message (Amonini & Donovan 2006, p. 277), and by restricting adolescents' access to alcohol (Roche, Steenson & Andrew 2013).

These types of interventions and research focusing on the issue of alcohol consumption during adolescence have been guided by the contextual and motivational theories of substance use proposed by Zinberg (1984), Cox and Klinger (1988) and Ajzen and Fishbein (1980). However, such interventions have failed to address or improve understandings of adolescents who do not consume

alcohol, delay the initiation to drinking alcohol or only consume alcohol in small amounts or at levels that minimise both short- and long-term harms. An outline of motivational theories of alcohol consumption forms part of this chapter. Motivational theories have been included in this discussion because they provide a reference point for understanding what individual, social and environmental factors influence adolescents' decisions to consume alcohol. However, as identified by Huang et al. (2009), what has not been explored in the literature is how our understanding of these three factors can be used to influence adolescents' decisions not to consume alcohol.

Additionally, Graber and colleagues, researchers from Schools of Psychology and Medicine in the UK have asserted that encouraging young people to consume alcohol less could have 'compelling benefits' (Graber et al. 2016, p. 79) for their health and psychological wellbeing, and benefit the broader community's health. In line with this view, it is important to note the more recent trend of reduced alcohol consumption by Australian adolescents. In Australia, it has been suggested by Pennay, Livingston and MacLean (2015), national drug and alcohol researchers, that it is time to find out why young people are starting to drink less, and to use this information to promote an alternative cultural adolescent drinking norm. Pennay, Livingston and MacLean (2015) have also suggested that a better understanding of the factors that contribute to more young people abstaining from alcohol could be leveraged in future alcohol policies and interventions applied in Australia and elsewhere around the industrialised world. Thus, they have joined other drug and alcohol researchers and recently published a systematic review and narrative synthesis (Vashishtha et al. 2019) attempting to summarise currently available data about declining adolescent alcohol consumption. By exploring existing evidence examining the potential reasons for declining adolescent drinking, the group conducted systematic searches across five databases: Medline, PsycINFO, CINAHL, Informit Health and Scopus examining literature reporting an association between declining alcohol consumption and its potential explanatory factors. 17 studies were included in their review and narrative synthesis. Substantial methodological heterogeneity in the studies was identified. Of the included studies; five found moderate evidence for changes in parental practices as a potential cause for the decline, another five, found weak evidence for alcohol policy changes

influencing the decline, three studies found no evidence for adolescents substituting illicit substances for alcohol consumption, two studies identified increase in adolescent alcohol use during times of economic crisis and another indicated that changes in exposure to alcohol advertising were positively associated with declining drinking by adolescents. One study, examining the role of immigration of non-drinking populations, found no evidence of association and the final included study was unable to provide strong evidence of association for the decline when it examined participation in organised sports and a party lifestyle as a potential cause. Ultimately, the authors concluded that studies examining shifts in parental practices provided the most robust and consistent evidence. They also suggested further research was warranted.

Despite the recency of the publication (Vashishtha et al. 2019) including studies that have addressed social and environmental factors being explored in this study too, all of the previously mentioned and timely comments have added impetus to this study, and for the aim of generating foundational knowledge about which and how individual, social and environmental factors influence young peoples' decisions to abstain from alcohol or to only consume alcohol at low-risk levels.

Little data exists on the factors that contribute to abstinence from alcohol consumption during adolescence. The main focus in discussions regarding alcohol abstinence within the literature is related to: people who have substance use disorders (Ilgen, McKellar & Tiet 2005; Jaszyna-Gasior, Schroeder & Moolchan 2007; King et al. 2009; King, Chung & Maisto 2009; Medina et al. 2007; Miller et al. 2010), people who are participating in cessation treatment programs (Torres Stone et al. 2006) and people who or are in recovery (Coffey et al. 2007). Other studies have focused on animal modelling (Lauing et al. 2008), or on investigations undertaken in non-western countries (Martinez et al. 2011) on the effect of alcohol consumption on depressive symptoms (Patten et al. 2002) or following a serious injury, for example, a car crash (Sommers, Dyehouse & Howe 2001), the effect of race and religion on substance use (but not on alcohol specifically) (Beebe et al. 2008; Wallace et al. 2003) and abstinence in older people (Burish et al. 1981). Notably, much of this literature is more than five years old and does not specifically address the study's target population or the individual, social and environmental factors outlined in Figure 1 (p. 11). Therefore, the applicability of much of

this literature to the current study's aim and purpose is extremely limited and it has not been presented and discussed as background in this chapter.

The purpose of this chapter is to present background for the study about alcohol consumption during adolescence. Although this thesis is concerned with adolescents abstaining from alcohol or consuming alcohol at safe levels, it is important to have an understanding of the Australian culture of adolescent drinking. Therefore, current national and international data on patterns of adolescent alcohol consumption in Australia and other western countries, and a discussion of what is known about the factors that influence alcohol consumption and the problems associated with its consumption during adolescence, are presented. As the researcher is attempting to apply an alternative lens to the issue of alcohol consumption during adolescence, with the aim of improving our understanding of how individual, social and environmental factors influence abstinence or low-risk consumption of alcohol in this cohort, this background information underlies the present study. It is important to mention that literature that may be considered dated, because it has been published longer than 20 years ago, has been included in the chapter (and throughout the thesis). It is included because rates of consumption of alcohol and alcohol-related harms have been over the last decades, and are still now, a pressing political issue for the Australian federal and state governments and policy-makers (Hernandez, Leontini, & Harley, 2013) and because 'Australia seems to be at a cross-roads' where macro-level approaches are no longer reducing alcohol-related harms exposing young Australians experience to a polarised alcohol culture (Caluzzi 2019, p. 519). Caluzzi's (2019) view may be reflective of recent Australian emergency department (ED) presentation data.

Despite the reducing volume of adolescents consuming alcohol, it has been established that harmful alcohol use continues to be responsible for a quarter of Australian hospital emergency department (ED) injury presentations (Chikritzhs et al. 2010; Gao & Ogeil 2018). These presentations are the highest among teenagers who are aged between 15 and 19 years of age, and have been steadily increasing in recent years among both young men and women. Lensvelt et al. (2015) verified that from 2005 to 2012 there was a 63% increase in alcohol-related ED presentations among 15 to 19 year old women. Together, this data adds to the impetus for conducting this present research.

Patterns of alcohol consumption during adolescence

This section concentrates on patterns of alcohol consumption by adolescents in industrialised countries so that the focus of the discussion will be relevant to the Australian context.

Rankin and Maggs (2006) suggested that alcohol is one of the world's most commonly used drug and Squeglia, Lindsay and Gray (2016) stated that alcohol is by far the most commonly used substance among young people. In Australia, experts have suggested that by indulging in consumption of quantities that pose both short- and long-term harms (Allsop 2013), most Australians are disregarding the view that alcohol is a drug and, therefore, associated with drug-related problems. Patterns of alcohol consumption, including during adolescence, have been studied extensively. Concern over the level of risky patterns of consumption dates back decades (Alcohol Drug Abuse and Mental Health Administration 1991; Bloomfield et al. 2003; Caluzzi 2019; Jernigan, David et al. 2017; Lam et al. 2017; Savic et al. 2016; Stevens & Mott 1996). Similar patterns of alcohol consumption are evident among adolescents in Australia (AIHW 2017b; Lindsay et al. 2009), United States of America (USA) (National Institute on Alcohol Abuse and Alcoholism 2019), the United Kingdom (UK) (NHS Digital 2019) and New Zealand (NZ) (New Zealand Government 2017). In these western, industrialised countries, alcohol consumption tends to begin in the teenage years, during which drinking sessions are 'infrequent', but large volumes of alcohol are consumed in each session (Pocuca et al. 2017).

In Australia, data about patterns of consumption are often derived from periodic national surveys such as the Australian Secondary Students Alcohol and Drug Survey (ASSADS) and the National Drug Strategy Household Survey (NDSHS). A benefit of collecting data in this way is that it promotes comparisons and enables the identification of trends across timeframes and with different nations. However, the Department of Mental Health and Substance Dependence Noncommunicable Diseases and Mental Health Cluster (2000) and Stockwell et al. (2004) have cautioned us that national consumption data reported in surveys may be underestimated and should be interpreted cautiously.

International view of problematic alcohol use by adolescents

In the USA, as far back as 1991 (Alcohol Drug Abuse and Mental Health Administration 1991), alcohol consumption by adolescents was cited as a major problem, and this view has persisted to current times (Committee on Substance Abuse 2010; Quigley and AAP Committee on Substance Use and Prevention 2019). National data prepared by the Alcohol Epidemiologic Data System (AEDS), National Institute on Alcohol Abuse and Alcoholism (NIAAA) and reported by the US Department of Health and Human Services, found that in 2013, 22.8 percent of youth aged 12 to 20 years had consumed alcohol in the past 30 days (Chen, Yi & Faden 2015). Chen, Yi and Faden (2015) also reported that the median age of initiation of drinking alcohol has increased from 13.65 years in 1991–1993 to 14.47 years in 2011–2013. Of note though, was that the data verified an interesting trend in the percentage of young people who strongly disapproved of peers regularly being involved in heavy episodic drinking or considered this pattern of consumption to be risky. A declining trend was demonstrated during the 90s but the trend was reversed in the 2000s and in the last few years, it has plateaued (Chen, Yi & Faden 2015). This data may contribute to the perception that alcohol consumption by adolescent remains problematic in the US. Initiation of alcohol consumption before adolescence has been found to be an important risk factor for suicide attempts among boys and girls in Georgia, USA (Swahn et al. 2010), and is related to chronic alcohol dependence in later life (Guttmanova et al. 2011). It has been suggested, too, that alcohol consumption by American adolescents is much more likely to be episodic and heavy ('binge drinking'), making it particularly dangerous because of the negative consequences associated with this pattern of consumption. These include: consequences related to alcohol intoxication (Deas & Clark 2009), its influence on decisions to have sex and to engage in indiscriminate forms of risky sex (including multiple and casual partners) (Cooper, 2002), death due to alcohol-related causes (Boulard 2005) and increased risk of developing diabetes, heart disease and hypertension in later life (Kerr 2010). All of these studies have highlighted the importance of delaying alcohol initiation.

Patterns of alcohol consumption during adolescence appear to be context-related. For example, acceleration of consumption in the USA's rural areas is faster than national levels and is at increased

levels compared with that in urban areas (De Haan & Boljevac 2009). Alcohol use is widespread in North American college campuses, with heavy drinking considered to be relatively normal (Rankin & Maggs 2006) and believed to be a rite of passage from childhood to adulthood (Butler 1990; Pettigrew et al. 2012). There are similar patterns of consumption by adolescents living in rural areas in a number of western cultures (Chan et al. 2016), including Australia, where it has been reported that rural adolescents disproportionately consume high levels of alcohol, and are at higher risk of alcohol-related harm (Chan et al. 2016).

In the UK there are similar concerning patterns of alcohol consumption by adolescents. In a systematic review of the impact of alcohol consumption on young people, Newbury-Birch et al. (2009) found that the proportion of young people aged between 11 and 15 who reported having consumed alcohol decreased from 62% to 54% between 1988 and 2007 in England, but the volume consumed by the young people who drank increased from 6.4 units per week in 1994 to 12.7 units per week in 2007 (in contrast to Australian standard drink measures, in the UK, a unit of alcohol equals 10mL or 8g of pure alcohol), while the proportion of current drinkers drinking at risky levels remained the same (White & Smith 2009b). Additionally, Newbury-Birch et al. (2009) found the largest increase in alcohol use was seen in 14 year olds who increased their alcohol consumption from 6.1 to 9.9 units per week over this period. This increase was not gender-specific: in both boys and girls there was a substantial increase in the amount of alcohol consumed. In this group, one in four young people aged 14 years reported consuming over 10 units of alcohol on their last drinking occasion. By the time the adolescents were aged 15, this proportion had increased to one in three (Newbury-Birch et al. 2009).

In Ireland, it has been reported that the decade of economic growth and prosperity occurring up to the mid-2000s, combined with a convergence of rural and urban cultures, contributed to increasing availability and consumption of alcohol (and other drugs) (Van Hout 2009). Moreover, the authors identified rural Irish adolescents as being at increased risk of problematic alcohol consumption rates when compared to urban youth due to their increased exposure to alcohol, increased contact with urban adolescent drinkers, unstructured recreational time and poorer parental monitoring.

Adolescent drinking in rural Australia and the US is likely to follow similar patterns. When Coomber et al. (2011) compared rural adolescent alcohol use in students from in Victoria, Australia, and Washington State, USA, they found that early adolescent rural students in both settings consumed alcohol in greater volumes and with more frequency than their urban counterparts.

In Europe, trends regarding alcohol consumption among adolescents have been described by van der Vorst, Engels and Burk (2010, p. 105) as 'alarming'. As an example, in Norway in 1992, alcohol use by adolescents was deemed a serious social and medical problem (Harrison et al. 2011). Demant and Järvinen (2011) found in their longitudinal study of 18 to 19 year-old Danes that heavy drinking was one 'way of presenting oneself as a socially engaged and popular young adult' (2011, p. 94), and that a view of 'controlled drunkenness' (2011, p. 91) existed. A view like this has the potential to send a message to young people that if they abstain from alcohol consumption or choose to drink only at low-risk levels, they may be seen as not socially engaged or popular. Typically, adolescents seek to be included in particular social groups, so conforming to current patterns of consumption becomes important and, in turn, influences social norms (Cheadle, Walsemann & Goosby 2015; DeHaan & Boljevac 2010; Donovan 2004; van der Vorst, Engels & Burk 2010).

Australian context

Risky alcohol consumption among adolescents is cited as a major public health, health education and health promotion issue in Australia (Harrison et al. 2011) too. The most recent national patterns of consumption data reported by Australia's two major surveys, the ASSADS and the NDSHS. The findings of the two surveys are now summarised.

Summary of data from the National Drug Strategy Household Survey and the Australian Secondary Students Alcohol and Drug Survey

The NDSHS is undertaken to provide cross-sectional data on alcohol (and other substance) use in Australia, and it is used to inform Australia's National Drug Strategy. The latest survey published in 2017, included over 24,000 participants aged over 12 years. Measurements of community attitudes towards alcohol (and other substances) and information about respondents' awareness of community support for various drug-related policies were also included in the survey data. The 2017

NDSHS was the thirteenth in a series of household surveys conducted by the Australian Government. The data provided a useful reference point for this study's population of interest.

Another important data source specifically addressing alcohol consumption among adolescents in Australia is the ASSADS. The latest survey (White & Williams 2016), conducted during the 2014 academic year, was the eleventh survey in a series that commenced in 1984. This survey assesses substance use in a purely adolescent population, and may be more pertinent to inform current patterns of consumption for this background, even though adolescents aged 18 and 19 years were not included. In the most recent survey, slightly more than 23,000 secondary students aged between 12 and 17 years participated. They were asked about their lifetime and current use of alcohol (and tobacco, analgesics, tranquilisers and illicit substances) and related behaviours. Prevalence estimates of alcohol use by male and female students aged between 12 and 17 years were presented in 'younger' student (12 to 15 years) and 'older' student (16 to 17 years) cohorts. Usefully, the latest survey compared estimates found in 2014 with those from surveys conducted in 2011 and 2008.

Overall, consumption of alcohol by Australian adolescents is decreasing, with the majority (82%) of 12 to 17 year olds deciding to abstain from alcohol use (AIHW 2017a). The age of initiation to alcohol is also increasing (Figure 3) (AIHW 2017a). The combination of these facts can be perceived as a 'good news story' about adolescent alcohol consumption. However, according to Professor Steve Allsop (Allsop 2017), there is also a not-so-good news story relating to the number of adolescents continuing to consume risky amounts of alcohol. As highlighted earlier (see pp. 3 - 6), this pattern of heavy episodic consumption places Australian adolescents at high risk in both the short and long terms (Allsop 2017). Australian adolescents have been categorised as being either abstainers or low-risk consumers of alcohol or as 'binge drinkers'. The ASSADS defined 'binge drinking' as the consumption of five or more standard drinks of alcohol on one occasion in the past week (White & Williams 2016).



Figure 3: Summary of NDSHS results regarding alcohol

Source: AIHWa (2017a, p. 33).

The latest ASSADS survey provides an estimate of Australian secondary students' alcohol consumption and the extent to which their alcohol consumption has permeated the current Australian adolescent culture (White & Williams 2016). To illustrate this, the researcher of this study summarised and compared the latest ASSADS and NDSHS data. However, when the researcher conducted the comparison (Table 1) between the two surveys, she identified the different use of terms used to describe current adolescent drinking patterns. For example, in the NDSHS, a recent drinker was defined as someone who had consumed at least one serve of alcohol in the last 12 months (AIHW 2017a, p. 8) which was consistent with the ASSADS' category of 'used alcohol in the past year'.

Table 1: Lifetime experience and current use of alcohol by age and sex, Australia, ASSADS 2014 and NDSHS 2016

Surveys	ASSADS		NDSHS	
	Age (years)			
	12–17 (%)	12–17 (%)	14–19 (%)	
Never used	32.0	77.8	53.0	Never used
Used in the past year	45.1	20.0	45.3	Recent drinker
Used in the past month	25.0	18.6	36.3	Less than weekly
Current drinker (consumed alcohol in the past 7 days)	14.6	1.4	9.0	Weekly
Single occasion risky drinker (drank five or more drinks on one day in past seven days)	4.9	5.4	18.0	Single occasion risk had more than four standard drinks on one occasion at least once a month

Adapted from: White & Williams (2016, p. 41); AIHW (2017).

The ASSADS data shows that alcohol use was more common with increasing age. Only 19% of 12 to year olds had consumed alcohol in the year preceding the survey, compared to 76% of 17 year olds. Overall, only 32% of all students reported never consuming alcohol (White & Williams 2016).

The same trend recurred in current drinkers (in the ASSADS, ‘current drinkers’ were defined as having consumed alcohol in the week preceding the survey). That is, the number of current drinkers also increased with age, peaking among 17 year olds at 35% for boys and 37% for girls. A gender variance was detected in the 12, 13 and 15 year-old students. Fifteen-year-old girls were more likely to drink than their male counterparts, whereas 12 and 13 year-old male current drinkers outnumbered their female counterparts.

In reference to 'binge' or heavy episodic drinking, the percentage of all students increased from 2% of 14 year olds to 17% of 17 year olds, with more male than female adolescents drinking at risky levels at age 12, 15, 16 and 17 (see Table 2).

Table 2: Alcohol consumption among students who drank in the week before the survey (current drinkers) by age group and sex, Australia, 2014

Drinking behaviour	12 to 15 years			16 to 17 years			12 to 17 years		
	Males (n=715)	Females (n=643)	Total (n=1358)	Males (n=1012)	Females (n=976)	Total (n=1988)	Males (n=1727)	Females (n=1619)	Total (n=3346)
Number of drinks in past seven days[^]									
Mean	5.5	3.9	4.7	8.6	5.4	6.8	7.3	4.8	6.0
(se)[‡]	(0.3)	(0.2)	(0.2)	(0.3)	(0.2)	(0.2)	(0.2)	(0.1)	(0.1)
% five or more drinks on one occasion[#]	24.4%	16.4%	20.6%	52.3%	33.6%	43.1%	40.7%	26.8%	34.0%

[^] Means are based on unweighted data. Respondents indicating they consumed more than 20 drinks on any one day excluded from calculations of means.
[‡] (se) Standard error
[#] Percentage of current drinkers consuming five or more drinks on one occasion in the past seven days

Source: White & Williams (2016, p. 44).

The ASSADS also gathered data about changes over time of secondary students' drinking behaviour. It did this by examining the key indicators of 'lifetime use, use in the past month, use in the past seven days (current drinking) and consumption of five or more drinks on one occasion in the past seven days among all students and among current drinkers' (White & Williams 2016, p. 44) (see Figure 4 and Figure 5).

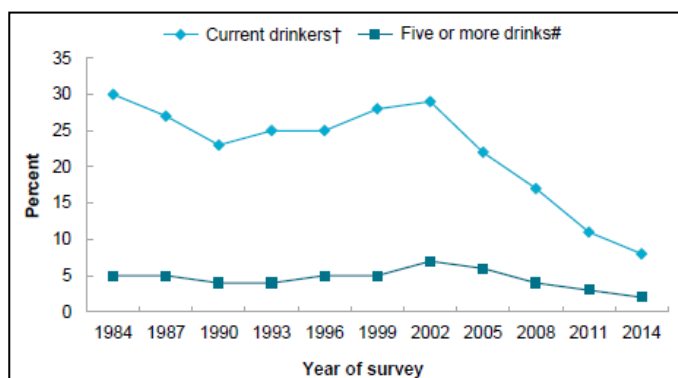


Figure 4: Proportion of 12 to 15 year olds drinking in the seven days before the survey (current drinkers) and the proportion drinking five or more drinks on a single occasion in the past seven days, Australia, 1984–2014

Source: White & Williams (2016, p. 45).

Results of the most recent ASSADS showed that for 12 to 15 year olds, the prevalence of current drinking declined during the 1980s, increased in the 1990s, peaked in 2002 and then began to decrease again. Importantly, the prevalence of risky drinking in this age group decreased between

2002 and 2014, though this was not nearly as significant as the change noted in current drinkers. Because the NHMRC guidelines (NHMRC 2009) state that no alcohol is the safest option for adolescents younger than 18 years, Thornton and Leidl (2017), Australian researchers associated with 'Positive Choices', a drug and alcohol information centre, stressed that we must be concerned, first, that young people's initiation to alcohol mostly occurs during adolescence, and, second, by the number of young people still consuming alcohol at risky levels despite this reported reduction in adolescent drinking (Allsop 2017).

The same overall trend was demonstrated in older students aged between 16 and 17 years who were current drinkers (see Figure 5).

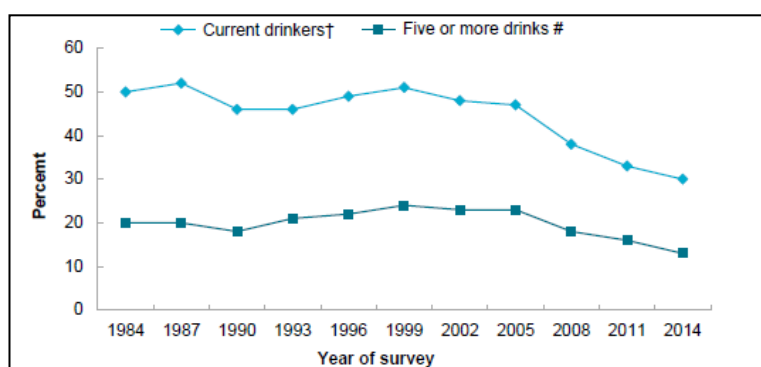


Figure 5: Proportion of 16 and 17 year olds drinking in the seven days before the survey (current drinkers) and the proportion drinking five or more drinks on a single occasion in the past week, Australia, 1984–2014

Source: White & Williams (2016, p. 46).

For students aged between 16 and 17 years, the trend of male and female students consuming alcohol in their lifetime decreased from 2008 to 2011 and again in 2014. When examining the results for consumption of alcohol in the last month, a decrease was detected when comparing more recent ASSADS data to ASSADS 2008 data, but there was no statistical difference noted between 2011 and 2014 for either male or female students. The results were similar for the proportion of 16 to 17 year olds who had consumed alcohol in the week before the survey. It will be interesting to reflect on the next survey's results in light of this plateau because prevention strategies specifically targeting this group may be useful. Table 3 summarises the percentage of students involved with alcohol at different levels in the last three surveys conducted and reflects these findings.

Table 3: Percentage of students involved with alcohol at different levels in 2008, 2011 and 2014 by age group and sex, Australia

Recency period	12 to 15 years			16 to 17 years			12 to 17 years		
	2008 (%)	2011 (%)	2014 (%)	2008 (%)	2011 (%)	2014 (%)	2008 (%)	2011 (%)	2014 (%)
Lifetime									
Males	78.6**	70.0**	61.7	91.1**	88.2**	83.7	82.0**	75.2**	68.1
Females	78.2**	65.5**	60.2	92.3**	90.3**	86.1	82.3**	72.8**	67.9
Total	78.4**	67.8**	60.9	91.7**	89.3**	84.9	82.1**	74.0**	68.0
Past month									
Males	28.9**	20.6**	15.6	61.8**	52.2	47.3	37.7**	29.6**	24.8
Females	27.5**	18.4**	15.4	59.0**	53.2	47.7	36.4**	28.7**	25.1
Total	28.2**	19.5**	15.5	60.4**	52.7**	47.5	37.1**	29.1**	25.0
Current drinkers (consumed alcohol in past seven days)									
Males	17.1**	12.2**	8.7	41.4**	34.0	29.8	23.6**	18.4**	14.8
Females	16.1**	10.2**	8.2	35.3**	31.0	29.2	21.6**	16.4	14.5
Total	16.6**	11.2**	8.4	38.3**	32.5	29.5	22.6**	17.4**	14.7
Consumed five or more drinks on one occasion in the past seven days –									
All students									
Males	4.1**	3.2	2.1	21.1**	17.9	15.5	8.6**	7.4	6.0
Females	3.5**	2.1**	1.3	14.6**	13.3	9.7	6.6**	5.4**	3.8
Total	3.8**	2.7**	1.7	17.8**	15.6	12.6	7.7**	6.4**	4.9
Current drinkers									
Males	24.1	26.6	24.4	51.1	53.1	52.3	36.8	40.5	40.7
Females	21.6	20.4	16.4	41.6**	43.0**	33.6	30.9**	33.1**	26.8
Total	22.9	23.8	20.6	46.6	48.2	43.1	34.0	37.0	34.0

** Significantly different from 2014 at p <0.01.

^a As of 2009, NHMRC drinking guidelines recommend that abstaining from alcohol consumption is the safest option for young people under the age of 18 years. Given this recommendation, the proportion of students who have reported to have ever had an alcoholic drink in their lifetime or to have consumed alcohol in any of the recency periods listed above reflects the proportions of students who do not adhere to this guideline.

Source: White & Williams (2016, p. 47).

Assessment of the number of students who had consumed five or more alcoholic drinks on one occasion in the last two weeks, four weeks, year and lifetime before the survey was also included in the ASSADS. Overall, a third (32%) of all students reported drinking five or more drinks on one occasion, with a greater proportion of older students doing so over each of the survey's specified time periods. For younger students, boys were more likely than girls to report drinking five or more alcoholic drinks on at least one occasion in the last two weeks. Among older students, boys were more likely than girls to report drinking five or more alcoholic drinks on at least one occasion in the last two weeks and in the last four weeks. The NDSHS provided similar data suggesting 0.7% of 12 to 15 year olds, 14.6% of 16 to 17 year olds and 36.9% of 18 to 19 year olds consumed more than four standard drinks on one occasion at least once per month (AIHW 2017b). Despite a statistically significant reduction in the number of young people 'binge drinking' in 2016 compared to 2013, the data presented above demonstrate that the issue of young people drinking dangerously is a persistent one. In response to the survey data, Bitá (2013), National Social Editor of News Corp

Australia Network, Kisely et al. (2011), a group of Australian researchers, and Müller et al. (2010), European researchers, have all called for more community responses to keep young people safe. Kerin (2016) has suggested that Australian adolescents must be provided with alternative messages about the consumption of alcohol to reduce harm in the short and long term. This view may have led to the development of plans, programs and strategies congruent with Australia's harm minimisation philosophy (see pp. 4 - 8). However, understanding what young people themselves perceive about the influence of individual, social and environmental factors on abstinence or low-risk drinking may provide more effective means to structure messages promoting abstinence or the safe consumption of alcohol during adolescence.

The students were also surveyed about the types of alcohol they consumed. In the ASSADS, adolescents were asked to indicate their 'usual drink'. If they indicated more than one drink, they were excluded from the analysis, and thus the survey results may be skewed because only 66% of all 12 to 17 year-old current drinkers provided only one usual drink type (White & Williams 2016). The implications of this exclusion were not discussed. The data for alcohol types were reported across all ages, and showed that 35% of current drinkers usually drank premixed spirits and 21% consumed spirits that were not premixed. The consumption of premixed spirits was statistically significant; it was more common among girls than boys for both younger and older students. For male students in both age groups, the usual type of alcohol consumed was beer. Older current drinkers reported they were more likely to consume cider or spirits. The data were then compared to the 2008 survey results. This comparison revealed a significant reduction in the proportion of male students consuming spirits in 2014.

Access to alcohol was another item assessed in the survey. The data are summarised in Table 4.

Table 4: Most common ways current drinkers accessed their last alcoholic drink by age group and sex, Australia, 2014

	12 to 15 years			16 to 17 years			12 to 17 years		
	Males (%)	Females (%)	Total (%)	Males (%)	Females (%)	Total (%)	Males (%)	Females (%)	Total (%)
Did not buy, supplied by:									
Parents	37.3	38.6	37.9	34.1	41.7	37.9	35.4	40.5	37.9
Siblings	7.8	10.1	8.9	8.4	8.7	8.5	8.1	9.2	8.7
Took from home	10.6	7.2	9.0	2.6	1.2	1.9	5.9	3.5	4.7
Friends	22.2	24.0	23.1	23.5	19.0	21.3	23.0	21.0	22.0
Someone else bought	13.9	14.2	14.0	20.4	24.2	22.3	17.7	20.3	19.0
Bought from:									
Liquor store/supermarket/bottle shop	0.7	0.2	0.5	4.9	1.8	3.3	3.2	1.2	2.2
Bar/Pub/RSL	0.5	0.5	0.5	0.9	0.5	0.7	0.8	0.5	0.6
Restaurant	0.2	0.1	0.1	0.2	0.4	0.3	0.2	0.3	0.2

[^] Current drinkers: students who drank on any of the past seven days.
[#] Additional sources of alcohol were included in the survey. As only the most common sources are shown, percentages do not add to 100%.
[†] Percentages exclude responses from students who gave more than one source of alcohol.

Source: White & Williams (2016, p. 51).

Parents were the most common source of alcohol for all students aged 12 to 17 years. The ASSADS indicated that 38% of students were given their last drink by their parents. Younger students were more likely than older students to go to their parents for their alcohol supply. Younger current drinkers aged 12 to 15 years obtained alcohol from friends (23%) more commonly than from someone else (14%). Older current drinkers indicated they obtained their last alcoholic drink from friends or that it was supplied by someone else. Notably, among current drinkers, 2% of 12 to 15 year olds and 6% of 16 and 17 year olds indicated they had been able to purchase their last alcoholic drink independently. In this survey, students indicated that the ‘someone else’ who bought their last alcoholic drink was most likely a friend aged over 18 years (73%). As with data presented earlier, the evidence resulting from the ASSADS suggests that targeting older adolescents with regard to supplying alcohol to friends or younger adolescents may be a strategy to address supply issues affecting adolescent drinking.

The location of consumption was the next item assessed by the ASSADS survey (see Figure 6). In 2014, 83% of students who were current drinkers indicated that they drank their last alcoholic drink in one of three places: at a party, at the family home or at a friend’s home. Of this group, approximately 35% of all current drinkers reported having last consumed alcohol at a party and 31%

last consumed alcohol at home. The number of students consuming alcohol at a friend’s house reduced (18%). However, older current drinkers (16 and 17 year olds) were more likely to have had their last alcoholic drink at a party or at a friend’s house. Of all students aged between 12 and 17 years, 64% of current male and female drinkers reported they had been supervised by an adult when they consumed their last alcoholic drink. The proportion of male and female current drinkers drinking their last drink at home (78%), at party (61%) or at friend’s home (48%) under adult supervision was established. Notably, current drinkers reporting that alcohol was last consumed at a friend’s house proved to be the least likely to report adult supervision. When these three sites were used to establish drinking behaviours, it was determined that across all ages, current drinkers consumed less alcohol per week if it was obtained from parents. For younger students, the average number of drinks consumed was also lower if alcohol was supplied by parents. Across all students, the general pattern of consumption was lower if drinking occurred at home rather than at a party or at a friend’s house. This data suggests that parents may be useful participants in any strategy that aims to reduce the consumption of alcohol by adolescents.

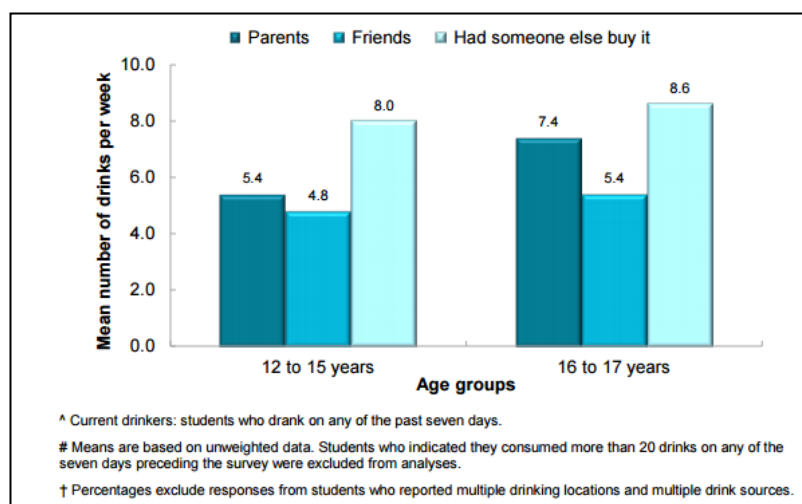


Figure 6: The average number of drinks consumed in the past seven days by 12 to 15 year-old current drinkers[^] (left) and 16 and 17 year-old current drinkers[^] (right) who drank their last drink at a party, by source of alcohol, Australia, 2014^{#†}

Source: White & Williams (2016, p. 56).

For students across all ages who consumed their last drink at a party, they consumed less alcohol per week if it was purchased by their friends or parents and more if purchased by someone else. Overall, older students consumed more alcohol than younger ones. A recent Australian study undertaken by

(Mattick et al. 2018) contradicts this finding because in their study they reported that parental supply of alcohol is 'associated with risk, both directly and indirectly through increased access to alcohol from other sources' (p. e64). Importantly, Mattick et al (2018) also stated there was no evidence that parental supply of alcohol protected adolescents from adverse drinking outcomes.

The ASSADS survey also assessed how students saw themselves in relation to their consumption of alcohol. Students selected a label they believed best described their drinking behaviours. The labels were predetermined and included: 'non-drinker', 'occasional drinker', 'light drinker', 'party drinker' and 'heavy drinker'. No definition for these labels was provided in the report. Just over 72% of all students selected the non-drinking option with the proportion of them doing so decreasing with age for both male and female students. Conversely, the proportion of male and female students who described themselves as occasional drinkers increased with age, peaking with 25% of 17 year olds. In addition, 31% described themselves as 'party drinkers'. More female students opted for the 'party drinker' label than male students. Male students were more likely to describe themselves as 'heavy drinkers'. In contrast to data presented earlier, when analysing the data for this particular survey item in which young people themselves labelled their drinking behaviour, it appeared that parents were the most common source of alcohol for the older party drinkers, but that for the younger party drinkers, it was friends who mostly supplied the alcohol.

The ASSADS gathered data about the negative outcomes' students experienced after consuming alcohol, and about young people's intentions to get drunk in the 12-month period preceding the survey. In this section, students were able to select more than one negative outcome. In total, almost two-thirds of all students (61%) had experienced more than one negative outcome during the last 12 months, and in line with increasing consumption with age, older students experienced at least one more negative outcome than younger students. There was no difference between male and female students: 37% said they had vomited, 35% said they had tried a cigarette, 24% cited having an argument and 21% reported trying other drugs. The proportion of students reporting negative consequences associated with their alcohol use increased with increasing age, and generally more male than female students reported a negative outcome associated with alcohol consumption. In

reference to their intention to get drunk, the survey established that around a third of students (34%) intended getting drunk most or every time they consumed alcohol, and older students were more likely to consume alcohol with the intention of getting drunk compared to younger ones. Among the older students, more boys than girls consumed alcohol with the intention of becoming intoxicated. These results confirm the comments made by Teesson, Newton et al. (2011) suggesting that strategies initiated, as part of harm minimisation, to combat adolescent drinking have been more successful in low-risk drinkers, and those by Allsop (2017) and Caluzzi (2019), who said Australian adolescents are now polarised – either abstaining or drinking at risky levels.

Factors known to influence alcohol consumption by adolescents

Empirical studies (Commasco et al. 2010; Kong & Bergman 2010) have explored the motivations of adolescents regarding alcohol consumption, and public health studies (Munro & de Wever 2008; Stockwell et al. 2012) have investigated how adolescents' individual factors affect their motivation to consume alcohol. Therefore, motivational theories and their effect on individual, social and environmental factors, as outlined below, have been considered and summarised in this chapter. In doing so, it became clear that motivational theories of alcohol consumption did not adequately explain their effect on adolescents' decisions to abstain from or resist drinking.

Motivational theories of alcohol use as a guide to determining the influence of individual factors on adolescents' decisions about alcohol consumption

A number of motivational theories for alcohol use have been proposed. For this thesis, theories from Zinberg (1984), Cox and Klinger (1988) and Ajzen and Fishbein (1980) are discussed in particular because each highlights a number of individual, social and environmental factors significant in adolescence and used as vital factors in the current investigation.

One of the first motivational models used to explain substance use was formulated by Zinberg (1984). Although this model was initially developed to explain other drug use, it is equally applicable to motivations for alcohol use. It contends that three interactive determinants must be considered in order to understand what drives an adolescent to consume a substance like alcohol, and how the

substance could affect the adolescent. The three determinants of Zinberg's model are: the substance, the person and the environment; each of the three factors is interrelated (see Figure 7).

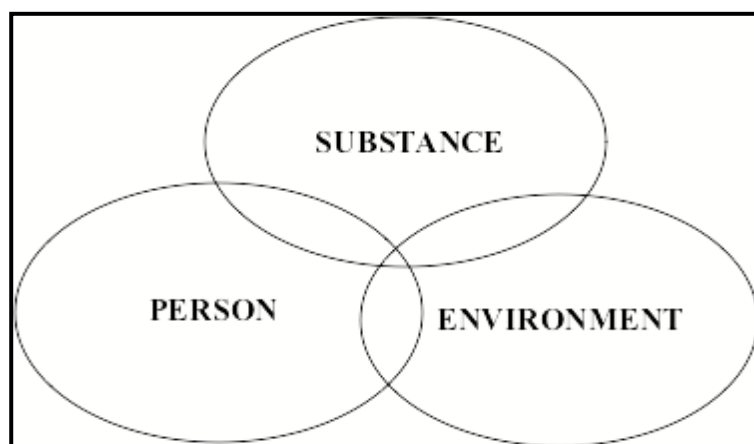


Figure 7: Zinberg's model

In the context of this study, the 'substance' under discussion is alcohol. Its pharmacological action on adolescents, 'the person', varies by their characteristics including gender, culture, age, physical and mental health, personality, personal experiences, family influences and reasons for drinking. Their mood and attitude at the time of alcohol use, as well as the context or 'environment' (such as the place, availability of alcohol, who they are with and the situation) in which alcohol consumption occurred, is the final linked determinant. Zinberg's stated:

It was becoming obvious that in order to understand the drug experience I would have to take into account not just the pharmacology of the drug and the personality of the user (the set) but also the physical and social setting in which use occurred. (Zinberg 1984, p. x)

These factors were utilised by the researcher in this study when considering the theoretical framework of this research (Figure 1, p. 11) to isolate the particular individual, social and environmental factors and investigate their influence on adolescents' decisions to abstain from alcohol or to consume it at low-risk levels (see Appendix I: Interview schedule).

Cox and Klinger (1988) proposed a second motivational model of alcohol use. Essentially, their model suggests that a common pathway to alcohol use was motivational: a person would decide consciously or unconsciously to consume or not consume alcohol according to whether or not they

expected the positive affective consequences of drinking to outweigh the consequences of not drinking.

This model took into account all the various elements known to affect people's social drinking decisions, experiences and contexts, and how these were interrelated. It has been included as part of the study's background because each element can be equally applied to an adolescent cohort. In the context of adolescent drinking, adolescents and alcohol are not considered isolated elements, rather both elements are interrelated. When combined with adolescents' social context and physical environment, this dynamic influences the experience and outcome of adolescent alcohol use. Cox and Klinger (1988) said the primary determinants of people's motivation to use alcohol were the desired pharmacological effect and social and/or personal rewards to be gained. Consequently, they ultimately proposed and defined four categories of motivation:

1. *enhancement*: drinking is used to enhance positive mood or wellbeing, thus 'enhancement' is described as an internally generated positive reinforcement motive
2. *social*: drinking is used to obtain social rewards, thus 'social' is described as an externally generated positive reinforcement motive
3. *coping*: drinking is used to reduce or regulate negative emotions, thus 'coping' is described as an internally generated negative reinforcement motive
4. *conformity*: drinking is used to avoid social censure or rejections; thus 'conformity' is described as an externally generated negative reinforcement motive.

The Cox and Klinger model aimed to provide answers to questions about why a person drinks. As such, the model had practical and heuristic value for this study by taking into account the influence of a number of factors like past experience with drinking and current life situation. These factors form the expectations of affective change from drinking, and are modulated by a person's neurochemical reactivity to alcohol. This point highlights the complementary nature of Cox and Klinger's (1988) model and Zinberg's (1984) model, and confirms that the individual, social and environmental factors being investigated by this study are useful. Support for both models has also been provided by Cooper (1994) who suggested that:

motivational models of alcohol use rest on two fundamental premises. First, all advance the intuitively appealing notion that people drink in order to attain certain valued outcomes (Cox & Klinger 1988). Second, they share – either implicitly or explicitly – the assumption that drinking behaviour is motivated by different needs or serving different functions is characterised by unique patterns of antecedents and consequences (Cooper 1994, p. 117).

Even though Zinberg's and Cox and Klinger's models were developed some time ago, they were more recently validated by Comasco et al. (2010) who found that people, including adolescents, may be motivated to drink alcohol for enjoyment in their social setting, to relax or alter their mood, or to try to escape from psychological or other problems in their lives. Comasco and colleagues' (2010) validation has supported the inclusion of Zinberg and Cox and Klinger's motivational models in the theoretical framework of this study.

The final theory to offer an explanation for the consumption of alcohol by adolescents was the 'theory of reasoned action' (TRA). This theory claims that it can identify and measure an adolescent's reasons and/or motivations to consume alcohol. This theory posits a structure that can identify and measure the underlying reasons for a person's intent to behave a certain way (or not) (Ajzen & Fishbein 1980). This theory focuses on a person's 'intention' to behave a certain way. An 'intention' is described by Ajzen and Fishbein (1980) as a plan or likelihood a person has for behaving in a particular way in given situations —whether or not they actually follow through with the behaviour. For example, an adolescent who was thinking about consuming alcohol intended or planned to drink, but, may or may not actually follow through on that intent. The theory was summarised by the following equation:

$$\textit{Behavioural Intention} = \textit{Attitude} + \textit{Subjective norms}$$

The model was represented diagrammatically, as shown in Figure 8.

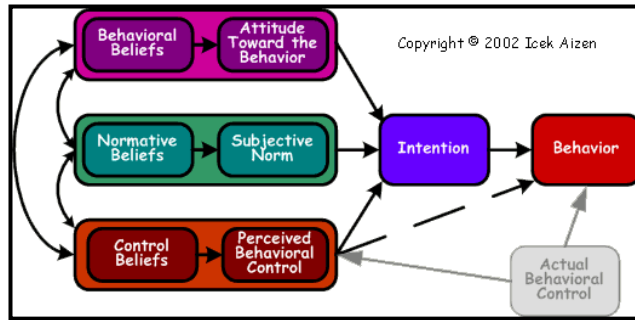


Figure 8: Conceptual model of the theory of reasoned action

Source: Ajzen (1991).

Within the TRA, the main determinant of behaviour is intent; however, it also takes into account a person's (or population's) attitudes towards that particular behaviour, including the subjective norms of people and groups that influence attitudes pertaining to the said behaviour.

Attitudes towards a particular behaviour will be influenced by personal beliefs about the outcome of the behaviour, and how the potential outcome of the behaviour is evaluated by an individual. An important aspect of a personal attitude is whether or not the outcome turned out to be positive, negative or neutral. The TRA has been useful in exploring adolescents' individual factors, and their interrelationship with social and environmental factors that might influence alcohol consumption. For example, subjective norms could be influenced by an individual's perceptions of the beliefs of those around them, people such as parents, friends, colleagues, partners, and whether they would approve or disapprove of the behaviour. Thus, the TRA has been used to explain and predict adolescent alcohol consumption because it focuses on cognitive factors, beliefs and values.

The influence of families as a guide to determining the influence of social factors on adolescents' decisions about alcohol consumption

National and international studies have investigated the influence of families on adolescent's decisions about alcohol consumption. Families play an important role in the development of problems with alcohol (and other drugs) among children and adolescents (Committee on Substance Abuse 2010). Parental drinking behaviours have been proven to be a direct channel of influence on their children (Allsop 2012). Adolescents can be influenced not only by parents' consumption, but siblings' patterns of alcohol use and parents' restrictive or permissive attitudes towards drinking

(Kinard & Webster 2010; Stoolmiller et al. 2012). Children were more likely to consume alcohol if one or both parents modelled alcohol consumption (Rossow et al. 2016). van der Vorst, Engels and Burk (2010) found in 15-year-old boys (but not girls) that drinking patterns at home predicted the drinking pattern outside of home one year later. Conversely, parental norms discouraging adolescent drinking appeared to moderate their children's alcohol consumption (Čablová, Pazderková & Mioviský 2014). In the same way, if parents monitored their children's alcohol use, consumption was reduced.

Parental styles also influenced the consumption of alcohol by their children (van der Vorst, Engels & Burk 2010). Jarvinen & Ostergaard (2009) found that parents with authoritarian practices were less successful than parents who instituted an authoritative style (Jarvinen & Ostergaard 2009) in dissuading alcohol use by their children. Jarvinen & Ostergaard (2009) undertook a Danish study of 2000 adolescents, which revealed a strong relationship between parents' attitudes and rules and the rate of heavy episodic drinking in their children. This study concluded that children will 'binge drink' more if their parents display lenient attitudes and rules.

[The influence of peers as a guide to determining the influence of social factors on adolescents' decisions about alcohol consumption](#)

Another potent influence on adolescent drinking was peers. Ali and Dwyer (2010) found that peers can provide alcohol, teach their contemporaries why and how to consume alcohol, and provide a social environment that reinforces alcohol consumption. Hence, perceived social norms can be indirectly influenced by peer behaviour. Adolescence is a time when conforming to social norms enables acceptance into a social network, and there is greater likelihood of alcohol consumption if this is the peer group norm.

[The influence of media and advertising as a guide to determining the influence of environmental factors on adolescents' decisions about alcohol consumption](#)

In Australia, other environmental factors like the wider Australian alcohol culture – with about 77% of the population reporting having consumed alcohol in the past 12 months (AIHW 2017a), the relative ease in obtaining alcohol by under-age drinkers (Bellis et al. 2009) and frequent exposure to

advertisements glamorising and normalising drinking particular alcohol products (Chen, 2013; Dallas 2013; Dobson 2012; Kinard & Webster 2010; Stoolmiller et al. 2012) – affected adolescent drinking.

It has been argued that exposure to alcohol advertising is a substantial influence on alcohol use (Jernigan et al. 2004; Nunez-Smith et al. 2010), with greater exposure linked to positive attitudes towards alcohol consumption (Kinard & Webster 2010). In Australia, total alcohol advertising expenditure was estimated to be \$AUD3.4 billion between 1997 and 2011 (White et al. 2015). Alcohol marketing and promotion utilise many media avenues including: broadcast media, the internet, product placement and associate alcohol beverages with sporting events, such as motor sports, rugby or football – each of which are attractive to adolescents. Media including television, movies, billboards and the internet advertise the use of alcohol without portraying the negative aspects associated with its consumption (Jernigan et al. 2004). In a study conducted by Jernigan et al. (2004), adolescents were exposed to 45% more beer and ale advertisements, 12% more distilled spirit advertisements, 65% more ‘alcopop’ advertisements and 69% more wine advertisements than people who were aged over 21. Alcohol advertisements were positively associated with consumption because within them young people were forced to consider their ‘own reality’, or the advertisements were aimed at making adolescents believe in their own ‘veracity’ (Faria et al. 2009, p. 441). In most cases, only favourable stereotypes were used to sway adolescents to believe they, too, could be attractive, successful and healthy (Kinard & Webster 2010). As further authentication of the influence of alcohol advertising, 80–95% of Hollywood-produced movies depicted either or both alcohol use and alcohol brands positively (Stoolmiller et al. 2012). Baker, who authored an article on ‘Why kids and grog is a bad idea’ (2011), interviewed Professor Jones, director of the Centre for Health Initiatives at the University of Wollongong, who stated that alcohol advertising in Australia supported the generation of a ‘booze culture’. Additionally, Stoolmiller et al. (2012) found that alcohol marketing activities, including branded merchandise distribution, were positively linked to teenage drinking and Room (2010) who found that increased alcohol availability leads to increased problems associated with its consumption by young people.

The downward trend of adolescent alcohol use

The hallmark of Australia's present alcohol policy priorities are to promote and facilitate a safer and healthier alcohol culture – one that aims to keep alcohol consumption below a level of risk that is seen as acceptable for those who consume it (NHMRC 2019) and target a 10% reduction in harmful alcohol consumption (Department of Health 2018). But, Fry (2010) has suggested prioritising a vision of long-term cultural change towards such a culture represented a 'meteoric shift' in Australian alcohol policy (p. 1279). When a reducing trend of alcohol consumption has been observed in Australian adolescents over the last decades, understanding why this cohort is able to resist Australia's present alcohol culture, can contribute to the cultural change required. Still though, there is a small body of literature on abstinent or low-risk drinking adolescents.

Adolescents who do not consume alcohol

Motivational theories have helped to explain alcohol consumption by adolescents, but few studies have been undertaken offering the same insight to the motivations for abstinence or low-risk alcohol consumption. One early Australian study (Stritzke & Butt 2001) addressed Australian adolescents' motivation not to drink alcohol socially. This thesis aims to build on its findings.

The Stritzke and Butt (2001) study involved the development and initial validation of a 'Motives for Abstaining from Alcohol Questionnaire' (MAAQ), which was adapted from the original questionnaire used by Cox and Klinger in 1988. Stritzke and Butt (2001) classified five different motives adolescents had for not drinking:

5. indifference; which related to the adolescent not liking the taste of alcohol or merely having no preference for it, although this motive was not cited as the most important factor.
6. fear of negative consequences was cited as another motive and emerged as the most important motive for not drinking. Here adolescents were most fearful of interference with schoolwork, impairment of behavioural control, loss of respect because of drunken behaviour and the increased risk of suffering some sort of personal harm.

7. dispositional risk.
8. adolescents suggesting they were concerned with parental disapproval.
9. religious constraints (Stritzke & Butt 2001).

Stritzke and Butt's (2001) study also suggested that positive family involvement and monitoring were related to an adolescent delaying their own initiation and experimentation with alcohol use and that family involvement was more likely to promote an adolescent to develop the resilience required for the challenges of adolescence. However, these motivations have not been substantiated by other quantitative research. As a social factor, family involvement would lend itself well to investigations of a qualitative paradigm because deeper understanding of the motivations of adolescents to resist, drink safely or abstain from alcohol use could be elicited.

Since it has been established that more adolescents are resisting drinking and delaying their initiation to alcohol (AIHW 2017b; Pavlidis, Ojajarvi & Bennett 2019; Room et al. 2009; Toumbourou et al. 2018; Vashishtha et al. 2019), evidence is beginning to emerge about how young people are able to engage and resist the alcohol culture they live amongst. In many of these cases, the studies have been conducted on young people who are older than the target population of this investigation, and some have been conducted internationally. Nevertheless, the learnings from these studies may have some synchronicity with the study being conducted by the researcher and with an Australian context. Similar alcohol cultures and patterns of consumption amongst young people in western countries have already been established (see pp. 21 - 24).

For example, an earlier study by Jarvinen and Gundelach (2007) found that Danish 15 to 16 year olds, who were low-risk consumers of alcohol, had limited social capital. This meant they were excluded from 'parties, friendships and alcohol-related status negotiations' (Jarvinen & Gundelach 2007, p. 68). When considering the significance of adolescence and Australia's 'dominant' alcohol culture (Bartram, Elliott & Crabb 2017), drinking alcohol may be viewed as a 'natural' thing to do and linked with friendship networks, popularity and 'maturity'. In a study of university students in the UK, prominent alcohol researchers, Piacentini and Banister (2009), found that only a few non-drinkers were inclined or capable of 'carving out a social life distinct from the drinking culture' (p. 286). Of the

others, their low-risk alcohol consumption choice was explained under four categories; personal experience with excessive alcohol consumption with severe consequences, close family experience of alcoholism, religious or cultural reasons or 'general misgivings about alcohol'. For some of the students when attempting to socialise, a variety of strategies to avoid being part of the 'heavy drinking' alcohol culture were enlisted. Alternative strategies are employed by younger students too, when socialising in an alcohol culture. In a study of New Zealand's high school students, it was established that they took up alternative leisure identities, regarded as socially legitimate, in terms of their lifestyle. These included: being 'sporty', 'healthy' or religious. The students either believed consuming alcohol was abject, because of its potential to be character changing or, they hid their drinking status by pretending to drink (for example, passing off a non-alcoholic drink as an alcoholic beverage) (Nairn et al. 2006). Other research conducted by Herman-Kinney and Kinney (2013), found that some abstainers simply made light of their choice or attempted to assert their individuality and independence by claiming it was a personal rather than moral choice and they would not judge others for drinking. Alternatively, they cited that they had accepted the roles of designated driver, or caretaker or that they took their personal responsibilities for work and study seriously, they may arrive late at parties or leave early thereby reducing their exposure to social situations that involved alcohol (Herman-Kinney & Kinney 2013). Legitimate reasons, like being the designated driver, appeared to maximise peers' tolerance of abstinent or low-risk consumers of alcohol (Herring, Bayley & Hurcombe 2014; Seaman & Ikegwuonu 2010). But in the literature, there appears to be conflicting evidence on the ease with which abstainers and low-risk consumers can navigate their choice.

Conroy and de Visser (2014) conducted an interpretative phenomenological study with five 19 to 22 year old non-drinking English undergraduates students. They subsequently presented five inter-linked themes related to choosing abstinence from alcohol: 'living with challenges to non-drinking'; 'seeing what goes on in drinking environments'; 'dealing with conversations about non-drinking (making excuses versus coming out)'; 'knowing which friends care about you'; and 'the importance of minimising "legroom" for peer pressure' (Conroy & de Visser 2014, p. 536). Participants said they felt pressured by their peers and deciding whether to declare their non-drinking status or fake being a

drinker was difficult. This finding appears to be consistent with Jarvinen and Gundelach (2007)'s study.

In Australia, choosing abstinence or low-risk drinking may be difficult for young people because by doing so, they are not just refusing the alcohol, but all the symbolic meanings young people attach to socialising with alcohol (Bartram, Elliott & Crabb 2017). In an Australian alcohol culture, sharing alcohol is seen as symbolic of sharing experiences, nurturing personal relationships, demonstrating solidarity with peers, celebrating positive occasions or commiserating sad ones. Another reason abstinence or low-risk drinking may be difficult in western countries like NZ, the UK and the USA, is because not drinking is considered deviant (Herman-Kinney & Kinney 2013), and in Australia, it is considered so deviant, that it is considered 'unAustralian' (Morgan 2017). Older people who have chosen abstinence or low-risk consumption, reported experiencing negative reactions from drinkers. These ranged from weird looks and questions requiring them to account for their behaviour, to name-calling and verbal or physical attempts to compel them to drink (Bartram, Elliott & Crabb 2017). One way to view these responses is to consider abstinence or low-risk drinking as a stigmatised behaviour that can lead to 'feelings of awkwardness and embarrassment', as well as challenging young people's social status and identity (Pavlidis, Ojajarvi & Bennett 2019). When adolescents typically want to be included in their social peer groups, choosing a deviant behaviour places them at risk of diverging from their social norms which in turn, may disrupt their sense of self.

With this view in mind, evidence is being gathered on how young people avoid the stigmatism of being abstinent or being considered deviant and the strategies are slightly diverse from those mentioned earlier. For example; Herman-Kinney and Kinney (2013) reported strategies like; procurement of drinking props, fictive storytelling, alteration of personal appearance, concealment, disclosure, and capitulation. On the other hand, more proactive strategies for avoiding stigmatism, social awkwardness and embarrassment, have been reported by Herring, Bayley and Hurcombe (2014) and included: rejecting stereotypical labels (e.g. being boring); adopting alternative identities; ensuring that drinkers do not feel judged; alleviating situational tensions by using humour; boundary-setting for their social experiences; and being assertive or resolute in how their alcohol consumption

choice is spoken about. Avoiding stigmatisation has also been studied recently by Pavlidis, Ojajarvi and Bennett (2019), Australian and Finnish researchers, in a group of young Australians and Fins aged 18 to 29 years. This study suggested young people utilised six key strategies;

1. purposeful selection of the right response and crowd to socialise with
2. taking the focus away from alcohol.

Together these two strategies enabled the young people to control and render their social situations whilst drawing the attention away from their drinking status. They would attempt to create social environments that did not involve alcohol.

3. socialising with others who are non-drinkers
4. continuing to be active and have fun and rationalising their decision to be abstinent or a low-risk drinker
5. understanding that being abstinent is an individual choice and form of personal control
6. moralising alcohol consumption.

The consequences of choosing abstinence have recently been highlighted by Hardcastle, O'Connor and Breen (2019) a team from the School of Psychology at Curtin University who interviewed 30 young people, with the mean age of 21 years, about what influenced their choice. Thematic analysis was undertaken on the interview data. The authors highlighted seven themes that encapsulated the coping strategies, namely:

1. being in control
2. avoiding negative health consequences
3. taste
4. socialisation influences
5. being left out
6. peer pressure
7. strategies to curb excessive alcohol consumption (Hardcastle, O'Connor & Breen 2019).

The researchers reported that strong identities and beliefs appear to be a way that abstainers or low-risk alcohol consumers can reduce the pressure to consume alcohol and provide the means by which

youth-centred interventions, enabling the development of young people's resistance to alcohol consumption and promotion of activities that are fun and alcohol free. In Romo (2012) adolescents could be capable of remaining 'above the influence' and 'healthily deviant' (p. 672).

The impact of improved resistance in adolescents and the promotion of alcohol-free activities is also being investigated. Seaman, and Ikegwuonu (2010) found that non-drinkers expressed pride in their choice and a more recent study by Supski and Lindsay (2016) of young non-drinking Australian university students reported that abstinence was an individual lifestyle choice and participants demonstrated determined strength in their decision not to drink, notably, reporting eventual acceptance from their peers. It appeared adolescents can position themselves in an alternative subculture and choose abstinence in both an existential sense and as an act of everyday self-identity. Piacentini and Banister (2009) agree that young abstainers and low-risk alcohol consumers can coexisting in an alcohol culture and prominent 'youth culture of intoxication' and are a 'parallel construction of social identities requiring individuals to create meaningful subject positions in a legitimate alternative non-drinking culture' (Fry 2010, p. 1282). Highlighting the sense of pride and possible coexistence with adolescent alcohol consumers to a broader population of young people, particularly those who are yet to be initiated to alcohol may help them to reject stereotypes and promote resolution of an abstinent or low-risk alcohol consumption choice. Thus, the importance of understanding young abstainers or low-risk alcohol consumers could provide us with useful insights about how to change the prevailing Australian youth alcohol culture.

Despite the extent of emerging data on 'how' young people are resisting drinking, many researchers are still suggesting a greater understanding of 'why' young people are doing so is required (Callinan, Pennay & Livingston 2017; Lam et al. 2017; Livingston et al. 2018).

[Emerging explanations behind the reducing trend of adolescent alcohol consumption](#)

In an attempt to establish what was causing the increasing trend of Australian adolescents abstaining from alcohol, Livingston (2014) studied the potential causal factors of the trend's socio-demographic patterns. This study found that the declining drinking trends appeared inconsistent across socio-demographic groups, ethnic groups and geographic areas. Furthermore, it could not be explained by

changes in survey methodologies or substitution to other drug use (Livingston, 2014). Other prominent Australian researchers (Pennay, Livingston, & MacLean, 2015) have posited that the change can be attributed to changes in: policy or public health education, parental supply and modelling, the cultural position of alcohol, or in the way young people spend their leisure time but Callinan, Pennay and Livingston (2017) argued that these findings are simply hypothesised explanations, and there is only limited evidence for each. So, Kraus and colleagues (Kraus et al. 2019), alcohol researchers from Australia and Germany, considered broader theoretical framings in their attempt to understand the decline in youth drinking by reflecting on the historical observations of 'long waves of alcohol consumption', 'The Total Consumption Model' and 'The Theory of Social Generations' (p. 1). They suggested a number of changes have occurred in a community's alcohol culture that has led to alcohol and its use being 'devalued' (p.2). One change that occurred was in alcohol's social position that was mainly attributed to its negative effects. But the researchers (Kraus et al. 2019) also emphasised the importance to changes in technology, social norms, family relationships and gender identity. Young people were placing greater emphasis on their health, fitness, wellbeing and positive lifestyle behaviours. Alcohol had the potential to jeopardise each of these. de Looze and colleagues (de Looze et al. 2015) undertook a similar investigation in 28 European and North American countries from 2002 to 2010. Whilst acknowledging that prevalence rates differed considerably across countries, reduction in adolescent alcohol consumption may be attributable to increased awareness of alcohol's harmful effects on adolescent development, changes in social norms and conditions and the implementation of alcohol consumption prevention efforts. Other than these reasons, a diverse finding has come from a locally conducted study (Toumbourou et al. 2018).

Toumbourou and colleagues (Toumbourou et al. 2018) examined survey data from 11 cross-sectional surveys about trends in substance use and its associated influencing factors. The study included 41,328 adolescents (average age 13.5 years, 52.5% female) across 109 communities of Victoria, Western Australia and Queensland between 1999 and 2015. By completing multivariate analyses on the data, the researchers identified reductions in alcohol use were attributable to favourable parent attitudes and lower availability of alcohol, but not as a result of the influence of school and family

adjustments. Based on this data, it was plausible that a reduced tendency for parents (and/or other adults) to supply adolescent alcohol were implicated in the reductions in adolescent alcohol use observed across Victoria, Western Australia and Queensland.

All communities should be hopeful that the change in adolescents' consumption of alcohol is carried throughout their life course, but if not, there may be a way to impose new control measures that 'lock in' (Kraus et al. 2019, p. 8) the trend of reduced alcohol consumption in Australian adolescents. If this was to eventuate, reduced alcohol use in the whole population may eventually result. One way to impose the change is to understand 'discourses of young people who create a legitimate culture of 'sensible' drinking' (Fry 2010, p. 1279). To date, Fry (2010) believes that the insights of 'young sensible drinkers' are critical, yet often dismissed, but can contribute to the creation of a safer, healthier alcohol culture.

The negative consequences associated with alcohol consumption

Facilitating adolescents' decisions to abstain from alcohol or to only consume it at low-risk volumes is worthwhile because, as mentioned briefly in Chapter 1 (pp. 4 -8), there are many clearly documented problems associated with its use in the adolescent years. These problems include the deleterious effects on the developing adolescent brain and other short- and long-term health effects as a result of risky drinking patterns or intoxication. There is also an association between alcohol use and injury, risk-taking behaviours and death in adolescence. This list of consequences provides added justification for conducting the proposed study and is discussed in greater detail now.

Effects on adolescents' brains

Guerri and Pascual (2010) found that brain development occurs throughout adolescence and continues into early adulthood. During this time, there is a reduction in the volume of an adolescent's gray and white matter (Sowell et al. 2004) as the brain specialises to reflect the individual's environment and experiences (Giedd 2004; Guedd 2008). This phase of development is reflective of an adolescent's social, physiological and psychological development and it is during this time that an adolescent is capable of displaying increased cognitive and emotional processing skills (Bava & Tapert 2010).

Furthermore, as it has been established that brain development occurs into early adulthood, there is emerging evidence about the impact of alcohol on the developing adolescent brain. The evidence must be reviewed critically because some experts like Guerri and Pascual (2010) and Casey and Jones (2010) have stated that there are very few human studies that provide definitive information about the effect of alcohol on adolescent brain development. Reasons for this include; the tight ethical controls required for adolescent human studies and the volume of studies which have used animal modelling. Animal studies may be useful for comparison with humans; as amount and frequency of drinking can be tightly controlled (Spear & Varlinskaya 2005) yet, of those conducted (Doremus et al. 2003; Laviola et al. 1999; Pautassi et al. 2008), mixed findings have been reported. Instinctively, it seems likely that alcohol consumption will have an impact on the brain development of an adolescent's brain but in the absence of definitive data, other or longitudinal studies are required to corroborate our current understanding about the impact of alcohol consumption (in any volume) during adolescence. A brief summary of some of the emerging evidence is provided below.

According to Nixon & McClain (2010, p. 227) researchers of the University of Kentucky College of Pharmacy, an adolescent's brain is in a 'unique and dynamic state' and thus many problems are associated with alcohol consumption for adolescents. The most important reason for alcohol not to be consumed during adolescence relates to the adverse developmental effects of alcohol on the developing adolescent brain (Hickie & Whitwell 2009; Lisdahl et al. 2013). Professor Ian Hickie, Executive Director of the Brain and Mind Institute at the University of Sydney and his colleague (Hickie and Whitwell 2009), reinforce the NHMRC recommendations by stating 'alcohol should not be consumed by teenagers under the age of 18 years' and 'alcohol use is best postponed for as long as possible in the late teenage and early adult years' (2009, p. 4). Other potential problems identified ranged from memory problems, dependence on alcohol, inability to learn, depression and problems with verbal skills (Australian Drug Foundation 2005a). In another study investigating the hypothesis that early initiation of alcohol use during adolescence may be a predictor of continued use into adulthood and that young people who begin use of alcohol at an early age may also be at risk for developing an alcohol abuse disorder in adulthood, Maldonado-Devincci, Badanich and Kirstein

(2010) reported that early exposure to ethanol may predispose the brain to greater vulnerability to subsequent ethanol exposure both behaviourally and neurochemically. Therefore, their study indicated that the adolescent brain is sensitive to the impact of early ethanol exposure during this critical developmental period and that this increases the vulnerability of young people consuming alcohol.

Spear (2014) believes one reason that adolescents are vulnerable to alcohol use is because they respond to the effects of alcohol in a distinctly different way to adults. This is, in part, because they are physically smaller, they generally lack experience with drinking and its effects, and because most young people have not yet built up a tolerance to alcohol (Spear 2013). According to Nixon and McClain (2010), adolescents are less receptive to the negative effects of alcohol and to cues for self-regulation, but more sensitive to alcohol's positive effects. The researchers consequently made a number of declarations about adolescents' response to alcohol including that adolescents display a decreased sensitivity to the intoxicating effects of alcohol. For example, adolescents can display a reduced alcohol-induced sedation and motor impairment and sensitivity to alcohol withdrawal-induced social depression and anxiety. In terms of alcohol's positive effects, the researchers also claimed that alcohol mediated appetitive second-order conditioning in adolescents. In many instances, adolescents appreciated the 'social facilitation' (Nixon & McClain 2010, p. 229) effects of alcohol and exhibited a greater sensitivity to the amnesic effects of alcohol intoxication while being vulnerable to alcohol-induced neurodegeneration. Nixon and McClain's (2010) study provides further examples of the behavioural manifestations resulting from alcohol exposure as previously highlighted by Maldonado-Devincci, Badanich and Kirstein (2010).

Other neuroscience research, conducted by the American Academy of Pediatrics, further substantiated the deleterious effects of alcohol on adolescent brain development, and added weight to the call for the prevention or reduction of under-age drinking (Committee on Substance Abuse 2010). This group claimed adolescent brain development is directly affected by alcohol consumption because the adolescent brain is immature and vulnerable to the toxic and addictive actions of alcohol. They supported Nixon and McClain's (2010) findings, stating alcohol has an effect on the

prefrontal cortex of an adolescent brain, resulting in an increased incentive to seek substances of abuse (Committee on Substance Abuse 2010). Additionally, they reported that continued alcohol use by adolescents resulted in impaired decision-making ability, adolescents developing fewer strategies to learn new information and having reduced memory skills that may adversely affect their performance academically (Armeli et al. 2005). As a means to verify brain changes, neuroimaging studies have been conducted and demonstrated 'reduced hippocampal volumes and subtle white matter abnormalities' (Committee on Substance Abuse 2010, p. 1061; see also Nixon & McClain 2010). Such investigations are continuing to add weight to the already proposed theories about how these abnormalities in brain development are linked to a greater vulnerability of young people to the addictive actions of alcohol. Moreover, it has been established that acute alcohol exposure causes a considerable increase in dopamine release, contributing to rewarding experiences of alcohol. These types of experiences offer some explanation for why an adolescent is particularly vulnerable to alcohol, and at an increased risk of alcohol addiction developing (Committee on Substance Abuse 2010). Studies by Anton (2010), Maldonado-Devincci, Badanich and Kirstein (2010) and Nixon and McClain (2010) have also investigated alcohol's effects on the dopaminergic reward system and corticolimbic structure and function of the brains of adolescents. All these studies confirmed that during the period of adolescence, reward 'neurocircuitry' undergoes significant developmental shifts in which an adolescent brain becomes more sensitive to alcohol in ways that promote excessive consumption.

Negative consequences associated with risky patterns of drinking during adolescence

As a result of the effects related to risky patterns of drinking during adolescence, the WHO has ranked alcohol 'eighth among global risk factors for death, and third as the leading global risk factor for disease and disability, after childhood underweight and unsafe sex' (WHO 2011, p. 31). In Australia, in the ten-year period from 1993 to 2002, an estimated 501 14 to 17 year-old adolescents died as a result of an injury or disease that could be directly attributed to 'risky-level' alcohol use. This figure equates to 13% of all deaths in that age group. Importantly, too, in 1999–2000, more than

3,300 14 to 17 year olds were hospitalised for alcohol-attributable injury and disease (Chikritzhs, Pascal & Jones 2004).

Despite the finding of the ASSADS and NDSHS, the Australian Bureau of Statistics (2006), Jander et al. (2016) and Kwok and Yuan (2016) have established that when compared to adults, adolescents are more likely to be involved in risky 'binge' patterns of consumption, which poses its own distinct set of short- and long-term risks. Short-term effects associated with adolescent risky patterns of drinking include a constellation of physical problems like small bowel damage and resultant bouts of diarrhoea, central nervous system depression, headaches, nausea and vomiting and shakiness. Other research has found that this pattern of consumption is associated with a significantly higher risk of an array of 'careless, risky and unlawful behaviours' (McNally et al. 2003, p. 1116), including unplanned, unsafe and coercive sex (McNally et al. 2003; Stoolmiller et al. 2012), car accidents and a greater frequency and range of interpersonal difficulties including arguments with friends and disruptions in personal relationships (Hickie & Whitwell 2009; Spear 2018). As highlighted earlier, the acute intoxication that results from heavy episodic drinking has been cited as a primary factor implicated in the leading causes of death for the adolescent age group (AIHW 2009) resulting from motor vehicle accidents (with the adolescent being the driver or passenger or pedestrian), homicide and assaults, drownings and suicide (particularly for female adolescents). These findings are confirmed by other researchers including (Chikritzhs, Pascal & Jones 2004; Furr-Holden et al. 2006; Stoolmiller et al. 2012).

In the long term, adolescents who participate in heavy episodic consumption of alcohol are at risk of sleep disturbances, abnormal liver function test results, dental and other oral abnormalities (Clark et al. 2001; Newbury-Birch et al. 2009) as well as a number of mental health disorders, with mood disorder, depression, anxiety disorders, attention deficit/hyperactivity disorders, conduct disorders, bulimia and schizophrenia all being reported by Sinkin (2002). Long-term conditions like diabetes, some cancers, cardiovascular disease in adulthood are reported by Shield, Parry and Rehm (2014).

Finally, heavy episodic drinking among adolescents in Australia has been associated with weekend street violence, which as a significant social issue has captured the attention of media agencies and

political stakeholders (Room 2010). All the negative effects of adolescent heavy episodic drinking pose a significant burden and cost to communities and healthcare systems. This supports calls for the promotion of adolescent safety and welfare (Manning, Smith & Mazerolle 2013).

Chapter conclusion

This chapter has presented background to the study of alcohol consumption during adolescence that is presented in this thesis. The chapter provided information aimed at facilitating an improved understanding of the Australian culture of adolescent drinking by highlighting current national and international data on patterns of alcohol consumption in Australian and other western adolescents. Beyond this, it presented a discussion of what is known about the factors that influence alcohol consumption, and the problems associated with its consumption during adolescence.

Importantly, within this chapter, the individual, social and environmental factors that influence alcohol were made clear. However, it was argued, their influence on adolescents' decisions to not consume alcohol remains unclear, which is why they have been included as the factors to be investigated by the present study. As the researcher is attempting to apply an alternative lens to the issue of alcohol consumption during adolescence, and aiming to improve our understanding of how individual, social and environmental factors influence abstinence or low-risk consumption of alcohol in this cohort, this background information is an important underpinning to the thesis.

In the next chapter, the methodologies and methods used to conduct the two separate stages of the study are outlined.

Chapter 3: Methods

To investigate what and how individual, social and environmental factors influence the decisions Australian adolescents aged 14 to 19 years make to abstain from alcohol or to only consume low-risk levels of alcohol, two separate stages and methodologies were used commencing with a Qualitative Systematic Review (QSR). The aim of the first stage, that is, the QSR was to identify and systematically synthesise current understandings of the factors that influence the decisions adolescents make to abstain from alcohol or to only consume low-risk volumes of alcohol and to identify gaps in knowledge within the literature.

The aim of the second stage of the investigation, that is, the descriptive exploratory qualitative study, was to generate foundational knowledge about the same phenomena through interviewing young people who either abstain from alcohol or are low-risk drinkers. The resulting findings provide valuable insights for policymakers, strategists, educators and the wider community for dealing with the significant social and health issues associated with alcohol use during adolescence. Individual, social and environmental factors may be utilised to influence adolescents to delay alcohol initiation and/or only consume alcohol safely in the short and long terms.

The purpose of this chapter is to outline the methodologies and methods used to conduct the two separate stages of the study. The first stage of the study was to undertake a qualitative systematic review (QSR); the second stage involved completion of a qualitative descriptive exploratory study.

Stage 1: Qualitative systematic review methodology

The purpose of a QSR is to 'deliver a meticulous summary of all the available primary research in response to a research question' (Clarke 2011, p. 64). Systematic Reviews have been suggested by prominent members of the Joanna Briggs Institute, to 'occupy the highest position in current hierarchies of evidence' (Pearson, Wiechula, Court and Lockwood 2005 p. 211), making them a particularly useful decision-making tool for policymakers (and consumers).

The aim of any systematic review is to identify, appraise and summarise similar, relevant studies that address a particular research question, topic area or phenomenon of interest. They may also identify gaps in research, and/or beneficial and harmful interventions. All systematic reviews endorse a predefined and explicit methodology, and set out objectives, eligibility criteria and methods of review. In this type of research, reviewers use methodical procedures that are both reproducible and verifiable in a disciplined and largely transparent process so that readers can assess any conclusions drawn. They are increasingly replacing more traditional narrative reviews and expert commentaries as the preferred way of summarising current research evidence (Hemmingway & Brereton 2009). The process conducted for the QSR of this study was developed by the Joanna Briggs Institute (JBI) (JBI 2008).

For this study, the researcher complied with the JBI approach for completing a QSR and utilised their resources and tools for a number of reasons. JBI is an internationally renowned research organisation. Moreover, it is recognised as a global leader in the evidence-based movement, and was thereby a credible resource for the first stage of this investigation. The resources and tools that the organisation has developed include software that supported critical appraisal and data extraction and JBI's Qualitative Assessment and Review Instrument (QARI) computer software to facilitate the methods for the meta-aggregation of qualitative research. This was considered an advantage for this study because the JBI model of metasynthesis uses a meta-aggregative approach to the synthesis of qualitative evidence (JBI 2008) and it is reported to be sensitive to the nature and traditions of qualitative research while still being grounded in the rigorous conventions of the systematic review process (JBI 2014). Meta-aggregation, as advocated by JBI, is sensitive to the practicality and usability of the primary author's findings, and eliminates the potential of a researcher completing a review reinterpreting initial findings. Also, in this approach there is no hierarchy of evidence among qualitative studies' methodologies and studies' identified themes, metaphors or concepts, as findings can all serve as extracted units of data. With this view in mind, this review could have justifiably included studies with a range of methodological approaches capturing a multidimensional and

complete view of the influence of individual, social and environmental factors on adolescents' decisions to abstain or only consume low-risk volumes of alcohol.

Thus, a QSR was chosen for this study despite earlier arguments proposed by Dixon-Woods & Fitzpatrick (2001) that suggested the process for conducting qualitative reviews is neither systematic or rigorous enough. Dixon-Woods and Fitzpatrick (2001) justified the systematic and rigor claims by contrasting qualitative evidence against quantitative evidence. However, in response to such claims, specific methods of qualitative reviews have been modified, by groups like JBI, and alternative tools used in the QSR process have been introduced to standardise the process and improve its rigor.

There were a number of reasons, applicable to this study, for specifically seeking out qualitative data through the literature search. First, the researcher of this study believed that qualitative data would be more able to capture the complexities of the narratives of young people's experiences with alcohol. Second, qualitative data would be more likely to satisfy the study's requirement to increase our understanding of how some adolescents make decisions to abstain or to consume alcohol only at low-risk levels. Last, it was anticipated that qualitative data would provide detailed background to appropriately position this study and provide the foundation for Stage 2. A quantitative systematic review was disregarded because quantitative research was less likely to provide a deep understanding of adolescent alcohol culture relating to the individual, social and environmental factors that influence the decisions made by Australian adolescents, aged 14 to 19 years of age, in regard to abstaining from alcohol or consuming alcohol only at low-risk levels. Additionally, quantitative research has been previously criticised by Polit and Tatano-Beck (2012, p. 14) for its inflexibility and lack of ability to capture the 'full breadth of human experience'.

In the next section of this chapter, a description of the conduct of the QSR is provided in which each component of the process is outlined. It includes a description of the inclusion criteria, search strategy, critical appraisal, data extraction and data synthesis processes. The findings of the QSR depended critically on decisions relating to the inclusion of studies and the data extracted and analysed from each. Thus, the main methodological challenge for any QSR and synthesis of its evidence, including this one, relates directly to the design of the review, the conduct of the search

strategies, appraisal of study quality and appropriate methods of synthesis. A discussion of each of these components is provided to enable transparency regarding the applied method and the decisions made, and to support the trustworthiness of this stage of the study.

Development of a systematic review question

A fundamental and critical first step when conducting the QSR is the development of a good review question (JBI 2014). This was an essential step because it informed the nature and detail of the review and provided guidance for the review's criteria. An additional benefit of constructing a good review question was to provide structure for a number of the QSR's key components.

A strategy that was used to construct the review question was to refer to the JBI's (2008) PICo mnemonic. In this mnemonic, 'P' refers to the population of the review, 'I' is used to outline the phenomena of interest, and 'Co' explains the review's context. In any review, the population element should outline the important characteristics and demographic factors of the included population. In this QSR, the population included male and female adolescents aged 14 to 19 years who were residents of Australia. This age range was chosen for the review because at the time, the most recently published NDSHS (AIHW 2011) had provided definitive data about the number of Australian adolescents, aged 14 to 19 years, who were abstaining from alcohol and also provided evidence that an increasing number were choosing abstinence when compared to previous surveys. Given the definitive nature of this Australian data, it appeared appropriate to target an equivalent age range in the QSR. Thus, the phenomenon of interest for the QSR referred to abstinence from alcohol or low-risk alcohol consumption. Finally, the 'Co' for this review included any social setting in Australia in which alcohol exposure occurred and adolescents experienced pressure to consume it.

The review question and objectives

The QSR's questions were:

- What influences the decisions made by an adolescent to either consume alcohol or resist consumption of alcohol when exposed to alcohol in a social setting?

- What attributes of an adolescent affect their decision to either consume alcohol or to resist consumption of alcohol when exposed to alcohol in a social setting?
- What are the strategies or mechanisms used by an adolescent that facilitate consumption of alcohol in a social setting?
- What are the strategies or mechanisms used by an adolescent that may facilitate abstinence of alcohol consumption in a social setting?
- What are the strategies or mechanisms used by an adolescent that may facilitate resistance of alcohol consumption in a context in which consumption had previously occurred?
- What are the contextual influences that enable or disable the enactment of strategies and mechanisms to resist or limit alcohol consumption?
- What are the elements that facilitate exposure to alcohol? (That is, what is the context of alcohol exposure, what are the social settings in which alcohol exposure is possible?).

Hence, a set of clear objectives were constructed for the QSR. These were:

- Identify the influences on adolescents who decide to abstain completely from alcohol or refrain from further consumption once exposed socially.
- Identify particular attributes of adolescents that reduce their likelihood of engaging in alcohol consumption.
- Identify the situational and environmental influences that reduce the likelihood of adolescents engaging in alcohol consumption.
- Explore the issues that prompt an adolescent to consume alcohol when they did not intend to.
- Identify the strategies and resources that adolescents themselves draw on to abstain from alcohol or resist further consumption of alcohol once exposed; that is, how these work and in what circumstances are they successful or unsuccessful.

The formulation of a review panel

Priority was given to the selection of a review panel.

Two independent reviewers, a primary and secondary reviewer, were selected to avoid bias in the assessment. The review of studies selected for inclusion and exclusion required judgment on the part of reviewers, which is why this part of the process is ideally not undertaken by an individual reviewer. Secondly, when more than one reviewer undertakes this role, the inappropriate discarding of relevant studies can be minimised (JBI 2009). In the case of this QSR, the PhD candidate and researcher, assumed the role of primary reviewer. As recommended by Higgins and Deeks (2008), the researcher was not a content expert in the phenomenon of interest. On the other hand, the role of secondary reviewer was allocated to an expert knowledgeable in the subject area of the review. The secondary reviewer was Professor Charlotte de Crespigny, Professor of Drug and Alcohol Nursing at The University of Adelaide. In spite of this expertise on the review panel, it was the primary reviewer's role to initially undertake the literature search, examine the title and abstract of potential studies and exclude any study that was obviously irrelevant. Subsequent to this primary set of activities, the role of both reviewers was to independently review remaining studies for either inclusion or exclusion in the QSR.

As is the case with all QSRs, a third reviewer was also identified to arbitrate in the event of a discrepancy occurring in the decisions made by the primary and secondary reviewers to include or exclude studies. The third reviewer, Dr Rick Wiechula, Senior Lecturer in the Adelaide Nursing School and Director of the Centre for Evidence-based Practice South Australia: A Joanna Briggs Centre of Excellence, was selected for the role for his expertise in conducting QSRs. For this QSR, arbitration by the third reviewer proved unnecessary.

Criteria for considering studies for this review

The eligibility criteria for each review component were assessed by JBI prior to the commencement of the review. JBI accepted and published the QSR proposal (Sharrad 2011; see Appendix II).

Publication of the protocol was the necessary endorsement that the QSR required to proceed.

Types of study

The QSR aimed to include interpretive and critical studies that drew on the mechanisms or processes used by Australian adolescents (aged from 14 to 19 years) to either abstain from alcohol consumption or to consume only low-risk volumes of alcohol. However, studies were not limited to designs such as critical theory, phenomenology, ethnography, grounded theory or discourse analysis. In the absence of research studies, other texts such as opinion papers and reports were investigated.

Types of participants

Papers that included Australian adolescents aged between 14 and 19 years of age were included in the QSR. Therefore, studies that included adolescents aged less than 14 years or older than 19 years were excluded from the review. Papers that reported on children and adolescents aged less than 14 years were excluded because the incidence of alcohol use among this group was very low (AIHW 2011). Young people older than 19 years of age were excluded because they were able to legally purchase and consume alcohol in Australia and their reports of alcohol consumption were not considered by the researcher, to add to the deeper understanding of abstinence or low-risk drinking being sought through this review.

Phenomena of interest

The phenomenon of interest was adolescents' decisions to abstain from alcohol, resist alcohol consumption or to only consume low-risk volumes of alcohol when socialising. The context for this QSR included any social setting in Australia where alcohol exposure occurred and Australian adolescents may have experienced pressure to consume it.

Search strategy

As advised by the Joanna Briggs Institute (2008), the researcher articulated a statement about the study types being targeted, the range of studies to be used and details of her response in the event no primary study type was found. The researcher envisaged that a broad range of study types would be sourced.

Initially, and before commencement of the QSR, the researcher examined the Cochrane Collaboration, Joanna Briggs Institute's Databases of Systematic Reviews and Review Protocols and the Database of Abstracts of Reviews of Effects (DARE), to determine whether another group or party had already initiated a review on this topic. Confirmation that no such review was proceeding enabled the researcher to advance to the thorough and comprehensive search of the literature.

A three-step search strategy was used to promote the review's comprehensiveness and improve its credibility.

Step 1

An initial limited search of Medline and Cumulative Index of Nursing and Allied Health Literature (CINAHL) using initial keywords was undertaken with the aim of identifying all possible keywords from the words contained in the title and abstract of the retrieved literature. These two databases were selected for the initial search because they are both long-standing databases containing a vast number of references for literature in the areas of life and behavioural sciences that were pertinent to this review. The databases also provided access to medical subject headings (MeSH) and facilitated the identification of keywords and terms necessary for extensive literature searching. Last, even though most of the publications in the databases were scholarly articles, they also contained small numbers of publications from newspapers, magazines and newsletters – examples of grey literature – which was a component of the comprehensive search strategy.

Step 2

A second extensive search, using all keywords and terms identified, was then carried out across all the databases listed in Table 5. The list of databases was extended in this second step to ensure the comprehensiveness of the search strategy and eliminate the potential of missing any relevant paper or study.

Table 5: Databases used in the search strategy

Names of the databases used in the search strategy
MEDLINE/PubMED
Scopus
Cumulative Index of Nursing and Allied Health Literature (CINAHL)
Embase (available only through Scopus)
ERIC
PsycINFO
Informit: Health, Education, APA-FT
Web of Science
Proquest Theses and Dissertations

A logic grid was then formulated of the initial keyword search terms (see Table 6). Use of a logic grid allowed others to test the search easily by simply copying and pasting each column into a relevant database. It also combated the challenges of conducting a systematic literature searches for qualitative evidence. This part of the process was recognised as particularly important for the QSR by the Joanna Briggs Institute (2009).

Table 6: Initial keyword search terms logic grid

Alcohol	Adolescents	Abstaining
Alcohol drinking (MeSH)	Young person/s	Abstain
Alcohol drinking (title and abstract)	Young people	Abstinence
Alcohol consumption	Adolesce/ts/nce	Abstention
Alcohol use	Teen/s	Prevention and control
Social drinking	Youth/s	Resist/ance/ing
Binge drinking	Student/s	
Underage drinking	Minors	
Under age drinking	Young adult/s	
Alcoholic beverages	Adolescent	
Alcoholic beverage	Young adult	
Alcoholic drink/ing		
Alcopop/s		
Alcoholism		
Alcohol intoxication		
Excessive drink/ing		

The search strategy for the review included a search of both published and unpublished literature, written in English from the year 2000 to 2011 when the review was conducted. Appendix III contains the individual database search logic grids.

Step 3

The reference lists of all identified literature were searched for additional studies not previously identified during steps one and two of the search strategy.

The last part of the plan was to source other texts such as opinion papers and reports in the absence of research studies. Manual searching of grey literature, using the internet, was undertaken to increase the yield of uncommon, under-researched or poorly indexed topics (Scott et al. 2006). The

Joanna Briggs Institute (2008, p. 38) suggested that grey literature has the 'potential to complement and communicate findings to a wider audience'.

All papers retrieved were added to an EndNote library. All titles and abstracts of the remaining papers were examined, and irrelevant reports were removed. This step enabled the full texts of potentially relevant reports to be reviewed.

Assessment of methodological quality

Both reviewers assessed the papers' inclusion eligibility against Joanna Briggs Institute's JBI-QARI instrument (JBI 2014; see Appendix IV A&B, JBI-QARI), a standard instrument to enhance consistency and methodological validity. This instrument also enabled the process of review, at this stage, to be formalised and systematic and, by this means, created an audit trail. In this part of the process, the reviewers were forced to engage with each paper and focus on the rigour of the research design and quality of reporting (JBI 2008). Specifically, the reviewers focused on:

1. 'congruity between philosophical position adopted by the study, its methodology, methods, representation of the data and interpretation of the study findings'
2. 'explicit reporting of researcher biases'
3. 'the relationship between what the participants are reported to have said and the conclusions drawn in analysis' (JBI 2008, p. 39).

Significantly, a single failed eligibility criterion was sufficient for the study to be excluded from the review. The eligibility criteria were prioritised for importance; when an ineligible response was seen, the remaining criteria would not need to be assessed. At the completion of the assessment, not one paper was considered for inclusion in the next phase because for each paper it was difficult to establish the degree to which the study's findings authentically represented the data based on the JBI-QARI criteria.

As a result of this finding and being unable to undertake critical appraisal, the researcher began to search for grey literature through the Drug and Alcohol Services Library, South Australia (DASSA), a library specialising in alcohol and other drug use. No eligible material was yielded from this source

either. In line with the three-phase search strategy, the researcher then sought advice from a number of key national leaders in the field of alcohol and other drugs (see Appendix V). They confirmed the researcher's findings that there was a lack of quality studies because little research had been conducted on the phenomenon of interest. None of the experts were able to provide any guidance on grey literature for the review.

Critical appraisal

Theoretically, all eligible papers would have undergone an assessment of their methodological quality. However, as no paper was included in the review, this stage of the QSR was not completed.

Data extraction

Following the critical appraisal process, data extraction and metasynthesis of findings would have been the next stage of the QSR process. Ordinarily data (that is, a unit of extraction/finding which includes any textual data, either in the form of a direct quotation, observation or statement that supports the finding) would have been extracted and added to the JBI-QARI tool for data extraction (JBI 2008; see Appendix IV C). However, as no study was deemed eligible for inclusion, this process was not conducted.

Data synthesis

This QSR was an attempt to synthesise findings from a number of qualitative investigations about alcohol abstinence or low-risk consumption in an adolescent population as per the process outlined in Figure 9.

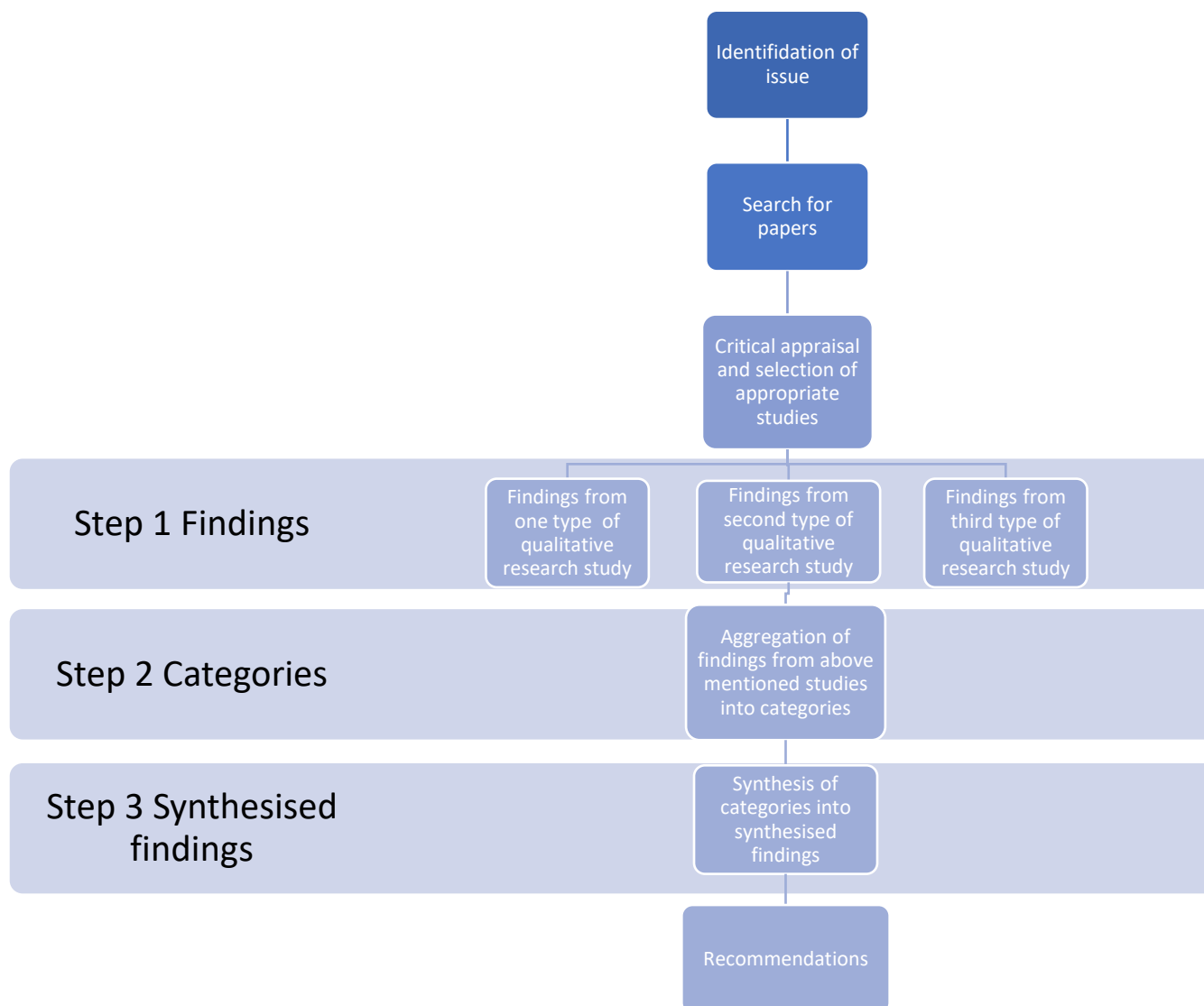


Figure 9: Metasynthesis using JBI-QARI

Source: Adapted from JBI (2008, p. 57).

Because no paper was deemed eligible for inclusion and no data were extracted from the studies, it was impossible to synthesise findings to produce generalisable results.

Conclusion

A description of the methods used for the QSR has been provided. The process involved establishing the QSR questions and objectives and determining the inclusion criteria, while incorporating the assigned QSR PICO, defining a clear and thorough search strategy for appraising the literature and consequently executing the search. The next step in the process was assessing the methodological

quality of papers for inclusion in the QSR. Unfortunately, no paper was eligible to progress to critical appraisal and subsequently data extraction and data synthesis were not possible.

Without a metasynthesis producing a set of findings, the researcher was unable to produce recommendations for future policy, education and strategy directions aimed to prevent the onset of drinking among adolescents and assist young people to remain abstinent from alcohol consumption during the significant developmental stage of adolescence. On a positive note, a paucity in the data about this phenomenon had been established, and impetus for the second stage of this study was established.

In the next section of this chapter, the methodology and methods used in the second stage's qualitative descriptive exploratory study are explained.

Stage 2: Descriptive exploratory qualitative study methodology

The second stage of this investigation was a qualitative descriptive exploratory study to collect rich narrative data from a small sample of Australian adolescents, aged 14 to 19 years, who abstained from alcohol or only consumed alcohol at low-risk levels. This design was justified by evidence from Denzin and Lincoln (2011), Patton (2002) and Polit and Tatano-Beck (2012), who have confirmed that qualitative methodologies enable the development of deeper understanding of poorly understood phenomena. Additional support was garnered from Diekroger (2014), Gelling (2015), who suggested it was an appropriate methodology for researchers attempting to build a beginning base of knowledge through description and exploration of a phenomenon. Moreover, the aim of this study was supported by Graber et al. (2016) and Pennay, Livingston and MacLean (2015) who recently acknowledged that there is limited understanding about how adolescents resist the consumption of alcohol at a time when consumption of alcohol by Australian adolescents remains a national concern (Amonini & Donovan 2006; Anton 2010), an acknowledgment supported by the lack of qualitative literature identified by the Stage 1 QRS (Sharrad et al. 2015). Consequently, by incorporating aspects of the previous stages' inclusion criteria, particularly those about the QSR's population, Stage 2 of this study had the potential to provide valuable insights into the influence of individual, social and environmental factors on decisions Australian adolescents, aged 14 to 19 years of age, make about remaining abstinent or only consuming low-risk volumes of alcohol.

For this study, a qualitative descriptive exploratory methodology was chosen in preference to other more commonly used qualitative methodologies like ethnography, grounded theory or phenomenology (Polit & Tatano-Beck 2012; Schneider et al. 2013), even though they, too, have an ability to elicit descriptions of phenomena. The researcher considered each approach carefully before deciding that the traditional methodologies were not compatible with the aims of the study and disregarded them. As identified by Schneider et al. (2013), there was a risk that the conventions of some of the more traditional qualitative methodologies had the potential to 'shackle' the researcher. In conducting this second stage of the investigation, the researcher did not want to compromise the freedom she was seeking for the expression and documentation of what young

people themselves said about the influence of individual, social and environmental factors that influenced their decisions to abstain from alcohol or to only consume low-risk volumes of alcohol.

Instead, the researcher accepted a set of fundamentally assigned premises for Stage 2 of the study. These included the premise that descriptive exploratory research assumes that behaviours were bound to social or cultural contexts, and that connections, relationships and subjective processes influenced the behaviour of adolescents in relation to alcohol consumption. Subsequently, the researcher adopted Watkins' (2012) interpretation of qualitative descriptive exploratory research that views social phenomena holistically by utilising methods that are interpretative and open-ended, even though the researcher was aware that this type of study had been previously deemed to be on the lowest rung of a research hierarchy by Daly et al. (2007). She drew confidence from more recent reports that a descriptive, exploratory approach had gained increasing credibility. According to Schneider et al. (2013), qualitative explorations and descriptions can be claimed unashamedly without researchers needing to resort to 'methodological acrobatics' (Sandelowski 2000, p. 335), despite claims that the research being conducted has no 'disciplinary or methodological roots' (Polit & Tatano-Beck 2010, p. 273). In combination with these perspectives, the researcher drew extra confidence from Hakim (2012), who stated that descriptive, exploratory studies yield

individuals' own accounts of their attitudes, motivations and behaviour. It offers richly descriptive reports of individuals' perceptions, attitudes, beliefs, views and feelings, the meanings and interpretations given to events and things, as well as their behaviour; displays how these are put together, more or less coherently and consciously, into frameworks which make sense of their experiences; and illuminates the motivations which connect attitudes and behaviour, the discontinuities, or even contradictions between attitudes and behaviour, or how conflicting attitudes and motivations are resolved in particular choices made (Hakim 2012, p. 34).

The following section outlines the methods used to conduct the descriptive exploratory qualitative study. The methodology and methods used in Stage 2 are summarised in Figure 10.

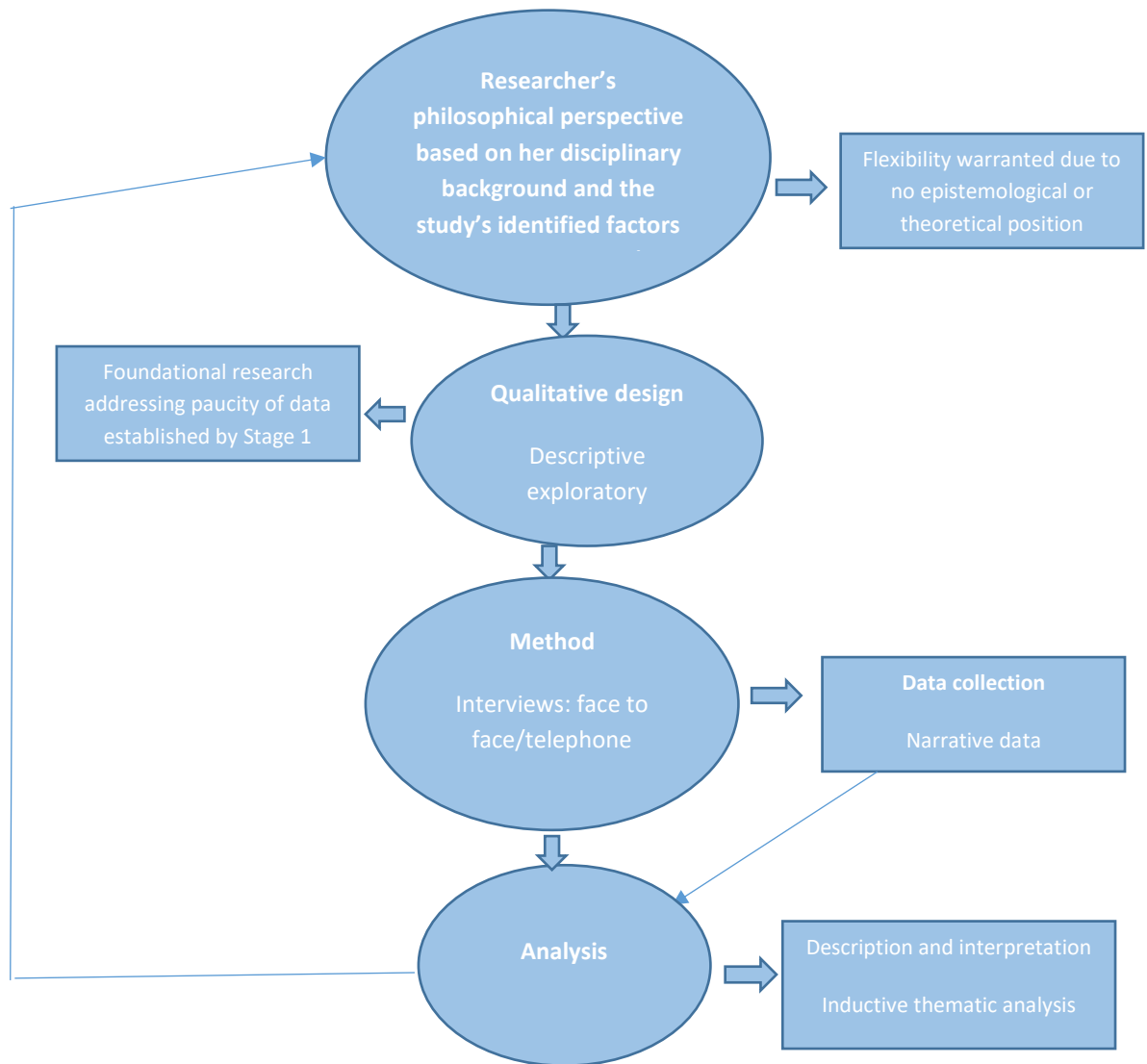


Figure 10: Summary schema of methodology and methods used in Stage 2

Source: Adapted from Vaismoradi, Turunen & Bondas (2013, p. 399).

A detailed discussion of each of the study's steps, including its aims and objectives, inclusion and exclusion criteria, recruitment strategies, data collection methods and the data analysis, is provided. Importantly, given the participants of this study, under criteria set by the by the National Health and Medical Research Council (2007), are deemed vulnerable, this chapter also includes discussion about how the burden and risks associated with this research were mitigated.

Study objectives

The study's objectives were:

- To identify and explore the influence of individual factors on adolescents' decisions to abstain from alcohol or to consume alcohol only at low-risk levels

- To identify and explore the influence of social factors on adolescents' decisions to abstain from alcohol or to consume alcohol only at low-risk levels
- To identify and explore the influence of environmental factors on adolescents' decisions refrain from drinking alcohol or to consume alcohol only at low-risk levels.

Target population sample for Stage 2

According to Schneider et al. (2013), sampling is the process by which representative units of a population are selected for a study to obtain accurate and meaningful findings. Schneider et al. (2013) and Polit and Tatano-Beck (2010) agreed that when it is neither appropriate nor feasible to sample whole populations of interest, sampling a subset of the population can be used instead. Two approaches to sampling were chosen for this second stage of the study: 1. convenience purposive sampling; 2 snowballing to recruit a 'sample of experts' (Polit & Tatano-Beck 2010, p. 319) among 14 to 19 year-old Australian adolescents who were either alcohol abstainers or low-risk alcohol consumers.

Convenience purposive sampling recruits study participants who were readily accessible, willing (Schneider et al. 2013) and likely to come forward and identify themselves (Polit & Tatano-Beck 2010). For this study, the researcher devised a recruitment strategy that focused on the recruitment of a random, narrow and focused sample of young people (Daly et al. 2007) for the Stage 2 data collection. This approach enabled the researcher to be strategically focused on the collection of pertinent 'rich' data, rather than being absorbed by a presumed adequate total number of participants. Mason (2010), Schneider et al. (2013) and Wood and Ross-Kerr (2011) agreed that there are no formal rules about sample sizes in qualitative methodologies, and suggested instead that sample size be determined by the richness of the data, achieving data saturation and ensuring the volume of data is not so large as to make undertaking in-depth, meaningful analysis difficult. However, in spite of the efficiency of convenience purposive sampling (Polit & Tatano-Beck 2010), it has limitations even for qualitative research (Etikan, Musa & Alkassim 2016), and these were considered when designing this study.

The limitations associated with convenience purposive sampling related to the study's sample size and, therefore, the generalisability of the study's findings. In terms of size, Wood and Ross-Kerr (2011) suggested that convenience purposive sampling limitations relate to its inability to provide the most information-rich sources because a great deal of data is extracted from a typically small sample. Schneider et al. (2013) also cautioned the researcher to be aware that it was potentially a weak form of sampling because a degree of sampling bias can be produced. Sampling bias was defined as 'the systematic overrepresentation or underrepresentation of some segment of the population in terms of a characteristic relevant to the research question' by Polit and Tatano-Beck (2010, p. 307), and it can be determined by the homogeneity of the sample. In this study, the researcher was satisfied that the traits and experiences of the adolescent sample would be heterogeneous enough to negate erroneous conclusions in the study's findings. With respect to the sample size of this study and its impact on data saturation, the researcher accepted the guidance provided by Mason (2010) in his paper about sample size and saturation in PhD studies using qualitative interviews. Mason acknowledged that a PhD study's sample size and thereby data saturation, can be restricted by ethic committee proposal requirements, term of the candidature and time allocated to undertaking interviews. For this study, human research ethic committee's proposal and application required that the number of participants were specified. Thus, given the total tenure of the study, the researcher determined 10 – 12 participants could be recruited allowing enough time for all the other components of PhD study to be completed. A larger sample may contribute to data saturation, but on the other hand, it may also lead to 'practical weaknesses' (Mason 2010, p. n.a) of qualitative research because of the potential that open ended qualitative enquiry is 'potentially limitless' (Green & Thorogood 2009, p. 120). Nonetheless, snowball sampling was employed as another strategy to annul these limitations and to address potential difficulties associated with recruitment, sample size and data saturation.

Snowball sampling, as a recruitment strategy, was useful for locating 'hidden populations' (Shaghghi, Bhopal & Sheikh 2011, p. 87) like young people who were prepared to discuss their experiences of abstinence or low-risk consumption of alcohol when socialising in an Australian

alcohol culture (VicHealth 2019). In this form of sampling, early participants were asked to make referrals to future potential participants following face-to-face or telephone interviews. After an interview, participants were asked if they would distribute a copy of the participant information sheet to peers or direct them to the study's Facebook page. On each, the contact details of the researcher were available so that interested potential participants were able to make direct contact with the researcher.

A risk associated with this form of sampling is that the eventual sample may be restricted to a 'small network of acquaintances' (Polit & Tatano-Beck 2010, p. 319) jeopardising its level of representativeness. However, a counter argument was provided by Schneider et al. (2013), who said potential participants who may have been reluctant to come forward without the reassurance of their peers/colleagues were more likely to be recruited in this way, with their views contributing to the richness of data collected.

In conclusion, the sampling methods were chosen for this descriptive, exploratory study depending on their ability to maximise the researcher's opportunity to produce enough 'rich' data and to answer the research question(s). Although sampling considerations identified the characteristics of the participant population, their eligibility to be part of the study was determined by the study's inclusion and exclusion criteria.

Inclusion and exclusion criteria

A study's inclusion criteria are the specific characteristics that delimit its population and set out the elements that must be possessed by participants for inclusion. They are influenced by the methodology, the study's purpose and its aims and objectives. Polit and Tatano-Beck (2012) labelled this aspect a 'population construct' (2012, p. 274), and implied that a study's validity is enhanced when there is congruence between the inclusion criteria and the population construct. Other features of inclusion criteria considered for this study included: costs, practical constraints, participants' ability to be involved and design considerations, each also having implications for the interpretation of the study's results and the findings' external validity (Polit & Tatano-Beck 2012).

Inclusion criteria

For this study, the inclusion criteria were:

- Australian adolescents
- between 14 and 19 years of age
- either an abstainer, a low-risk consumer of alcohol or able to describe experiences in which they had refrained from alcohol consumption
- at school, university, employed or unemployed
- able to consent to participate
- able to commit to an interview (face-to-face or telephone) that may last from half an hour to two hours.

Exclusion criteria

Exclusion criteria were used to identify persons as inappropriate participants for the nominated study.

For this study, the exclusion criteria were:

- non-English speaking adolescents
- young people with an Intellectual disability.

These groups were excluded because of their vulnerability, which was either directly attributed to their cultural diversity and/or English language difficulties or to their cognitive abilities affecting participation in an interview.

Ethical considerations, approvals and amendments

Ethical considerations

When the protocol of this study was designed, the researcher was obliged to consider the ethical considerations and potential risks associated with the study, and how they should be mitigated in its

vulnerable population. These considerations included: the risk of causing psychological harm in the included adolescents, protecting their privacy and assuring confidentiality, and maintaining their anonymity throughout the study proceedings.

It was assessed that the face-to-face or telephone interviews had only minimal risk of being detrimental to a young person's wellbeing or placing their psychological development in jeopardy (NHMRC 2007). This was because the study targeted adolescents aged 14 to 19 years who abstained from alcohol or consumed alcohol at low-risk levels. In this case, it was more likely that the participants would describe incidences of safe alcohol consumption, rather than high-risk situations that could lead to harm. Prejudices about adolescents consuming alcohol were not reinforced, participants were not stigmatised, and discrimination was not promoted throughout the interviews. However, a plan was established in case a participant did experience distress. It was developed in accordance with NHMRC (2007) guidelines and The University of Adelaide's Human Research and Ethics Committee (HREC) policies and directions about child safety.

Another mandatory aspect of this study was protecting the privacy and confidentiality of the data (during collection and analysis stages) because of the vulnerability of the study's target population. A strategy for this included only the research team (the researcher and two supervisors) having access to participant data. All participant information was filed securely in documents located on the researcher's principal supervisor's securely stored and password-protected computer.

Additionally, all data collected via face-to-face or telephone interviews maintained the anonymity of participants by expressing their narratives according to pseudonym only. Identifiable data were only required for the purposes of recruitment and allocation to a face-to-face or telephone interview. No identifiable data were included in the analysis or reporting of findings, and neither will they be included in future potential publications.

Ethical approval and amendments

Ethical approval for the study was obtained from The University of Adelaide's HREC on 14 November 2016, Ethics Approval Number H-2016-217. However, due to recruitment difficulties that were

encountered, a number of amendments were necessary. The first amendment, approved on 29 March 2017, related to data collection and participant recruitment. Data collection was amended to include individual face-to-face or telephone interviews in addition to the originally planned interviews. Subsequently, the participation information sheets, participant consent forms, parent participant information sheets and parent consent forms were altered to outline the various data collection options. The consent procedures required participants, and parents where applicable, to indicate their preferred data collection method. The second amendment, granted on 6 June 2017, approved advertising the study on radio and in South Australian newspapers, plus changes to the study's inclusion criteria. The cost of advertising the study in a series of South Australian metropolitan and regional newspapers proved to be unaffordable; therefore, this strategy was not used. However, young people from rural and regional areas of South Australia were now eligible for inclusion in the study. Fortunately, advertising the study via radio interviews generated an increased level of interest and an increased number of contacts from potential participants and parents nationally. This led to a final ethics approval amendment request to enable young people from all states and territories of Australia to be eligible to participate. Approval for this amendment was granted on 3 July 2017.

Recruitment strategies for the study

Several major strategies were employed to recruit participants for this study. Initially these included: the use of a poster, a comprehensive social media strategy and the construction and distribution of a letter to a list of employers of young people and committees of local sporting or social clubs. An outline of each strategy is provided below.

Poster

A poster was constructed for participant recruitment (see Appendix VI, Poster). It was displayed in areas that adolescents were likely to frequent. The researcher placed copies of the poster on community notice boards, and behind the doors of male and female toilets at two local universities.

Odling-Smee (2013) and NYU Libraries (2017) recommended that posters should be constructed to be simple yet appealing to the target population of a study. Thus, the poster was constructed to be

original and colourful to capture the target population's attention, and to hold their attention long enough for engagement with the text, because people will only spend a minute or two engaging with any poster (Odling-Smee 2013). A bright yellow banner was used for the title with black text for contrast, and a colour collage of images of young people, the same age as the target population, was placed on the poster as another strategy for capturing the attention of potential participants (Odling-Smee 2013).

The text was organised to be clear (Ladd n.d.), easy to read and grammatically correct (Odling-Smee 2013; Singletary & CRED Library 2015). Key words and phrases were repeated to be consistent with the recruitment strategy. They were also capitalised to capture the audience's attention (NYU Libraries 2017). A series of questions was proposed to encourage adolescents to participate. The instructions were documented clearly and succinctly so they were easy to follow (NYU Libraries 2017). Contact details of the researcher were provided. Both the researcher's allocated university email address and a (specifically purchased) mobile phone number were included. A recorded message was placed on the mobile phone service, asking interested participants to leave their name and contact details in the event direct contact was not made in the first instance.

Posters were not employed as a sole recruitment strategy because paper-based strategies, like printing and displaying posters, are not only time consuming and somewhat costly, but also a strategy that may yield low recruitment rates (Rait, Prochaska & Rubinstein 2015). Rait, Prochaska and Rubinstein (2015) also described a rationale for avoiding school-based recruitment, which was pertinent to this study. They suggested the problems associated with ethical applications and administrative issues to gain access to school students is costly in terms of personnel and resources, and still only potentially yields low levels of enrolment. Thus, other innovative methods for recruitment were required for this study and included the initiation of a social media campaign by the researcher.

Social media campaign

A social media campaign was implemented because adolescents remain 'a challenging population to recruit' (Moreno et al. 2017, p. 64; see also Amon et al. 2014; Thornton, Louise et al. 2016). This

position is amplified when aiming to recruit adolescents in studies about substance use (Rait, Prochaska & Rubinstein 2015). However, given the growth in use and access to technologies (ACMA 2014), the researcher decided to capitalise on an opportunity to utilise social media for reaching and recruiting adolescents and immersing themselves in what Kosinski and colleagues (2015) term a 'new human environment' (p. 75) and opportunity for research.

The stimulus for this decision resulted from an awareness that 'adolescents are viewed as the natural target for social media use' (Amon et al. 2014, p. 5). In 2016, 82% of all 14 to 17 year-old Australian adolescents had gone online in the previous four weeks (ACMA 2016); 91% of them via a computer, 78% of them via a mobile (smart) phone and 39% via a tablet. The top five internet domain channels in December 2013 were Google (77%), Facebook (53%), YouTube (50%), Mi9 (49%) and Microsoft (39%) (ACMA 2014). Adolescents' social networking usage was also increasing, and the average daily time spent on Facebook by adolescents was 2.27 hours in June 2015 (ACMA 2016). Moreno et al. (2017) established that when compared to in-person recruitment, social media approaches reached more potential participants from a wider geographical area and more engagements resulted. This finding was supported by Rait, Prochaska and Rubinstein (2015), who also found social media recruitment provided the greatest number of people contacting their team to participate in their study, even though not all were suitable for inclusion. Social media recruitment for research was also found to achieve a greater diversity in terms of gender, race/ethnicity and socioeconomic status while avoiding the clustering of participants (Moreno et al. 2017). Each of these factors exerts an influence on the credibility and validity of the data collected and was consequently important to the present study. Based on this new information, the researcher decided to utilise four methods of recruitment on Facebook including: a Facebook page, paid advertisements and post boosting, personal Facebook messages and postings on Facebook groups.

[Facebook page](#)

A Facebook page was created as a potentially cost-effective strategy with the intention of recruiting many young people in a short time frame (Thornton et al. 2016) and raising general awareness of the study (see Figure 11).

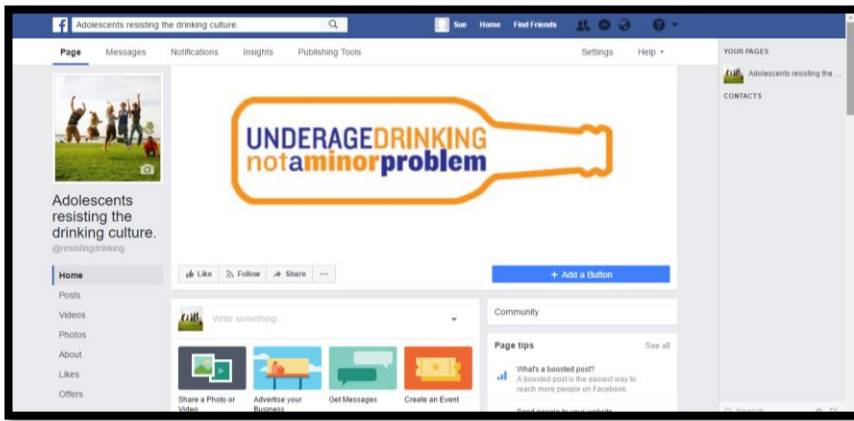


Figure 11: The 'Adolescents resisting the drinking culture' Facebook page

An additional benefit of this recruitment strategy highlighted by Thornton and colleagues (2016) was that low-incidence, economically disadvantaged and stigmatised groups may be encouraged to participate in the study because participants were able to contact the researcher directly and without the awareness of others on the page or others they may know. For this study, the inclusion of the perspectives of these individuals added to the richness of the data collected and contributed positively to the study's credibility and validity.

On the Facebook page, interesting and relevant posts commenting on adolescents who abstain from alcohol or consume alcohol safely were generated. The page was set up to include news articles in which the consumption of alcohol during adolescence was discussed. It also included study announcements, health promotion strategies, alcohol-related resources and inspirational messages about being young and practicing good health behaviours. The page was updated regularly, that is, every three to four days, and included at least two posts a day to maintain interest as advised by Kosinski et al. (2015). The page contained a section to inform potential participants of the study. It also included a brief description of the research team to establish rapport and credibility with the audience and potential participants. The researcher interacted with other Facebook pages with similar purposes or content by 'liking' these pages. Links for the page were distributed to the list of contacts (see Table 10). Although many participants contacted the researcher through the Facebook page, about the study, only three were recruited for an interview.

Facebook paid advertisements and post boosting

Facebook advertisements were created to run separately and concurrently with the rest of the recruitment campaign to further broaden exposure to the target population. These advertisements were produced to specifically target male and female adolescents aged 14 to 19 years who were abstainers or consumers of alcohol only at low-risk levels. The advertisements appeared on the Facebook profiles of users listed as having a range of interests applicable to the study's target population (see Table 7).

Table 7: List of profile interests targeted in Facebook Advertisement 1

Characteristic	Profile Interest
Age	14 to 19 years
Gender	Female or male
Location	Adelaide + 40 km radius
Demographics: people who match the following interests	<ul style="list-style-type: none"> • Adventure travel • Holidays and tourism • Human rights • Community issues • Singing • Gardening • Nonprofit organisations • Volunteering • Rabbits • Painting • Performing arts and dance and acting • Automobiles and scooters and boats • Pets: cats, fish, dogs, birds, horses • Craft • Nature • Current events • Guitar • Religion • Mentoring young people • Charity and causes • Writing • Law • Sculpture, drawing, photography, fine art • Theme parks • Environmentalism policies and social issues

The advertisements included a wide variety of pictures that captured the attention of and catered to the target population. Images of adolescents individually and collectively participating in their community in a carefree, positive and healthy state were used. The advertisements included a banner and were accompanied by a brief description of the research, its aims, an invitation for participation and the contact details of the research team. Stock photographs with Creative Commons licences were used to avoid copyright issues. This style of advertising was consistent with those included in a systematic review undertaken by Amon et al. (2014). A second form of advertising was also utilised in the study: ‘post boosting’. When a post is boosted, it is pushed out to people who have previously ‘liked’ the Facebook page and their friends. The aim of boosting a post was to promote the contents of the page and ensure its exposure to a wider audience, potentially resulting in additional participant recruitment into the study.

The first paid advertisement and post boosting were partially effective as recruitment strategies, and this is demonstrated in Figures 12 to 16. There was an increase in net likes for the campaign, and as of 2 May 2017, 3542 people had been reached by the Facebook page. Unfortunately, neither strategy translated into young people being recruited into the study. Despite this lack of recruitment, advertising was repeated three times throughout the recruitment period and many posts were boosted in the hope that Australian adolescents would engage.

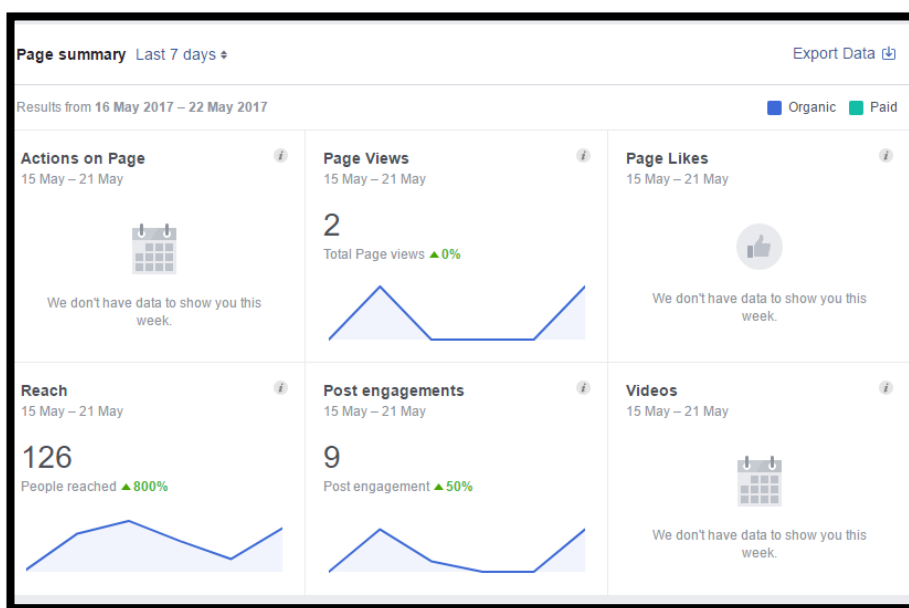


Figure 12: Page summary following advertisement, 22 May 2017

Recent promotions on Adolescents resisting the drinking culture. [+ Create New Promotion](#)



Page promotion
Completed

This research project aims to understand why a...

Promoted by Sue Sharrad on 04/27/2017

4,686
People reached

33
Page likes

\$35.02
Spend of \$5.00 per day

[View Results](#)

[Manage All Promotions](#)

Figure 13: Post promotion utilising advertisement 1, 22 May 2017

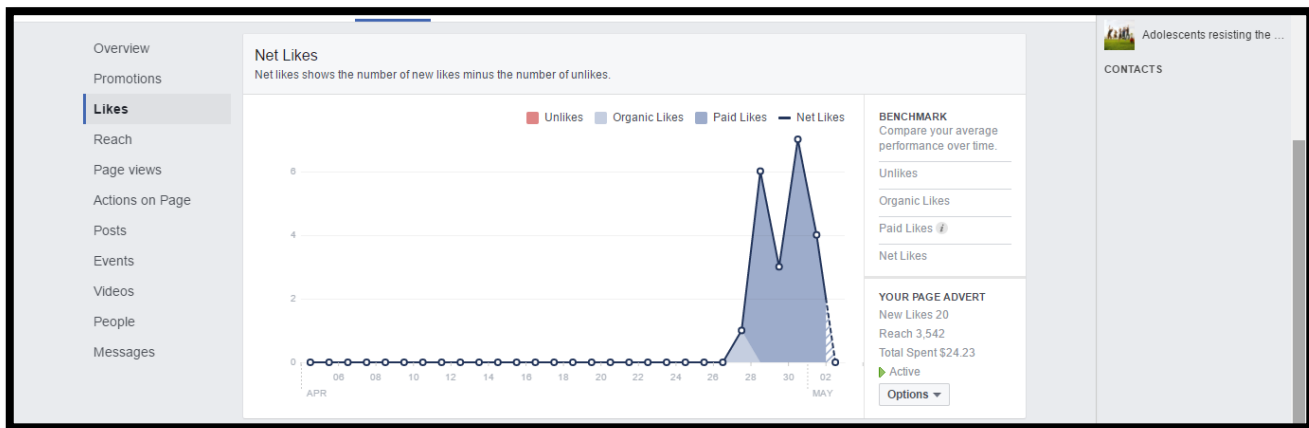


Figure 14: Net likes of the Adolescents resisting the drinking culture Facebook page following advertisement 1, 22 May 2017

Boost post

OVERVIEW EDIT PROMOTION

Please rate the effectiveness of this promotion.
★★★★★

You are targeting **men and women ages 18-65+** who live in **1 location**.
[Show full summary](#)

This promotion will run for **1 day**.

Your total budget for this promotion is **\$6.00**.

797 People Reached [?]
17 Engagements
\$6.00 Total Spend [?]

Actions | People | Countries

By clicking Save Changes, you agree to Facebook's Terms & Conditions | [Help Centre](#)

[Boost Another Post](#) [Close](#)

DESKTOP NEWS FEED MOBILE NEWS FEED

Adolescents resisting the drinking culture. [Like Page](#)

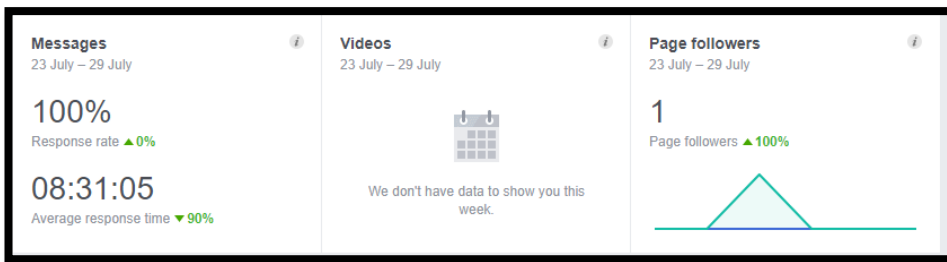
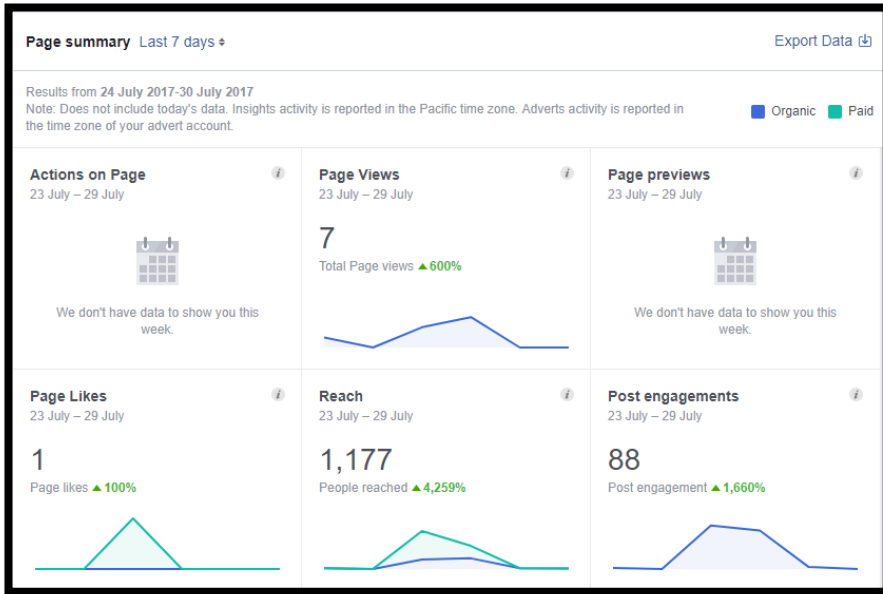
Sponsored ·

Recruitment for this study continues and it will continue until the end of October 2017. If you aged between 14 and 19 years and have never had a drink of alcohol or choose to only drink alcohol in small amounts you may be interested in participating in this study. It is aiming to find out about the things which influence a young person's decision to not drink alcohol or only drink in small amounts. It would involve you taking part in a once only small group discussion with other young people your age or an individual discussion (either as a telephone interview or as a face to face interview). If interested more details can be provided from Sue Sharrad; suzanne.sharrad@adelaide.edu.au or 0414 383 349.

7 reactions 9 Comments 2 Shares

[Like](#) [Comment](#) [Share](#)

Figure 15: Example of boosting a post on the Facebook page



Facebook page summary after boosted post



Advertisement activity report following boosted post

Figure 16: Effects of boosted post on Facebook page summary

On reflection, this strategy was not effective, because at the end of the advertising period, there was no further engagement with the Facebook page, as demonstrated by Figure 17.

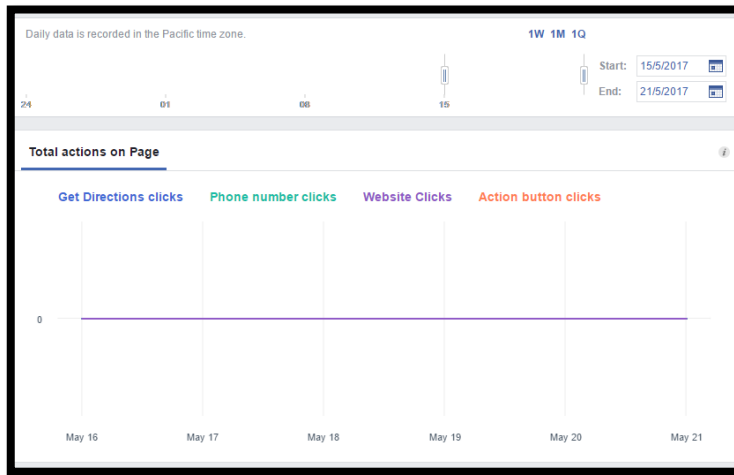


Figure 17: Post-advertisement statistics, as measured 22 May 2017

Personal Facebook messages

The researcher sent personalised Facebook messages on behalf of the study to create an online presence and connect with targeted community leaders in local councils, youth organisations, health centres and sporting groups who may be supporters of the research being undertaken (Amon et al. 2014) (see Table 8). Each message contained information about the study and a request to repost the study link on the individual's or organisation's corresponding Facebook page. The aim of this strategy was to reduce the effort and time resources being used to search for potential participants (Amon et al. 2014). An additional benefit of this strategy was that it was free of charge.

Table 8: List of youth Facebook pages in Adelaide contacted via Facebook messages

Date:	Youth Facebook pages in Adelaide	Outcome	Follow-up 23 May 2017
3 May 2017	Boy Scouts South Australia	Confirmation that Adolescents Resisting the Drinking Culture Facebook page will be shared	
	Encounter Youth	To promote study via their Facebook page	Emailed
	Young Adelaide Voices	No response	
	Onkaparinga Youth	No response	
	YMCA SA Youth Parliament	No response	
	Rotary Club of Adelaide (Youth Service)	Message directed to the Secretary for consideration	Follow-up Facebook message
	Cross Fit Kids	No response	

However, this strategy also proved to be ineffective for the recruitment of young people to the study as no participant contacted the researcher or was recruited.

Posting on Facebook groups

The researcher joined youth-related Facebook groups to advertise for recruitment. These groups maintain Facebook pages based on real-life youth interests to facilitate discussions of youth-related topics. Once requests to join these groups were granted, posts were made in a common thread requesting that interested participants contact the research team.

A list of the Facebook groups contacted is listed in Table 9. This strategy operated in a similar way to the one used in relation to Facebook messages, as discussed above.

Table 9: List of Facebook groups used for recruitment

Group	URL	Result
Teen group Facebook	https://www.facebook.com/TeenGroup1106/	No response
Playing it Safe	https://www.facebook.com/safety/groups/teens	No response
Mums in Business	https://www.facebook.com/MumsInBusinessAustralia	No response
Exploring Teens	http://www.exploringteens.com.au/#!facebook-feed---recent-posts/cwIk	No response
Siblings Australia Teen Sibs	http://siblingsaustralia.org.au/teensibs.php	No response

This strategy did not yield any responses from page administrators, and no participants were recruited through this strategy. Ultimately, it was not proven to be a useful recruitment strategy for the study.

Letter distributed to a list of contacts

Another strategy involved contacting employment agencies and youth services through a letter enclosing the poster and participant information sheet. All documents were distributed to a list of contacts including employment venues and local sporting and social clubs all typically associated with young people aged 14 to 19 years of age (see Appendix VII/Table 10). The letter outlined the purpose and nature of the study and included the contact details of the research team. Each organisation was asked to display the poster in an area that adolescent staff would frequent, for example, tea rooms, lunch rooms, bathrooms and toilets.

Table 10: List of employment and youth service contacts

No.	Association/ name	Title	Outcome
1	Woolworths Limited Brad Banducci	Managing Director and Chief Executive Officer Woolworths Limited	Will not distribute
2	Foodland South Australia Mr Con Sciacca	Chief Executive Officer	No response
3	Coles		No response
4	McDonalds South Australia	Maccas in the community <ul style="list-style-type: none"> • Lead healthy lifestyles • Develop skills and encourage learning 	No response
5	Hungry Jacks		No response
6	KFC		No response
6	Adjunct Associate Professor Naomi Dwyer	Chief Executive Officer Women's and Children's Health Network	No – no ethics approval
7	ShineSA Frances Whaley	Coordinator, Nursing and Midwifery Education	Requested electronic version of poster for display
8 *	Student Edge Kevin Pickett Joel Watt	Head of Research Project Manager, Client Services	No response
9	SA Scouts Steve Hastwell Kathrine Hastwell	Marketing Scouts SA Marketing Manager	No response

10	Girl Guides SA Dawn Borchardt	State Commissioner, Girl Guides SA	No response
11	Hills Netball Association Melissa van der Linden Samantha Parker	Secretary Principal User	Requested electronic version of poster to distribute to local clubs
12	Hills Football League Samantha Stanbury	Secretary-	No response
13	Libraries of South Australia Geoff Strempele	Associate Director Public Library Services	Advised to correspond with each council library individually City Library – unable to support the display of poster Tea Tree Gully Library requested electronic version of poster for display
14	Anglicare		Requested additional information and electronic copy of poster for distribution
15	Multicultural Youth SA Inc.		No response
16	Youth Affairs Council of SA Samara Young	Communications Officer	No response

This component of the recruitment strategy was included despite the weaknesses highlighted by Rait, Prochaska and Rubinstein (2015). Rait et al. (2015) recognised it as a weak plan because of the required navigation of complex administrative networks, the lack of guarantee that the posters would remain in public areas and visible to the study's target population, the expense associated with mass mail-outs and no surety that the research information would reach the target population.

However, as adolescent research participants are hard to access, the researcher of this study believed many different recruitment strategies could aid contact. In the end, this strategy did not lead to recruitment of participants into the study.

When the originally devised strategies proved ineffective for recruitment to the study, the researcher was required to extend the recruitment strategy. Giving consideration to the target audience, a number of additional strategies were devised and implemented. These included the nomination of gatekeepers (McFadyen & Rankin 2016) and further advertisement of the study on radio.

Gatekeepers

In the context of this study, the gatekeepers were third-party personnel, chosen because they had access to young people and were role models in their local community. The gatekeepers were approached to advocate for the study and support recruitment. Each gatekeeper was coached by the researcher until they had sound understanding of the ethical principles important to this study and intimate knowledge of the purpose, aims and objectives of the research. The gatekeepers were deemed an additional alternative way to gain access to (Lavrakas 2008) and protect (Lee 2005) the study's vulnerable population (McFadyen & Rankin 2016). They answered questions and explained aspects of the study, thereby theoretically smoothing out a potential participant's path to the research. They provided the researcher's contact information, but, left it up to potential participants to independently contact the researcher. Six participants were recruited as a result of this strategy. Thus, the use of gatekeepers proved to be the most successfully employed recruitment strategy because 50% of the total number of participants were recruited through this means.

Promotion on radio

The researcher investigated the benefits of radio promotion as an additional strategy that could promote study engagement.

Promotion on the radio has the potential to improve a study's recruitment success by potentially reaching a wide targeted listener demographic. Rajagopal (2010) reported that a large number of a program's regular listeners will respond to a broadcast's 'commercial' messages. Other market

researchers (The Radio Advertising Bureau 2010) preferentially use radio advertising because they have found it to be the most efficient method of recruitment with an immediate effect on internet browsing. The researcher was hopeful of greater exposure for the study and greater engagement with the study's Facebook page by utilising this strategy. Thus, the researcher approached the Australian Broadcasting Corporation (ABC) radio network requesting an opportunity to promote the study on local and youth focused radio.

The ABC, Australia's national broadcaster, owned by the Australian Government, was deemed to be fair-minded, neutral and balanced in its operation and thus a suitable party for the study's advertisement. The ABC has a weekly reach in the five-city metropolitan markets of 4.74 million people aged over 10 years, which is 23.9% of the market share; this audience base considers the quality of the programs to be 'good' (Australian Broadcasting Corporation 2016). Hence, the researcher believed there was a reasonable prospect that potential participants could be reached by this strategy.

As a result of contacting the ABC, the researcher was interviewed on ABC Adelaide's morning radio program. In the interview, she discussed the study's aims, objectives and purpose, its significance for building new knowledge about adolescent drinking patterns, especially given recent NDSHS results highlighting an increasing number of adolescents are delaying their initiation to alcohol and the majority of adolescents aged 12 to 17 years are non-drinkers (AIHW 2017a). Enough interest was generated from the interview that the ABC decided to produce an online article (see Appendix VIII), and the ABC in Perth, Western Australia, approached the researcher for a second interview.

Radio advertising proved to be partly effective in attracting potential participants. Nine potential participants contacted the researcher via the Facebook page. Two of these were older than 19 years and therefore ineligible to participate. Despite being informed that they were ineligible, they freely offered their thoughts via a Facebook message. Their thoughts were not included in the study. Three of these potential participants were recruited for an interview. An additional nine potential participants contacted the researcher via email. Interestingly, again, three were ineligible due to

their age but were still keen to offer their experiences via email. One participant contacted the researcher via the phone. None of these potential participants were recruited for an interview.

The effects of radio promotion on engagement with the study’s Facebook page are represented in Figures 18 to 22. There was an increase in page engagement (see Figure 18), total page likes (see Figure 19), post reach numbers (see Figures 20 and 21) and total views of the page (see Figure 22).

Published	Post	Type	Reach: Organic/Paid		Engagement	Promote
			Targeting	Reach		
20/06/2017 20:09	a relatively recent published article about the effects associated with...			15	2 1	Boost post
19/06/2017 07:38	A short piece about the study has been made available by the AB...			20	1 0	Boost post
13/06/2017 22:27	More good news - the downward trend for alcohol consumption in...			15	0 2	Boost post
13/06/2017 07:10	Here is a thought for today. It comes from E. E. Cummings - "It ta...			8	0 0	Boost post
09/06/2017 11:29	As a long weekend approaches in Adelaide I am re-posting this pr...			8	0 0	Boost post

Figure 18: Evidence of increased engagement with Facebook page following radio advertising

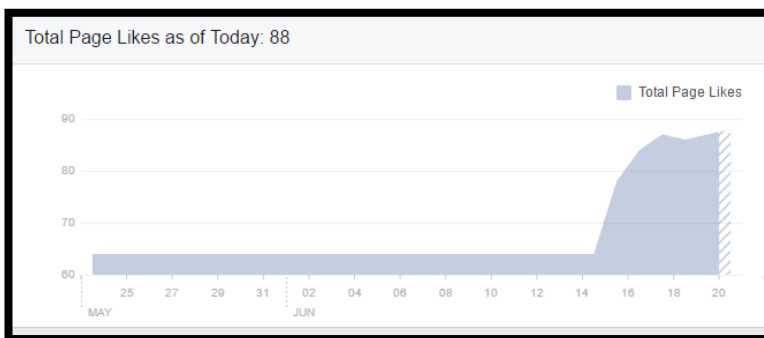


Figure 19: Evidence of increased total page likes following radio advertising

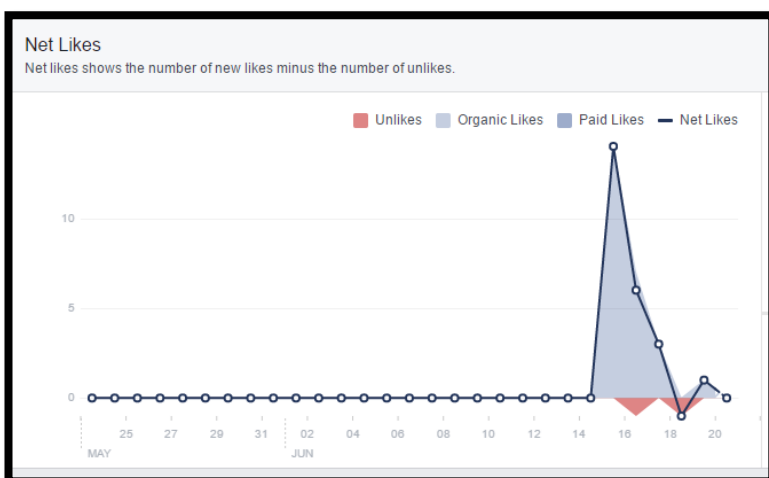


Figure 20: Evidence of increased Facebook page net likes following radio advertising

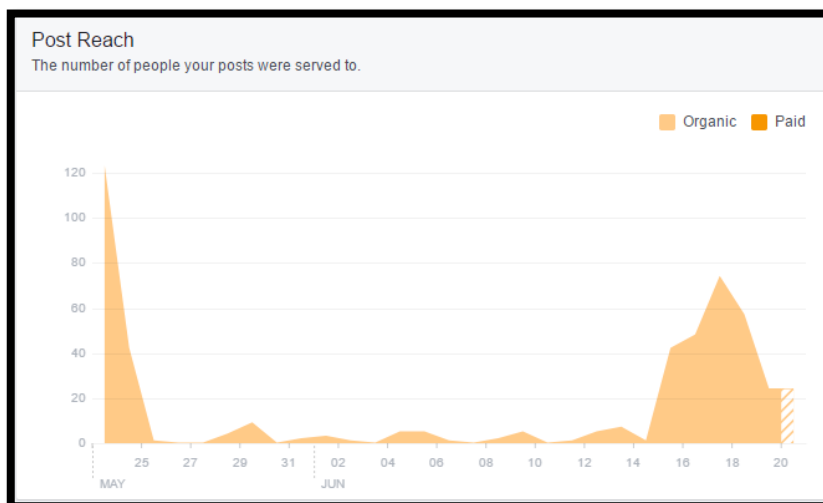


Figure 21: Evidence of increased post reach with Facebook page following radio advertising

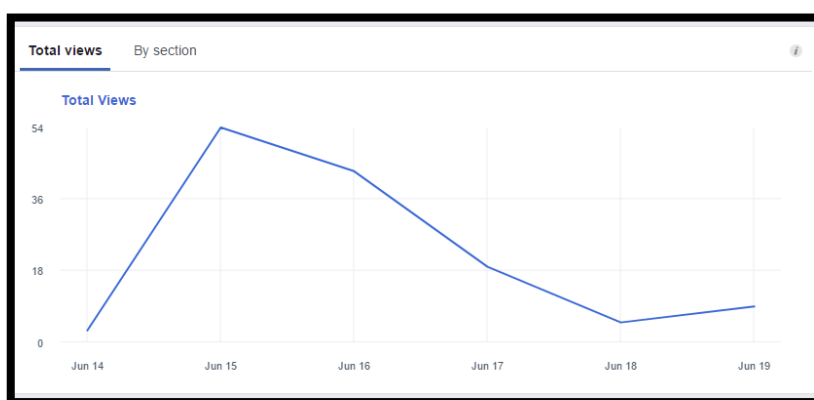


Figure 22: Evidence of increased total views of Facebook page following radio advertising

In conclusion, a summary of the diverse recruitment strategies and their timeline is provided in Table 11.

Table 11: Summary of recruitment strategies

Date	Action
14 November 2016	Ethics approval granted. Recruitment strategies can be implemented
27 January 2017	Facebook page constructed and initiated
28 January 2017	Posters applied to community and community notice boards
1 February 2017	Letters sent to employers of young people and to community group leaders <ul style="list-style-type: none"> • Distributed via email where possible • Posted to others
6 February 2017	Facebook page shared

13 February 2017	Women's and Children's Local Health Network
27 February 2017	Completed application forms for Anglicare Research, provided posters 4 August 2017
1 March 2017	Email to Headspace to share research poster on website
6 March 2017	Posters distributed at Flinders University and The University of Adelaide
15 March 2017	Contacted Headspace to share page
29 March 2017	Amended HREC approval to include individual face-to-face and telephone interviews
3 April 2017	Submission to Lisa Japp, Faculty Website Reinvention Project Officer Request to include research information on website
14 April 2017	Reapplication of posters in community settings
24 April 2017	Assignment of gatekeepers
27 April 2017	First paid advertisement on Facebook. Re-advertised individual interviews on Facebook
4 May 2017	Facebook messages sent to youth-related groups
10 May 2017	Correspondence with Encounter Youth
11 May 2017	Snowballing from previous participants
22 May 2017	HREC asked to amend ethics application <ul style="list-style-type: none"> • Include rural youth • Advertise through local papers • Advertise on radio
23 May 2017	Email correspondence with Encounter Youth <ul style="list-style-type: none"> • Follow-up CEO's response
1 June 2017	Liked Positive Choices and Encounter Youth websites
2 June 2017	Resubmission of Ethics Application with amendments
6 June 2017	Distributed information about the study to Encounter Youth for their webpage Amended HREC approval to include South Australian rural youth and additional advertisement strategies
7 June 2017	Letter to community newspapers, ABC Radio (local) and Triple J
9 June 2017	Response from ABC Radio, Call from newspaper advertising staff
13 June 2017	Text/call from ABC producer – interview conducted

15 June 2017	Contact from Brett Williamson, ABC reporter
16 June 2017	ABC Perth interview conducted
19 June 2017	Call from <i>Port Lincoln Times</i> sales manager
26 June 2017	Submission of amended ethics application <ul style="list-style-type: none"> To include youth from all states and territories of Australia
3 July 2017	Amended HREC approval to include youth from all states and territories of Australia
4 July 2017	All potential interstate participants who had expressed interest were contacted again and advised they could be recruited into the study Anglicare contacted the researcher to inform that they had not been able to progress our request for help with recruitment and ask if we still wanted their help Contacted Triple J via email to advise that recruitment was now Australia wide in case an interview was appropriate
7 July 2017	Contacted newspapers again about an advertisement for the study. Quote for advertisements obtained – cost prohibitive
13 July 2017	Anglicare Ethics Approval granted – support for study advertisement granted
26 July 2017	Second advertisement applied. Post about the continuation of the recruitment ‘boosted’; fee \$6.00
30 September 2017	Posters replaced in community settings
3 October 2017	Facebook post recruitment posted for two days
31 October 2017	Recruitment period complete and final notification posted on Facebook page

Recruitment next steps

In this study, potential participants or their parents made first contact with the researcher in a number of ways: via email, via the phone or via the Facebook page. If first contact occurred via email, a return email address was obvious. If the interested participants made contact by phone, a return phone number was obvious. If contact was made via the Facebook page additional contact details (like an email address) were requested. After informing the interested participants, additional personal contact details were collected to make further contact and arrange a time for a face-to-face or telephone interview. A summary of the personal information collected:

- name
- age
- gender
- address
- email, phone number and preferred method of contact
- for any interested participant aged 14 or 15 years of age, the name and address of a parent(s) or guardian(s) was also be sought to ensure the distribution of the parent participant information sheet and consent form.

After collection of personal data, each potential participant was provided with a participation information sheet (see Appendix IX), parent participation information sheet (see Appendix X) and parent consent form (see Appendix XI) if applicable, and a consent form (see Appendix XII). Each potential participant, and their parent(s)/guardian(s) if relevant, was advised that they could contact the research team, via email or phone, to discuss any aspect of the study they wished because Daley (2013) found that recruitment among young people is enhanced if they or their parents are provided with an opportunity to talk to the researcher and gain information about the aims of the study.

Utilising the previously provided participant contact information, details of their allocated face-to-face or telephone interview were subsequently distributed. Mostly, the details were distributed by email with follow-up phone contact.

Consent considerations

Parents of participants aged 14 to 15 years were asked to return signed consent forms to the research team in a predefined time so that details of the face-to-face or telephone interviews could be finalised and distributed to both them and their child.

For participants 16 years and older, consents forms were returned via mail or email. Despite this, they were still asked for their consent and screened for their drinking status, at the beginning of a face-to-face interview. If adolescents nominated to participate in a telephone interview, consent

forms were returned and available to the researcher prior to the interview so that they could be verified. Regardless, consent and drinking status screening was discussed again prior to any telephone interview being conducted.

Data collection

In descriptive exploratory studies, various methods of collecting direct data are possible. However, Schneider et al. (2013) regarded interviews as the prime method of qualitative data collection, and Gill et al. (2008) suggested interviews elicited a deeper understanding of the research topic. Therefore, the researcher was confident in her choice of utilising face-to-face or telephone interviews because each method provided rich narrative data for qualitative data analysis (Diekroger 2014; Gelling 2015).

Constructing an interview schedule

In this study, and following the decision about the data collection method, the researcher constructed an interview schedule (see Appendix I) listing a set of open-ended interview questions to structure the discussion (Schneider et al. 2013). This step ensured that the study's specific factors and research questions and objectives were addressed in a logical sequence (Polit & Tatano-Beck 2012). Careful consideration was given to the construction of the questions. Their wording was carefully considered to promote an adequate depth and breadth of responses from participants. The researcher also avoided constructing convoluted questions that could potentially create confusion or ambiguity (Schneider et al. 2013). As this study involved younger adolescents (that is, 14 and 15 year olds), the researcher also paid attention to their stage of cognitive development. Younger participants may have still been in the concrete operational stage of cognitive development, and may have experienced difficulty in considering hypothetical situations, the perspectives of others or projections of their personal futures (Hockenberry 2005). Therefore, questions needed to accommodate participants' stage of cognitive development. The researcher carefully planned to deliver each question clearly and sensitively, aiming to be balanced, unbiased and non-threatening in any way by being attentive to the discussion, following tangents, and seeking clarification or elaboration of participants' answers when required. The researcher planned to probe and rephrase

questions, as required, allowing younger participants to express their views. For the younger participants, information about only a single factor would be sought at a time. In contrast, questions were to be expressed differently to accommodate the cognitive abilities of older adolescents too. Older adolescents are generally capable of contemplating complex situations and expressing their personal choices and perspective more easily than younger adolescents. Lastly, the researcher aimed to avoid dichotomous or incriminating questions, or those that questioned young people's freedom of choice or independence from their parents/guardians (Krueger 2009) in order to gain participants' 'spontaneous, self-revealing and personal' responses (Wood & Ross-Kerr 2011, p. 183). The researcher planned to encourage participants to respond openly in their own words to all of the interview questions, and participants were encouraged to volunteer the required information freely with as many illustrations and explanations as they wanted.

Semi-structured face-to-face or telephone interviews

Semi-structured interviews were applicable because the researcher had not developed any preconceived views of the content and flow of the data to be collected (Polit & Tatano-Beck 2012). As metasynthesis was not possible in the study's first stage, the researcher had not developed a clear idea of what remained unknown about the phenomenon. Even though interview use was applicable to the second stage of the study, the advantages and disadvantages of this method, in qualitative research, was another consideration when designing Stage 2 of the study.

That interviews could provide detailed insights from individual participants and allow exploration of sensitive issues was advantageous to the research. Individual interviews also provided an avenue for participants to be engaged in research, especially if they did not want to share their views in a group environment (Gill et al. 2008; Krueger & Casey 2015; Watkins 2012). Wood and Ross-Kerr (2011) contended that an interview's flexibility is both advantageous and disadvantageous, particularly given the age group of the present study's participants, with the younger ones possibly expecting more direction throughout. Still, Gill et al. (2008) and Wood and Ross-Kerr (2011) agreed that an advantage of the method was its ability to explore 'a whole range of attitudes, thoughts, and feelings' (p. 183), which was a requirement of this study. The researcher's intention of generating

beginning knowledge on this phenomenon outweighed the fact that results may not be comparable from one participant to the next. Lack of comparability can be attributed to an individual's interview variability. However, conversely, it also had the potential to add to the data's richness.

The interviewer's role in the conduct and structure of the interviews was important. The researcher reflected on the impact of her role in interviewing young people and was acutely aware that a poorly conducted interview would lead to poor-quality narrative data and return poor research outcomes (Schneider et al. 2013). The only face-to-face interview was undertaken in a neutral public venue that did not convey a particular set of values or expected behaviours. Thus, a suitably located accessible municipal, yet private and self-contained, comfortable, venue, furnished with tables and chairs was used. During all interviews, the researcher ensured privacy and confidentiality were maintained as a way to address the vulnerability of participants. The researcher also set the 'ground rules' for the interviews by being punctual (Polit & Tatano-Beck 2012) and establishing a warm, inviting and non-judgemental attitude towards participants (Schneider et al. 2013). She did this by providing a friendly reception and developing rapport with participants. She attempted to provide and receive information in a two-way process between herself and participants thus, ensuring they felt as comfortable as possible because then they would be more likely to respond to questions honestly (Watkins 2012).

Telephone interviews enabled the inclusion of participants who preferred to avoid face-to-face discussions, as well as adolescents from interstate. Telephone interviews were also considered a useful strategy for today's young people because the adoption of mobile phones has been a 'global phenomenon' such that has become an 'integral part' of their daily lives and their most popular form of electronic communication (Campbell 2005, p. 2). The researcher was confident that engaging in telephone interviews for young people would not be completely foreign. All telephone interviews were conducted at a mutually convenient time.

All interviews were allocated an appropriate amount of time, so they were not hurried and not abruptly stopped, risking incomplete collection of data or causing the participant to become fatigued (Schneider et al. 2013). The interviews undertaken in this study lasted a mean time of 34 minutes;

with the shortest lasting 29 minutes and the longest, 49 minutes. All participants were open and forthcoming with their responses to the interview questions. Perhaps, this was because they had volunteered to be part of the study even when no incentive was offered, or because they had no problem declaring their abstinent or low-risk consumption of alcohol. For the younger participants, those aged 14 to 15 years ($n = 3$), the interviews were conducted separately from their parents. It appeared from participants' comments that not only did their parents' consent to their child's participation, they endorsed it and trusted them to be interviewed without parental supervision. For the researcher, this phase of the study proved to be interesting and the congruency of participants' view with respect to the influence of individual, social, and environmental factors on their decisions to be abstinent or low-risk alcohol consumers, was highlighted.

All interviews were audio-recorded with participants' permission.

Rationale for audio-recording interview data

Qualitative research interviews, whether face-to-face or by telephone, are typically audio-recorded (Denzin & Lincoln 2011; Gill et al. 2008; Gelling 2015; Watkins 2012). The researcher decided that audio-recording all interviews would be beneficial because the entire interview discussion would be captured and available for transcription and subsequent analysis. Furthermore, audio-recording removed the problem associated with note taking by the researcher, risking interruptions to the flow of the discussion and limiting participants' responses.

A more significant aspect of audio-recording interviews was its contribution to the data's descriptive validity (Tong, Sainsbury & Craig 2007). When all of the data were captured, the researcher was able to refer back to any interview and re-examine its content at any stage during the analysis.

Importantly, too, relevant quotes from the interviews were used to defend the findings (Morgan 2010; Polit & Tatano-Beck 2012; Schneider et al. 2013).

Transcription of verbal data

The data of this study were transcribed by the researcher into a written format for the thematic analysis to be conducted. It was rigorously and thoroughly transcribed as a 'verbatim' account of all

verbal communications. This was done so that the transcript retained all the required information to be true to its original nature. This process of transcription also enabled the researcher to become deeply immersed in the data, which was a critical part of the analytical process.

Data analysis

This phase of the research process involved large amounts of raw data and required a considerable amount of time to ensure its thorough analysis (Polit & Tatano-Beck 2010). As advised by Schneider et al. (2013), the researcher was 'deliberate, considered and systematic while applying abstract and conceptual thinking' (2013, p. 142) when analysing the data utilising Braun and Clarke's (2006) method of thematic analysis. This particular method of thematic analysis was applied because it was a 'useful research tool' leading to 'a rich and detailed, yet complex account of data' (Braun & Clarke 2006, p. 5).

What follows next are definitions for thematic analysis and the term 'theme' as applied to this study, and a description of the rigorous process applied to the study's thematic analysis, including how common pitfalls associated with this form of analysis were avoided.

Definition of thematic analysis

Data were analysed using Braun and Clarke's (2006) method of thematic analysis. The rationale for choosing this method was that it has been recognised as a widely used 'method for identifying, analysing, and reporting patterns (themes) within data' (Braun & Clarke 2006, p. 6). Due to thematic analysis being new to the researcher, the Braun and Clarke process was very closely applied to ensure trustworthiness of the data analysis. Thus, as these authors recommended, the researcher played an active role in the identification of patterns or themes, selecting only those of interest to the study's objectives, and reporting them in the thesis. It became a process of inductive thematic analysis because there was little pre-existing data on the phenomenon of abstinence or low-risk alcohol consumption by Australian adolescents and, as mentioned previously, Australian adolescents' views about this phenomenon were unknown. An inductive approach also meant the identified themes were strongly linked to the data collected. The study's thematic analysis was conducted in a five-step process.

Definition of a 'theme'

In this study, Braun and Clarke's (2006) definition of a theme was utilised. The authors said a theme was:

something that is important about the data in relation to the research question, and represents some level of *patterned* response or meaning within the dataset. (Braun & Clarke 2006, p. 10)

Therefore, a 'theme' was a judgement made by the researcher, not based on its prevalence or the proportion of data that alluded to it, but its relevance to the overall research question(s).

Steps of the thematic analysis

According to Braun and Clarke (2006), the process of thematic analysis commences when the researcher analysing the data begins to notice or look for patterns of meaning or points of interest within it. In this study, patterns or points of interest within the data became obvious during the data collection and transcribing stages. However, the researcher analysed the entire dataset by constantly moving backwards and forwards through the data in a dynamic process. Throughout the analysis, the researcher documented her ideas about coding and potential coding schemes.

Step 1: Familiarisation with the data

As the data for this study were collected solely by the researcher via interviews, she had some prior knowledge about them and had developed some initial analytical thoughts and interests by journaling thoughts after each interview. The entire dataset (made up of all of the interview transcripts and notes) was read and re-read several times, actively searching for patterns and meanings and developing a platform of ideas. During this process, patterns were identified that were further shaped as the analysis proceeded. Re-reading the data during this stage did prove to be time consuming, and this is cited as one of the reasons why qualitative researchers typically employ smaller samples (Polit & Tatano-Beck 2010). However, in this study it was considered an extremely important part of the process because it facilitated 'close contact and familiarity' (Tuckett 2005, p. 80) with the data and, therefore, improved the overall trustworthiness of the study.

Step 2: Generating initial codes

Once the researcher had systematically familiarised herself with the data, she produced an initial list of ideas and expressions of interest contained within it, and subsequently produced some initial codes. A code is defined by Braun and Clarke (2006) as 'feature of the data ... that appears interesting to the analyst' (p. 18). It was the most basic part or element of the raw data that could be meaningfully evaluated. The coding was conducted manually in this study, and a table was formulated to document short segments of data and the code that was assigned to it (see Appendix XIV).

Formulating a table was an important part of the coding process because through this the data were organised into meaningful groups. At this stage, the coded data differed from the themes that eventuated because they were broader in nature (Braun & Clarke 2006). Theme development occurred in the next step of the process in which the data was interpreted in relation to the claims that were being made about it. Due to this process, coding for this study was data-driven rather than theory-driven. There were two main reasons for this. First, the study was an initial study; second, the researcher intended to code the entire dataset aiming to establish new foundational knowledge.

Following the direction of Braun and Clarke (2006), the researcher coded for as many potential themes or patterns as time permitted. She coded data extracts inclusively so that the context of the extract was not lost, and coded individual extracts into all potential themes that they fitted. Although it was hard as a novice researcher not to be conflicted by contradictions that occurred, she continued with the process to ensure the resultant conceptualisation of the data patterns and relationships retained the tensions and inconsistencies as they reflected participants' views rather than her own.

In this first step of the process, the researcher importantly:

1. identified codes
2. matched them to data extracts that demonstrated the code
3. ensured all actual data extracts were coded
4. collated data extracts in each code.

Step 3: Searching for themes

This stage began when all data had been initially coded and collated, and a long list of identified codes had been produced. Next, the different codes were sorted into potential themes, and all relevant coded data extracts were collated with the identified themes. Now the researcher began to analyse the codes and consider how the different codes combined to become a predominant or central theme. As the analysis phase was conducted manually, concept maps were used to organise the codes into themes and subthemes as directed by Kinchin, Streatfield and Hay (2010). Subthemes were the subcomponents of a theme.

Concept mapping facilitated the researcher's ability to 'start thinking about the relationship between codes, between themes and between different levels of themes' (Braun & Clarke 2006, p. 20). During this step, a dynamic exchange of the codes among themes and subthemes occurred.

This step concluded when a 'candidate' (Braun & Clarke 2006, p. 20) set of themes and subthemes were formulated and all of the coded data extracts had been allocated to them.

Step 4: Reviewing themes

Step 4 involved the 'fine-tuning' of candidate themes and subthemes. During this stage the researcher examined all candidate themes and decided that some may not have enough data to support them, possessed data that were too diverse, or subsided into each other. Conversely, it became evident that some candidate themes needed to be separated into distinct themes.

Therefore, each theme was examined critically for meaningful coherence within themes and for clear and identifiable distinctions between themes. In accordance with the process proposed by Braun and Clarke (2006), two levels of review and refinement were required for this step.

In the first level, coded data extracts were reviewed. In the second level, the entire dataset was reviewed. The researcher read all the collated data extracts for each theme and determined whether a coherent pattern had been formed. If it had not, the researcher determined whether it was the theme itself posing problems, or whether the data extracts within it had been incorrectly placed.

Clearly if this was the case, the theme required revision: either a new theme was created, the data extracts were moved to an alternative theme, or it was rejected from analysis. When the researcher

was satisfied with the form of the coded data and themes, it was time to progress to the next phase of this step.

In the next phase, the researcher undertook a similar process, this time with the entire dataset. It was re-read, and the researcher ascertained whether or not the revised candidate theme accurately reflected the meanings evident within it. Additional data that were missed previously were coded as part of the dynamic coding process and another thematic map was constructed.

A danger within this analytical step was that the researcher might continue refining the coding ad infinitum. Following the guidance of Braun and Clarke (2006), coding ended when further refinement of coding did not substantially add to theme development. The researcher applied Braun and Clarke's direction that 'if it fits the data well – recognise this and stop' (p. 21). Accordingly, the researcher completed this step when she had developed a good idea of the different themes, how they fit together and what they said about the data.

Step 5: Defining and naming the themes

Braun and Clarke advised researchers to 'define and refine' (2006, p. 22) the themes. The researcher in this study aimed for the themes to be well-defined and not too diverse or complex. She confirmed these qualities by going back over the collated data and ensuring that the extracts were coherent and consistent and had supporting narratives. Narratives were not paraphrased and were instead included the researcher's account of what and why they were interesting to the study.

Additionally, at this stage a detailed analysis was conducted for each individual theme. Each theme was analysed individually, as well as in relation to other themes and how it fit into the overall story emanating from the collected data. The analysis conducted during this step promoted the development of subthemes within themes. These were used to give structure to bigger, more complex themes, and demonstrated a 'hierarchy of meaning within the data' (Braun & Clarke 2006, p. 22). Finally, names were allocated to the themes. These were concise and reflected what the themes were about (Braun & Clarke 2006).

Pitfalls of thematic analysis

In undertaking inductive thematic analysis according to the direction of Braun and Clarke (2006), it was also important for the researcher to be aware of potential pitfalls associated with the process.

These included:

- the potential to not analyse data
- using the interview schedule to define themes
- conducting weak and unconvincing analysis
- mismatching the theory and analytical claims.

Javadi and Zarea (2016) recently stated that the first pitfall of thematic analysis is related to a potential for data to not be analysed at all because analysis often involves great volumes of qualitative data and researchers must be conscious of conducting each step rigorously. To negate this first pitfall in this study, the researcher used data extracts as illustrations of their analytical points rather than merely paraphrasing the data's content.

Second, as suggested by Braun and Clarke (2006) and confirmed by Javadi and Zarea (2016), the researcher avoided using the interview schedule questions to define the themes. If she had done so, the researcher would have escaped the analytical work that was necessary in thematic analysis, including missing out on identifying themes across the dataset or making sense of the patterning of responses. Vaismoradi, Turunen and Bondas (2013) argued that when novice researchers comply with a fundamental but defined sequence of analytical stages for analysing data, the research is less likely to produce simple and low-quality findings. Hence, the researcher was encouraged by her supervisors to be reflective and to review the data from different perspectives throughout each of the analytical steps.

A third pitfall – weak or unconvincing analysis resulting in the themes not being congruent with data (Javadi & Zarea 2016) – overlaps with concerns about not being internally coherent or consistent (Nowell et al. 2017). The researcher ensured that the validity of the research was not compromised

by ensuring that each theme had a central concept or idea, and that all aspects of the theme adhered to it. By this means, a rich interpretation of aspects of the data resulted, rather than only anecdotal or idiosyncratic examples.

The penultimate pitfall is a mismatch between the data and the analytical claims being made about it (Vaismoradi, Turunen & Bondas 2013). In the process of thematic analysis, this can become obvious when claims are made that are unsupported by the data or data extracts are presented that insinuate other analysis or contradictory claims. To avoid this pitfall, the researcher ensured that all interpretations made, or analytical points highlighted, were consistent with data extracts.

The final pitfall, highlighted by Maguire and Delahunt (2017), involves a mismatch between the theory and analytical claims or between the research question and type of thematic analysis used. In this study, the researcher articulated her theoretical assumptions and clarified how and for what purpose the analysis was undertaken as part of this thesis (see Maguire & Delahunt 2017, p. 51). That is, she assumed that individual, social and environmental factors could have some influence on the decisions young people made about alcohol consumption.

An acute awareness of the pitfalls and utilisation of strategies as prescribed above, was the first step in assuring a quality appraisal of this second stage study.

[Appraisal of 'quality' in the qualitative descriptive exploratory study](#)

Although debate continues regarding the judgement of 'quality' in qualitative research and its contribution to bias (JBI 2008), Guba and Lincoln (1994; cited in Polit & Tatano-Beck 2012) have suggested that the determination of trustworthiness of qualitative research requires assessment of five key criteria: credibility, dependability, confirmability, transferability and authenticity (JBI 2008, p. 26). Therefore, in this qualitative study, the researcher enlisted a number of strategies, aside from avoiding the pitfalls of thematic analysis, to address the issue of 'quality'.

First, as the researcher was interested in the meaning of Australian adolescents' word(s), convenience purposive sampling (of small proportions) was used to recruit Australian adolescents for the study. Although this form of sampling may limit the representativeness of the sample and limit

the generalisability of the study's findings, in this study, it was fortuitous that 12 participants were recruited nationally (from both metropolitan and regional areas of the country), with the participants residing in South Australia, Northern Territory, New South Wales and Victoria. They represented each essential age range required in the study.

Second, a combination of face-to-face and telephone interviews was conducted, and this facilitated the collection of an immense amount of data. Watkins (2012) suggested large, overwhelming amounts of data can make analysis challenging, with the researcher risking loss of connection to it or missing the interpretation of its larger context. However, in this study, the large volume of data assured data saturation had been achieved. According to Fusch and Ness (2015), data saturation improved the study's quality, and Morse (2015) suggested it demonstrated the study's qualitative rigour. Importantly, too, as reported by Guest, Bunce and Johnson (2006) and applicable to this study, data saturation validated the use of its small, convenient, purposive sample.

Finally, the study's credibility was facilitated by utilising several strategies as advised by the Joanna Briggs Institute (2008). For example, the researcher undertook extensive peer debriefing and peer checking of the thematic analysis process with her supervisors. The supervisors encouraged prolonged engagement with the data and thematic map development resulting in the production of a form of audit trail that promoted the data's authenticity (Polit & Tatano-Beck 2012). This process also provided assurance that the findings were representative of the participants' voices, and not that of the researcher. This contributed to the study's confirmability (Polit & Tatano-Beck 2012). Moreover, Kitto, Chesters and Grbich (2008) said that utilising multiple researchers in the analytical process increases a study's validity and reliability because, in this study, it contributed to a more complex and nuanced understanding of the possible interpretations of the influences of adolescents' decisions to abstain from alcohol or to only consume safe volumes of alcohol.

Chapter conclusion

Two separate studies were completed as part of the investigation for this thesis. First, a QSR revealed a paucity of data about the individual, social and environmental factors that influence adolescents'

decisions to abstain or refrain from alcohol consumption. The methodology and methods for this study have been explained in detail. The second study undertaken was a qualitative descriptive exploratory study that aimed to answer the question: what and how do individual, social and environmental factors influence the decisions Australian adolescents aged 14 to 19 years make about abstaining from alcohol consumption or only consuming low-risk volumes of alcohol? This study aimed to produce beginning, foundational knowledge addressing the phenomenon of abstention or safe alcohol consumption during adolescence, and young people's ability to resist Australia's alcohol culture. The methodology and method for Stage 2 were also explained. Analysis of the collected narrative data produced a set of themes reporting the study's findings.

In the next chapter, a discussion of the QSR's redundant meta-aggregation and, therefore, its limitations is provided.

Chapter 4: Findings of the qualitative systematic review

The QSR was undertaken to aggregate qualitative data to improve our understanding of how some Australian adolescents make decisions to abstain from alcohol or to only consume low-risk volumes of alcohol, and the individual, social and environmental factors that influence these decisions. It was anticipated that newly generated information and/or knowledge would have the potential to: provide a framework or background to appropriately position new research activity, inform the way the community interacts with adolescents and guide the development of future public health policy, education and strategy directions to prevent the onset of drinking among Australian adolescents, and/or assist them to abstain from alcohol consumption or consume alcohol safely during adolescence. However, despite strict compliance with the Joanna Briggs Institute (2008) guidance for the conduct of qualitative systematic reviews, meta-aggregation of qualitative data from primary qualitative studies was not possible because of a lack of available literature on this topic. Therefore, the researcher was unable to fulfil all the review's original aims. A paucity of literature on the review's phenomenon of interest provided the impetus for the second stage of the study. To demonstrate that the QSR process was valid and reliable, the components of the review process will be discussed. Components contributing to the QSR's validity and reliability including: its literature search strategy, the context of the study, the quality of the retrieved studies' methods and methodologies, the types of participants included in the studies and the potential biases in the review process. How each of these components was implicated will be discussed along with the resultant implications of the review and recommendations for future research.

The purpose of this chapter is to present the findings of the qualitative systematic review conducted in Stage 1. As it was not possible to complete the review, the components that can be implicated in its incompleteness are presented in this chapter.

How the QSR's search strategy is implicated in the non-completion of the review

Aromataris and Riitano (2014), experts of systematic review processes from the Joanna Briggs Institute, suggested that a robust systematic literature review was one way to increase the rigour in identifying and synthesising the best available evidence on any particular research question. Pearson, Robertson-Malt and Rittenmeyer (2011) said a systematic review's credibility is contingent on the comprehensiveness of literature searching and documentation of the databases searched. However, there is no prescriptive approach to conducting a comprehensive literature search (Aromataris & Riitano 2014); rather, there are several standard processes that should be followed including: developing search strings, searching across bibliographic citation databases that index health care research, looking for 'grey' literature and hand searching. Aside from complying with each of the aforementioned processes, the foundations of this review's search strategy were also determined by the review question(s) and the inclusion criteria as a means to influence the relevance and validity of the literature retrieved. In spite of the implementation of a number of strategies, no retrieved study was included for critical appraisal, and the researcher was forced to analyse this eventuality and justify the choices that she made.

Initially, a decision was made to ensure that the search strategy for this review was deliberately sensitive rather than specific (Bramer et al. 2018). This meant that key terms, and their associated thesaurus terms, were searched as free-text keywords in the title and abstract fields of all the databases included in the search strategy. As a result, the search revealed a large number of papers to review. The comprehensive literature search and strategy had previously been approved by the Centre for Evidence-based Practice South Australia (CEPSA), a collaborating centre of JBI. Therefore, the researcher believed that as an inclusive literature search, it was not very likely that any relevant and important study in the phenomenon of interest would be missed unless it was excluded by the paper's language or its publication date.

It must be declared that a purposeful decision was made by the researcher to limit the search to English papers only. This decision may be seen as unduly restrictive (Butler, Hall & Copnell 2016); however, the intent of the review was to examine the phenomenon specifically within an Australian

context and the researcher judged it as unlikely that Australian studies would be published in another language. Despite acknowledgment of Butler, Hall and Copnell's (2016) suggestion that excluding papers based on language may introduce a language bias into the review and limit the transferability of the results, the researcher believed translating papers would have been too difficult and unnecessary especially when keen to confine the review to an Australian context.

Another specific decision for the search strategy made by the researcher was to date-limit the search strategy. Papers prior to the year 2000 were not included. This decision was made as a means for the researcher to limit primary research studies and their findings to the current generation of adolescents. Papers published prior to the year 2000, reporting on studies conducted in the years prior to that time, were not deemed relevant for this review. The Joanna Briggs Institute (2014) suggested that limiting the search by date was appropriate where the focus of the review was on a more recent intervention or innovation. In the case of this review, it was the Australian culture with respect to adolescent drinking. The researcher was aware of the risks associated with date limiting the search strategy in this review, because it may have led to missing potentially relevant studies, including seminal or early studies in the field of adolescent non-drinking (Pearson, Robertson-Malt & Rittenmeyer 2011). Despite this, she was confident that this decision was justified and based on knowledge of key papers relevant to the review question that were elucidated by the first initial review of literature and initial checking of previous systematic reviews.

The search strategy was not limited by a small number of databases. An extensive range of electronic databases were searched (see Chapter 3, Table 5, p. 50). Although there is inadequate evidence defining what constitutes an adequate number of databases for QSR literature searches (JBI 2014), the comprehensive strategy adopted for this review aided its validity and credibility.

Several other strategies, as directed by JBI, were implemented as way to enhance the trustworthiness of the review with respect to literature searching. Firstly, thorough records of all searches were maintained and have been included in Appendix III of this thesis. Each can serve as a reference for future scrutiny of the review process, and each can be viewed as an example of an

audit trail (Butler, Hall & Copnell 2016). Additionally, the review was summarised in Figure 23:

PRISMA flow diagram of search and study selection process.

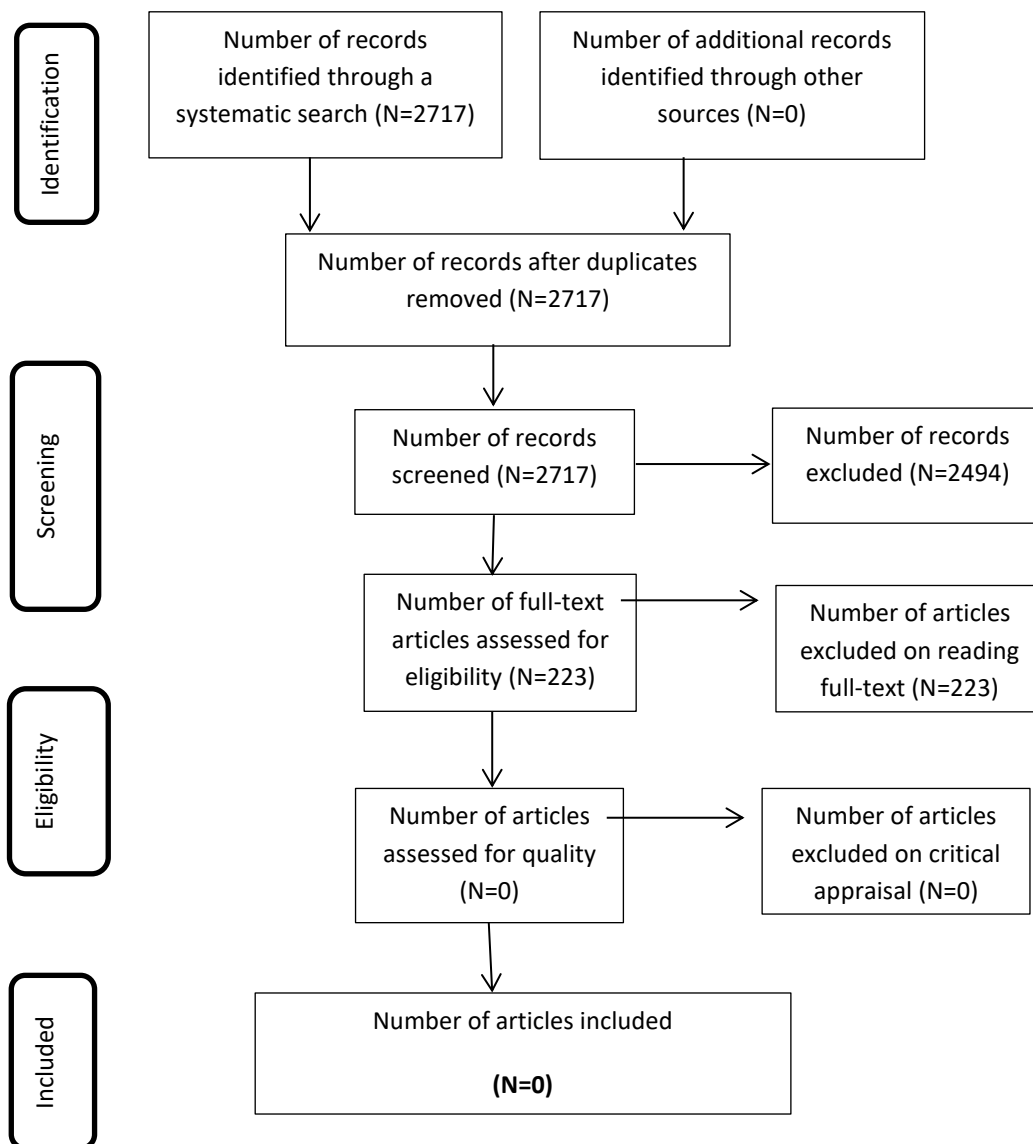


Figure 23: PRISMA flow diagram of search and study selection process

Source: Moher, Liberati, Tetzlaff & Altman (2009).

A PRISMA flow diagram facilitated the transparent and complete recording of the four different phases of the QSR and highlighted, diagrammatically, the numbers of identified records and number of excluded and included papers. Additional benefits of its inclusion were that it demonstrated the review's quality, enabled readers to assess the review's strengths and weaknesses, and facilitated replication of the review's methods. It does not, however, provide any justification for the reasons why papers assessed for eligibility were eventually excluded. In this review, it was related to the

context of the retrieved papers, the methods and methodologies of the primary qualitative studies and the types of participants included in the studies.

How the QSR's context is implicated in the non-completion of the review

The process that followed the comprehensive literature search was a critical appraisal of the qualitative evidence. It was during this phase of the QSR process that an anomaly was identified.

Most of the research retrieved on the review's phenomenon of interest was conducted outside of Australia (with many studies being conducted in the USA, UK and Europe). As a result of this, cultural differences in these countries led to questions about the generalisability and applicability of their findings to an Australian context, particularly when the aim of the review was to inform community responses and future policy, education and strategic directions locally.

How the QSR's retrieved studies methods and methodologies are implicated in the non-completion of the review

Qualitative research was specifically targeted by this review because of the way it can contribute to building a body of experiential knowledge. A strength of qualitative research derives from the stories and accounts gained from participants, and the richness of meaning that can be interpreted within their words (Polit & Tatano-Beck 2012). Qualitative research was also less likely to homogenise the experiences of adolescents who abstain from alcohol or only consume low-risk volumes of alcohol, and/or determine a way to influence the phenomenon of adolescent drinking.

It was expected that the current research would herald from three major prevailing philosophical or guiding paradigms: namely positivist, interpretative or critical. Within each paradigm, various methodologies and methods were expected. For example, in the interpretative paradigm, common methodologies expected included phenomenology, ethnography and grounded theory, and data collection methods were likely to have included interviews, focus groups, observations or fieldwork (Pearson, Robertson-Malt & Rittenmeyer 2011). Results of qualitative research would have been derived by inductive reasoning and, importantly, grounded in the reality as it was perceived and experienced by the adolescents themselves, focusing on their personal descriptions, understanding

and resilience. In fact, Palinkas et al. (2015) argued that qualitative models facilitate a greater possibility of capturing and generating an understanding that will be able to effectively address policymakers and the community regarding their interactions with adolescents consuming alcohol. Therefore, in the search for qualitative studies, the researcher expected to find studies that had utilised typical qualitative methodologies.

Instead, and despite the literature search yielding 2,717 results, it became clear early on that most of the papers did not comply with the review's PICO. The researcher reviewed all of the studies' titles and abstracts examining their compliance with the inclusion criteria. At the end of this process, 223 papers were retrieved for full-text review. When these papers were reviewed, it became clear that most of the research being conducted and published on the phenomenon of interest was not carried out in Australia.

Furthermore, of the studies that were excluded, many had not conducted their research in an appropriate manner, and most had utilised quantitative methodologies. To illustrate: one Australian study (McBride et al. 2003), about a school-based harm minimisation education program, described how student focus groups were conducted and qualitative data from over 5,000 young Australians, aged between 12 and 18 years, was used to guide the conceptual background of the independent measures included in their survey. However, all the results data were then reported following statistical analysis using multi-level regression modelling. The same authors also published a final report of their program (McBride et al. 2004), which was also included in this review's literature retrieval. In the second paper, the authors again described the use of focus groups with students and other qualitative data in the formative phase of the research design, but no qualitative findings were reported. These studies were examples of studies that were examining the effectiveness of an intervention. Typically, effectiveness measurement warrants research utilising quantitative methodologies (Palinkas et al. 2015). Effectiveness of strategies was not being targeted by this QSR and this justified why these studies were inappropriate for inclusion.

Another Australian study retrieved for the review was conducted by Midford, Midford and Farrington (2007). This study described a triangulated methodology in which a community's

comprehensive management strategy to minimise the impact of school leavers' celebrations in Margaret River, Western Australia, was evaluated. The triangulation involved surveys of the school leavers, interviews with the major stakeholders (government youth workers, service agency workers, community group members and the manager of the caravan park), and observations of the participants (school leavers, community volunteers, agency and business staff). At a celebration such as this, school leavers were typically involved in consuming alcohol (and other substances) as they socialised. Questions about abstaining from or only consuming alcohol safely were unlikely to be germane to the study design or study question(s). Therefore, no data were captured about adolescent abstainers or low-risk drinkers, and no interview or observation data were analysed or reported.

Not only were the retrieved studies' methods and methodologies implicated in the review's lack of meta-aggregation, so too were the types of participants included in the retrieved studies.

How the QSR's participants are implicated in the non-completion of the review

Adolescents aged between 14 and 19 years of age were the stated population for the review. As a consequence, the term 'adolescent' and derivatives of the term figured prominently in the database search strategy (see Chapter 3, Table 5, p. 50). In the end, the search captured a number of studies in which participants were outside of the age range specified in the review's PICO.

For example; the study conducted by Bernards et al. (2009) included samples of men and women from ages 18 to 81 from eight different countries. This study was captured by the search strategy because in many countries, an 18 year-old is still considered an adolescent and the documented key words of the study included 'abstention, alcohol, cross cultural, gender, reasons'. 'Abstention' and 'alcohol' were terms also used in the review's literature search strategy (see Chapter 3, Table 6, p. 51).

Bond et al.'s (2007) study included participants who were enrolled in Australian schools in Year 8 and 10 only, and thus were aged either 13 or 14 years of age or 16 years of age. In this paper, it was difficult to determine what findings pertained only to the 14-year-old and/or 16-year-old adolescents

as younger adolescents were not to be included in the review. The study conducted by Oei and Jardim (2007) included Australian university students with a mean age of 21.18 years (SD = 3.78 years): clearly older than the age range being targeted by the review. Another study, conducted by Stritzke and Butt (2001), included 189 high school students in Year 10, with a mean age of 15.01 (SD = 0.48), and Year 12, with a mean age of 17.82 (SD = 1.26), but did not include students in Years 8, 9 or 11. Adolescents in these year levels in Australian schools would have been appropriately aged for inclusion in the review. The Toumbourou et al. (2005) study included participants aged from 12 to 17 years only but, yet again, it was difficult to exclude data that pertained to participants aged less than 14 years. Finally, the study by Wilkinson, Room and Livingston (2009) used the 2004 NDSHS data from 30,000 Australians aged 12 years and older who participated in a national survey. In this study, data were not reported on the 14 to 19 year-old group as distinct from the 12 and older group, and therefore it was difficult to discern which data directly related to the review's target age group.

Other than the review's search strategy, the context of the review, retrieved studies' methods and methodologies and types of participants being implicated as contributing to the non-completion of the QSR, the researcher had to negate the introduction of bias in the review, which could have adversely affected the review's validity and reliability.

Potential biases in the review process

A number of potential biases were detected and guarded against in the review. In particular, bias could have resulted from failure to comply with a predetermined systematic approach when conducting the QSR, and from inadequate judging of the quality in qualitative research.

As suggested by Butler, Hall and Copnell (2016), the JBI-QARI tools for critical appraisal and data extraction (Appendix IV A, B & C) were to be used. JBI critical appraisal tools had been developed by the Joanna Briggs Institute and collaborators and approved by the JBI Scientific Committee following extensive peer review. The aim of the critical appraisal was to assess the methodological quality of a study, and to determine the extent to which a study has addressed the possibility of bias in its design, conduct and analysis (Lockwood, Munn & Porritt 2015). All 223 papers retrieved for potential

inclusion in the QSR were subjected to rigorous appraisal by the researcher who acted as the primary critical reviewer and the results of their appraisal were to be used to inform synthesis and interpretation of review's results.

Each study was assessed for its validity or bias, its importance and its applicability to the review's PICO by assessing the 'appropriateness of the methodological approach, specific methods and the representation of the voices or meanings of study participants' (JBI 2014, p. 32). Table 12 lists the 10 criteria for appraisal in the QARI module appraisal checklist. For each criterion appropriate responses included yes, no, unclear or not applicable. To enhance the review's reliability, had any paper been selected for critical appraisal, the two reviewers nominated for this step would have each been blinded to the assessment of the other. If a study were to be excluded, justification of this decision would have been required. The researcher, who was also the primary reviewer for this review, was prepared to compare the two appraisals and make a final decision on whether a study was to be included or not. As no paper was deemed eligible for critical appraisal, assistance from the nominated third reviewer was never required.

Table 12: Critical appraisal criteria checklist

Critical appraisal criteria checklist	
1.	Is there congruity between the stated philosophical perspective and the research methodology?
2.	Is there congruity between the research methodology and the research question or objectives?
3.	Is there congruity between the research methodology and the methods used to collect data?
4.	Is there congruity between the research methodology and the representation and analysis of data?
5.	Is there congruity between the research methodology and the interpretation of results?
6.	Is there a statement locating the researcher culturally or theoretically?
7.	Is the influence of the researcher on the research, and vice versa, addressed?
8.	Are participants, and their voices, adequately represented?
9.	Is the research ethical according to current criteria or, for recent studies, is there evidence of ethical approval by an appropriate body?
10.	Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?

Source: Lockwood, Munn & Porritt (2015, p. 4).

Additionally, when no retrieved study was included in the review, the researcher followed the direction of the Joanna Briggs Institute (2008) and Butler, Hall and Copnell (2016) and contacted the Drug and Alcohol Services South Australia library and a number of experts in the field of drugs and alcohol looking for advice on retrieving grey literature (see Appendix V). Ultimately, no grey literature was found for the review.

Given that no studies were included in this review, predominantly because they did not include or report on qualitative findings, determining the trustworthiness of the research was problematic. Moreover, without meta-aggregation, no generalisable findings were formulated that were capable of guiding future practice or research.

Implications for practice

Due to the lack of studies meeting the inclusion criteria, no conclusions were drawn to guide future policy, education and strategic directions in Australia or to offer support to communities wanting to address the issue of adolescent drinking.

Recommendations for further research

Alcohol use among Australian adolescents remains a major concern from both a public health and a public safety standpoint. It is associated with both short-term and long-term harms. The number of adolescents consuming alcohol at high risk levels remains static despite the implementation of a variety of harm minimisation strategies. Clearly strategies aimed at offering advice to Australian adolescents about how to not consume alcohol, or how to consume alcohol safely, have had limited effectiveness. Thus, there is a great need to understand and know more about the decisions an adolescent makes to abstain from alcohol or to partake only in low-risk consumption, to understand what influences these decisions, and to support the way the community interacts with adolescents, or formulates policies, plans and delivers educational programs that influence consumption.

Qualitative studies that encourage adolescents themselves to be the change-agents for building new strategies and cultural norms should be a priority in this area of research.

Chapter conclusion

This chapter discussed the limitations of the study's Stage 1 QSR.

Qualitative research that addressed the influence of individual, social and environmental factors on the decisions made by adolescents to abstain from alcohol or to only consume alcohol in low-risk volumes was not found. In the absence of meta-aggregation resulting from the QSR, no recommendations or other interventions were offered. However, what became evident was the lack of qualitative literature in this area and the need to gather qualitative data to further explore this phenomenon and to affect positive change regarding the problem of alcohol consumption by Australian adolescents aged 14 to 19 years of age.

The findings of the study were published in the JBI Database of Systematic Reviews and Implementation Reports (see Appendix XIII).

In the next chapter, the findings of the study's second stage, that is, its qualitative descriptive exploratory study, are reported.

Chapter 5: Findings of the descriptive exploratory study

In Stage 2, two major themes emerged from the analysis of the data. The first major theme related to the influence of social and environmental factors on decisions adolescents made about alcohol consumption while exploring the environment or context where alcohol was consumed.

The second major theme related to the influence of the participants' individual factors on their choices to abstain from or only consume low-risk volumes of alcohol. Each major theme had subthemes, with the first theme also having a number of subordinate themes (see Table 13).

Table 13: Major themes, subthemes and subordinate themes

Major themes	Subthemes • subordinate themes
Abstinence or low-risk consumption of alcohol during adolescence is a legitimate choice	<p>I can say no to alcohol despite experiencing pressure and an expectation to drink.</p> <ul style="list-style-type: none"> • Direct pressure from parents • Direct pressure from peers • Indirect pressure from media and easy accessibility to alcohol • Parenting styles as influencers of adolescent drinking • Strategies for socialising with their drinking peers.
Personal attributes enabled adolescents to abstain or only consume low-risk volumes of alcohol	<p>Positive self-identity is an asset. Liability of the cool-kid group.</p>

The purpose of this chapter is to report the findings of the second stage of the study. Thematic analysis of the data produced a set of major themes and subthemes highlighting the influence of individual, social and environmental factors on the decisions adolescents made when choosing to abstain from alcohol or to only consume it in low-risk volumes.

Demographics of participants

Demographic data on the 12 Australian adolescent participants is presented in Table 14. In the table, additional data, related to source of recruitment, how participants made initial contact with the researcher and how their data were collected, are also provided. The study included nine female and

three male participants. The participants' ages ranged between 14 and 19 years. The participants resided across different states and territories of Australia as specified below. Table 14a: Participant demographic data including recruitment, contact and data collection method

Table 14a: Participant demographic data

Participant no.	Gender and age	Home state	Recruitment source	Initial contact	Data collection
1	Female, 18 years	South Australia	Facebook page	Via email to researcher	Individual telephone interview
2	Female, 17 years	South Australia	Facebook page	Via email to researcher	Individual telephone interview
3	Male, 15 years	South Australia	Gatekeeper	Via email to researcher	Individual telephone interview
4	Female, 19 years	New South Wales	ABC interview	Via email to researcher	Individual telephone interview
5	Female, 16 years	New South Wales	ABC interview	Via email to researcher	Individual telephone interview
6	Female, 14 years	South Australia	Gatekeeper	Via email to researcher	Individual telephone interview
7	Female, 18 years	South Australia	Gatekeeper	Via email to researcher	Individual face-to-face interview
8	Male, 19 years	New South Wales	Facebook	Via Facebook message to researcher	Individual telephone interview
9	Female, 14 years	Northern Territory	ABC interview	Initial parent contact via email	Individual telephone interview
10	Female, 16 years	South Australia	Gatekeeper	Initial parent contact via email	Individual telephone interview

11	Female, 16 years	Victoria	Gatekeeper	Initial parent contact via email	Individual telephone interview
12	Male, 18 years	Victoria	Gatekeeper	Initial parent contact via email	Individual telephone interview

Table 14b: Participant employment and alcohol consumption status

Participant no.	Employment status	Alcohol consumption status
1	University student	Previous low-risk drinker, now abstinent
2	Secondary school student	Low-risk alcohol consumer, less than 2 standard drinks per month
3	Secondary school student	Abstainer
4	University student	Abstainer
5	Secondary school student	Abstainer
6	Secondary school student	Abstainer
7	Secondary School student	Abstainer
8	Full time employment	Previously engaged in heavy episodic drinking now abstainer for last 18 months
9	Secondary school student	Abstainer
10	Secondary school student	Abstainer
11	Secondary school student	Abstainer
12	Secondary school student	Low-risk alcohol consumer, less than 2 standard drinks per month

Abstinence or low-risk consumption of alcohol during adolescence is a legitimate choice

The first major theme from the participants' narratives related to their descriptions of experiencing significant pressure and an expectation to consume alcohol throughout their adolescence. The pressure and expectation for alcohol consumption resulted from direct and indirect sources. Direct sources included some of their peers' parents and their peers. Indirect pressure resulted from their exposure to pro-alcohol messages and images of young people consuming alcohol, particularly those emanating from relatively new forms of social media, and alcohol's easy accessibility. In their narratives, participants distinguished between direct and indirect sources of the pressure and expectation to consume alcohol. For example, direct pressure was felt in the actions, behaviours and interactions that occurred between the study participants and their drinking peers within common social gatherings and in relation to some of their drinking peers' parents. In contrast, pressure from media and the easy accessibility of alcohol was indirect because it was less overt and more ambiguous to their actual social activities.

In spite of these pressures and expectations, the participants still made what they felt was a legitimate choice to abstain or only consume low-risk volumes of alcohol. The participants resolutely declared that despite experiencing pressure and an expectation to consume alcohol, they were capable of resisting both, and were subsequently proud of their choice. The subthemes associated with this first major theme related to their ability to say no to consuming alcohol, the influence of different parenting styles they had detected in the families of their social network, and the various strategies they employed to cope with their choices regarding alcohol consumption.

I can say no to alcohol despite experiencing pressure and an expectation to drink

All participants, aged from 14 to 19 years of age, stated that they had experienced pressure and an expectation to consume alcohol. How the pressure and expectation was manifested in abstinent or low-risk consumers of alcohol was highlighted by one of the study's participants:

Yeah, particularly at my age, I think they just sort of think of this is what's happening now and it's what everyone's doing and this is what I should be doing. Young people don't quite think about how this is going to affect them in the long run ... it kind of, it does feel like you are singled out a bit, and I feel like it is expected of teenagers, by all people today as well as some peers, who aren't people who choose not to drink. It's expected of you and you kind of get singled out for not drinking and not being comfortable with the idea of drinking. It [not drinking] is frowned upon in some ways, I think. (P5/16/F)

This narrative highlights the breadth of the pressure and expectation to consume alcohol described by participants. First, it references the high level of pressure experienced by naming 'all people' (P5/16/F), which referred to adults and peers within their social circle and the community at large. Second, it contained a reference to being 'singled out' (P5/16/F). This participant who had said no to consuming alcohol and resisted the pressure and expectation to drink, in the end felt she was distinguishable because of her choice. Notably too, this narrative provided the first insight that participants resisting the pressure and expectation to drink still maintained social contact in environments where alcohol consumption was part of the normal activity of social gatherings involving their peers.

Direct pressure from parents

This subordinate theme explored how parents may contribute to the pressure and expectation participants felt to consume alcohol. Participants suggested that their own parents' actions and behaviours annulled the pressure and expectation they experienced to consume alcohol, whereas they reported that their peers' parents were a potential source of the pressure.

When describing the influence of their own parents, participants indicated that they were raised in households where alcohol was present and consumed openly by parents and other members of their family. Participants described having observed low or moderate consumption of alcohol in the home, and consequently for them alcohol was not 'hidden' (P7/18/F), as described by one participant:

I was always like exposed to it, I guess. Um, alcohol was not like hidden or anything. It was just I guess there, whatever. And even, even when I turned 18, my parents kind of just guessed that I wasn't going to drink and, like, it never really came up. (P7/18/F)

For many of the participants, alcohol consumption assumed the notion of being 'whatever' (P7/18/F). In adolescent colloquial terms, something being labelled whatever implied the person easily dismissed it, and it indicated that they lacked interest or an emotional attachment to it.

Across the age groups, it appeared that the participants' parents' role modelling of low- to moderate-risk drinking, and their relaxed and non-judgemental attitude to alcohol use, was influential to initial and subsequent choices participants made about alcohol consumption, as evidenced by the voice of one of the youngest participants:

It's mostly just my parents, really. They've always just sort of always been, not against drinking, but they've never really been for drinking a lot, and they never really have drunken a lot so, yeah, so they're probably the biggest thing. (P9/14/F)

Another older participant said:

I guess it just, like, neither of my parents have really drunk around me so it's never been something that I've thought of like, er, I really want to do because I've never. Because I know you get a lot of sense of what is right and what is wrong from your parents, and neither of my parents have really done that [drink] in front of me. (P10/16/F)

Based on the above, it appeared that the participants' parents' influence was important to their approach to alcohol consumption. Their parents' role modelling and open communication about alcohol apparently led participants, either by design or by accident, to adopt the 'whatever' attitude to alcohol use as reflected in the narrative of another 18-year-old participant who in Australia was legally able to drink but had chosen abstinence:

So, for me, um, my parents never told me to drink. Like, they didn't. They never really got drunk or anything like that, but they weren't against drinking. They still drank here and there. Like it just like, yeah, kind of a leisurely thing. (P7/18/F)

In these examples, it appears that the participants' parents were not conforming to Australia's current alcohol culture by making obvious that low to moderate drinking was their usual pattern of consumption, and by never being intoxicated in front of their children. Participants indicated in the quotes above an awareness of their parents' attitude to drinking. Via discussions about drinking

during adolescence, participants understood that their parents were not against drinking, but were stronger advocates for the pattern of consumption they were personally role modelling as made evident in the following participant narrative:

They [my parents] have always told me that drinking is sort of, drinking a lot is a bad thing and that you should sort of control yourself and drink safely if you ever do.
(P9/14/F)

When drinking was perceived by young people as a 'kind of leisurely thing' (P7/18/F) or a controlled activity, it implied that drinking alcohol could be a pleasurable, relaxed or laid-back activity without resultant negative consequences and more likely to result in the adolescents' adoption of safe patterns of consumption. Drinking alcohol safely was perceived as a positive pattern of consumption and therefore described as 'not a bad thing'.

As well as being aware of their parents' attitudes and behaviour in relation to consuming alcohol, participants were also aware of the different behaviours of some of their peers' parents. They described their views on parental supply of alcohol and the effect this placed on adolescents' experience of the expectation to consume alcohol. Generally, participants felt that by parents agreeing to purchase alcohol for their children they were providing them with unreserved permission to drink, thereby rendering drinking as a normal adolescent social activity. One of the older participants provided an example of this:

It's the whole idea of like, even though the parents are giving them alcohol, the parents know that they're drinking obviously... [drinking is] just normal for them, perfectly normal. (P7/F/18)

According to most participants, their peers' parents supplied alcohol to their adolescent children so they could 'blend in' (P11/16/F) socially, or so that the parent could teach their child how to consume alcohol safely. However, participants' experiences of socialising with drinking peers had taught them differently. They reported that parental supply of alcohol appeared to result in adolescents drinking excessively, described as drinking 'a lot' (P9/14/F) by the following participant:

If your parents raise you around alcohol and telling you that it's okay to drink a lot, then I guess you'd think that, and you'd do it. (P9/14/F)

Lack of parental supervision was described as another factor that influenced participants to say no to drinking alcohol. Most of the older participants (> 15 years of age) relayed stories expressing concern about how peers' parents tended not to actively engage with adolescents at social gatherings they were supervising. The participants who cited this experience felt that supervising parents had a responsibility to actively pay attention to 'what is going on' as evidenced by the comment from the following participant:

Yeah, um, adults were there, but they didn't really mind what was going on or anything. They kind of just stayed inside. (P7/18/F)

Due to the minimal interaction between parents and drinking adolescents, participants identified that there was little opportunity for parents to fully appreciate the amount of alcohol being consumed by adolescents or the potential consequences of intoxication. According to participants, supervising parents were not acting as deterrents or barriers to adolescents drinking to various levels of intoxication. Participants believed that in the absence of close parental presence and supervision, the expectation and pressure to consume alcohol was affirmed, and drinking adolescents felt free to consume alcohol in any quantity they desired. This view was summed up by one of the participants who said that their drinking peers would say:

'So, there's not supervision here. So now we can get wasted.' (P5/16/F)

As a result of their experiences, participants believed parents had an ill-formed 'confidence' (P3/15/M) that young people could consume alcohol safely, as expressed by the following participant:

Um, then it should be fine. But it's that confidence that I feel like draws people into a false sense of security and bad things do happen. (P3/15/M)

Participants drew evidence about this from their observations of parents' tendency to remain on the periphery of adolescent drinking while adolescents attending and drinking at the social gathering coped with the consumption of what was perceived, by participants, to be large volumes of alcohol.

A typical experience for participants at social gatherings without close adult supervision was the occurrence of 'bad things' (P3/15/M). 'Bad things' was a term applied to intoxicated young people behaving antisocially or suffering the ill effects of intoxication. However, it appeared that participants felt parents could influence the drinking behaviour of young people at social gatherings as interpreted by the following participant.

I feel like the adolescent would sort of be a lot more mature about it [drinking] and maybe have just maybe a glass or two or something that won't get them quite so intoxicated. (P5/16/F)

It is implied in the above quote that parental presence could lead to responsible drinking by adolescents at social gatherings, including the reduced likelihood of drinking until intoxicated and ultimately the eventuality of 'bad things' (P3/15/M).

The analysis also demonstrated that parents may not understand that their presence at social gatherings may give adolescents a false sense of security that they will be kept safe. In association with this finding, participants felt strongly that when parents remained on the periphery of adolescents' excessive drinking at social gatherings, the association between being young and drinking was reinforced:

[Young people and drinking] do generally tend to go together, and people think, yeah, when they think of alcohol, they think of enjoyment and it's having a good time. (P11/16/F)

Furthermore, participants stated that parents had a role in preventing the common belief that associated young people socialising with drinking alcohol. When alcohol was available in private venues where young people socialised, most participants said the event immediately gained a 'drinking vibe' (P8/19/M), as evidenced by the narrative of a participant:

It's like the whole vibe of the place. Like, if you're at a party, you feel like you should be drinking. (P8/19/M)

This compounded the expectation and pressure to drink. Therefore, participants stressed that supervising parents' engagement throughout social gatherings could reduce the intensity of the

association between young people and consuming alcohol to levels of intoxication. They suggested that parents should remain visible and actively engage with young people who were drinking throughout the entire event.

Direct pressure from peers

Participants' resistance to drinking and their ability to say no to alcohol was defined consistently by them as a form of deviant behaviour. 'Deviance' (P7/18/F) was the term they used for their choices about alcohol consumption because even they perceived their choice to be different from their social group's norms of behaviour. It was described in the following way by one of the participants:

For them, drinking is normal, so they don't understand why I wouldn't drink. So, they're just curious as to like, 'oh, what's going on there?' Because the attitude is that most people my age would drink. Like so like, yeah, most people I know, they go to a party, they would drink. So, I guess they're curious because it is different. (P7/18/F)

As a result of being deviant, participants described various tactics employed by their drinking peers to persuade them to conform to drinking. For example, participants described how drinking peers feigned being 'shocked' by abstinent or low-risk drinkers:

When you say 'no', they're kind of shocked a little bit. They're like, 'oh no, seriously it's fine'. (P1/18/F)

Others would subtly attempt to persuade participants to start drinking, even minimally:

They would ask me to have a drink, like 'come and have a drink' or something. 'Have one, just one.' (P2/17/F)

Among a group of young people socialising, some drinking was clearly preferable to no drinking.

Some of the participants' peers were less subtle, resorting to attempts to 'guilt' (P5/16/F) participants into drinking. Drinking peers appealed to a sense of trust and camaraderie that participants should feel because they were part of that social group:

Again, it goes back to that peer pressure of 'Oh, why don't you trust us? Why don't you drink with us when everyone else is?' (P5/16/F)

Participants tolerated these tactics because their intention was to continue to socialise with their drinking peers, despite being deviant from the social group norm regarding drinking behaviour. It was considered by participants that the presence of non-drinking adolescents in the same social group confronted young drinkers with the need to justify their own choices about alcohol consumption. Unlike their drinking peers, participants placed a greater understanding and emphasis on the potential for alcohol to negatively affect their lives, as demonstrated by some of the younger participants:

Yeah, I could probably drink, but I thought about the consequences of drinking a lot and thought, oh, maybe it is not such a good idea. (P9/14/F)

And I think I don't really want to drink just because of all the effects it could have on my brain and stuff, and they always talk about, yeah, because teenagers' brains are still kind of developing, and I just figure I'm at the stage where I don't really want to put myself at any risk that could, one, potentially hurt my brain. (P11/16/F)

Avoiding the negative effects of drinking alcohol supported participants' ability to resist drinking. The participants mostly indicated that they did not want to be 'reckless' (P9/14/F) with their lives. This personal ideal was consistent with how they described their choices and priorities regarding the ways they wanted to live. Participants mentioned that adolescents who were consuming alcohol were using adolescence as an excuse to be reckless and to take no responsibility for their behaviour, as demonstrated in the following quote:

I think its permissiveness to be careless about themselves, and about what they do, what like they feel. So especially like the age group that I am in in the moment, people who are either on the verge of being 18 or just turned 18, the last year, two years, they still feel like they're in the first little bit where you can kind of get freedom without responsibility. (P7/18/F)

The participants recognised adolescence as a transition phase to adulthood, and as a period filled with opportunities for carelessness and in which adolescents can demonstrate a lack of judgement, caution or thoughtfulness.

The direct pressure from peers, as a social factor, did not influence the participants to change their mind about their drinking status. The overall view expressed by participants was that drinking to excess was 'careless' (P7/18/F) and 'irresponsible' (P9/14/F) and demonstrated juvenile behaviour. Despite its negative connotations, the 'deviant' (P7/18/F) tag did not sway participants to conform to their social group norm of drinking alcohol but, conversely, reinforced their decision to choose abstinence or low-risk drinking.

Indirect pressure from media and the easy accessibility of alcohol

Media and the accessibility of alcohol were two prominent environmental factors discussed by participants as not influencing their personal decisions about alcohol consumption, but potentially influencing other young people. According to participants, both of these factors indirectly exerted pressure on adolescents to consume alcohol. Participants expressed the following views:

I think a strong one [influence] is probably the portrayal of alcohol in the media.

Whether it is a positive or negative view. (P5/16/F)

YouTube videos and stuff like that. There are lots of drinking videos thinking that would be cool to try. I never really thought about doing it [drinking] a lot ... I guess I try not to let the media sway my decisions or the exposure I have. (P9/14/F)

Many different forms of media exposed adolescents to positive and negative images of young people drinking. Exposure occurred via common and well-known forms of media and newer forms of social media. However, despite the strength of influence or positive and negative image exposure, these participants were not persuaded to change their original choice to remain abstinent to drink only at low-risk levels, and they did not succumb to the pressure they experienced from these sources.

However, they were concerned about the potential influence media could have on other adolescents because they believed exposure to advertised images of young people consuming alcohol was fast becoming 'unavoidable', 'ever increasing' (P5/16/F) and particularly aimed at younger adolescents. Furthermore, they believed such advertising depicted mainly images of immediate gratification, positive expectancies of drinking, exhilarating behaviours due to the disinhibiting effects of alcohol

and promoted a positive social scene. One of the participants expressed this view in the following way:

It's still kind of advertising tempting. I believe the bright colours, the happy people – they're all smiling, all got blonde hair, like slim and they're skinny. It's definitely something you do feel like you want to be a part of them. (P1/18/F)

Such images were aimed at encouraging young people to look and behave in the same ways so that they would feel like the individuals depicted in the images.

Based on participants' narratives, they appeared to be less naïve than what they believed of their drinking counterparts, to the effects of all forms of advertising, even though, they were only drawing their own conclusions about the peers' naivety about the influence of alcohol advertising and really had no way to verify this. Yet, they were concerned about the vulnerability of some peers to advertising, and especially concerned about the susceptibility of these peers to the influence of images of young people drinking, as posted by peers on social media platforms like YouTube, Instagram and Facebook, as described by this participant:

YouTube and stuff or again, um, social media: Instagram and Facebook and stuff. There are little videos of either someone actually drunk or people pretending to be drunk. These little sketches they've made up about how great drinking is and how funny people can act and how it, oh, changes your entire personality, and they put that in a very comedic and positive sense, don't they? (P5/16/F)

They believed that when young people's peers posted comedic drunken images or images of positive disinhibited behaviours resulting from the consumption of alcohol, or when images posted on social media portrayed young people as having positive personality changes, there was a greater risk that vulnerable peers would be influenced to adopt alcohol consumption to replicate the same positive changes in behaviours or personality. On the other hand, drunken and disinhibited behaviours and changes in personality were the same consequences of alcohol consumption participants knew they wanted to avoid and gave credibility to their original abstinent or low-risk drinking choices.

Social media depictions of adolescents getting drunk together highlighted the importance of the role alcohol had in the socialisation of young people, and it was an additional pressure participants had to overcome in order to maintain their abstinent or low-risk drinking choices. Most participants agreed that exposure in social media, along with easy accessibility to alcohol, compounded the expectation that adolescents should drink alcohol:

Like, if you can get it, you'll do it. Um, I've found, like, people with older brothers and stuff, it's easier for them to drink, so they're drinking. (P8/19/M)

Participants believed that there were a variety of easy ways adolescents were able to access alcohol. Aside from parental supply, alcohol was accessed by adolescents having fake IDs, from older friends and siblings and by asking strangers to purchase alcohol on their behalf.

In the view of many of the participants, having strangers purchase alcohol was considered irresponsible, and the impersonal nature of the transaction meant that the purchaser had no recourse for whatever consequence transpired, as seen by this quote from a 16-year-old female participant:

Their view is we either have it or we'll find it [alcohol] or we'll find a way to get it. So, whether it is something they've found in their cupboards at home that belongs to their parents, or they have an older sibling, or older friends who they can say 'look, can you just go out and get us some drinks' and their family or friends agree. Or I have heard some people have even just found someone around the shops and go, 'hey, do you mind just going in and grabbing us some drinks?' And they hand them the money and they go do it. (P5/16/F)

The older participants, now able to purchase alcohol, all said they would never purchase alcohol for adolescents who approached them to do so, because of their sense of responsibility not to support supplying alcohol to a younger person and the potential consequences of harm to that young person. Of the participants who considered access to alcohol to be 'surprisingly easy' (P3/15/M), some considered that alcohol should be more difficult to access, and believed that if it were so, perhaps fewer adolescents would consume it. This was not a view shared by all the participants. Others suggested that making alcohol more difficult to access would enhance its 'desirability' (P9/14/F) and,

therefore, make drinking more enticing to adolescents' intent on consuming it or concerned with being part of the 'cool kid' (P11/16/F) social group. This was expressed by the one of the younger participants interviewed:

If it's [alcohol] harder to get, then it's more desirable. (P9/14/F)

The environmental factors, including media, advertising and social media depictions of adolescent drinking, as well as easy access to alcohol, were not influential regarding the decisions participants made in relation to alcohol consumption. However, participants had observed the impact of these factors on influencing their peers to drink.

The next subtheme continues to explore how parenting styles were a social influence regarding adolescent drinking choices.

Parenting styles as influencing adolescent drinking choices

Based on the analyses of the interview data, the participants, in their narratives, described three different parenting styles. The participants provided comparisons between their parents' parenting style and the parenting styles they had observed in some of their drinking peers' families. They described permissive, authoritarian and authoritative styles. In the words of participants, permissive parents were those who:

'don't really care at all about what you do' (P11/16/F), or those who were 'very casual and loose about it [drinking]' (P5/16/F).

This implied that participants believed some parents of the peers in their social group(s) imposed few restrictions on the social activities of their children and had a relaxed attitude towards their children consuming alcohol. In contrast, authoritarian parents were described as 'too strict' (P11/16/F). Participants suggested that these parents imposed unreasonable boundaries or conditions on their children's socialising, which in turn promoted their rebellion. It appeared that participants believed parenting styles influenced adolescent drinking in the following way: they believed authoritarian and permissive parenting styles promoted drinking, whereas authoritative parenting appeared to promote abstinence or low-risk drinking by diluting the pressure and expectation adolescents

experienced to consume alcohol. This view was described in the following way by one of the participants:

Yeah, your parents would make quite a big difference [to adolescent drinking]. If their [parents] don't really care at all about what you do then people obviously have the freedom of just going around and doing whatever they want. But then also, if they're too strict, which they are sometimes, it also depends on the fact that sometimes they [adolescents] feel like they are being restrained and they want to just break the rules of the parents and show that they can. (P11/16/F)

Participants had observed that some adolescents of parents who displayed an authoritarian parenting style were likely to consume large amounts of alcohol. In this regard, participants' narratives made reference to peers undermining parental boundaries by consuming alcohol to excess. Furthermore, as highlighted by the following participant, drinking peers with authoritarian parents did not respond to their parents' penalties:

There are people who do not consider those things [penalties] and, um, for some reason they don't seem to really care and drink alcohol to extreme anyway. (P4/19/F)

In the participants' experience, drinking excessively was a repeated behaviour, with the same peers becoming intoxicated at each gathering.

Thus, participants believed that differing parenting styles polarised their social group of peers into being either abstainers or low-risk drinkers, or being inclined to drink until intoxicated. That is, participants socialising at the same social gatherings observed that their drinking peers were not consuming alcohol to socialise; they were consuming alcohol to specifically become intoxicated. One of the participants provided a description of their observation:

Everyone's, like, getting heaps drunk. They're, they're drinking to get drunk. They're not drinking to socialise really. (P8/19/M)

As mentioned by participants, one of the outcomes of this polarisation of young people at social gatherings was how uncomfortable they personally felt when they were surrounded by large

numbers of intoxicated peers. This common view was expressed in the following way by one of the participants:

Um, a little bit uncomfortable when a lot of people get drunk. I don't like being around drunk people, so I might leave early or just kinda find myself a group of people who usually aren't drinking either much. But it's definitely a different experience. (P1/18/F)

They believed their peers' antisocial actions and behaviours, associated with being intoxicated, increased the risks to their own and their peers' personal safety, and participants responded by assessing risk or protecting themselves, as expressed by the following participants:

If I don't want to do something I am not going to do it, if I feel unsafe or uncomfortable, I feel like I can tell if the situation is going to benefit me or not. (P2/17/F)

I'd rather protect myself, and I think that's just how I've always felt about drinking, I guess. (P2/17/F)

But according to participants, ignoring the risk associated with drinking and continuing to drink to excess was one way young people attempted to elevate their personal social position in the hierarchy of their peer group. Hierarchies within adolescent peer groups are explored later when discussing the subtheme 'Liability of the cool-kid group dynamics' (see pp. 151 - 155).

When participants contrasted the parenting style of their own parents with some of their peers' parents, they described how this influenced them to resist the pressure and expectation to consume alcohol and choose to say no to drinking. When discussing this, they differentiated the style of their parents as:

having the right balance. I think what's really good with my parents is that they don't say to me, 'you're allowed to do this, don't do that'. (P11/16/F)

By suggesting that their parents had a more balanced approach when compared to authoritarian parents, participants also described how their parents encouraged open communication through negotiation and discussion about alcohol consumption. Most participants felt that their parents' approach to alcohol and negotiation was a way in which they respected their child's individuality and choice, as seen in the following participant's view:

They talk about an issue and have a bit of a discussion so we can come to a mutual understanding, which does make a big difference because it means you're able to express your own opinion and you don't feel like anyone is forcing you to do anything. (P11/16/F)

Therefore, in contrast to their perceptions of their peers' responses to authoritarian parenting, participants felt they had no reason to be rebellious or to use drinking alcohol as a platform for their rebellion. Ultimately, it appeared authoritative parenting was influential in promoting either safe, low-risk levels of alcohol consumption or abstinence as stated by one of the older participants:

Parents, yeah, are able to influence, or try to influence, what their children do with regards to consuming alcohol, you know, teaching them to safely consume it or maybe, you know, how not [to]. (P4/19/F)

Another example of the influence of authoritative parenting style on longer-term decisions to consume alcohol was provided by one of the study's youngest participants. Even though she was one of the younger participants at 14 years of age, she was being guided by her parents to make up her mind about whether to consume alcohol when she reaches 18 years of age:

I think they'll sort of let me figure it out on my own because they're not going, I don't think they're the kind of parents that will say, 'oh, you're 18 now, you can go and drink'. (P9/14/F)

Notably, no participant suggested that their parents advocated for abstinence in the long term, even if they were abstainers themselves. Other than those of one participant, parents attempted to guide their adolescents with consistent messages, irrespective of their age, to consume alcohol safely, as demonstrated in the narratives of the study's younger and older participants:

My parents have taught me – we don't have full on like lectures about it – like how you don't drink. I've just known for a while. (P6/14/F)

They just said, like, even when we went out for dinner or something 'don't, don't feel like you need to drink'. And I'm like, 'yeah, I know that'. (P7/18/F)

From the participants' descriptions, all of the approaches utilised by participants' parents appeared to be congruent with an authoritative style of parenting. All of the participants who described their

parents as authoritative welcomed this approach, and deemed it to be a favourable parenting style when compared to permissive and authoritarian styles (see pp. 137 - 141).

According to the analyses, parents who created an environment in which adolescents could make an informed choice about their alcohol consumption may have been laying a solid foundation for the young person's decision-making throughout adolescence. As parents' influence on decision-making was discussed by participants of all ages in this study, it appeared there was no single age that was optimal for initiating and continuing with parental guidance regarding safe alcohol consumption. Rather, consistent messages, renewed negotiation and open communication throughout adolescence may be crucial.

Strategies for socialising with drinking peers

A number of different strategies were implemented by participants to facilitate socialising with their drinking peers, despite saying no to consuming alcohol. The strategies prominently described by participants included: attending social events but leaving early, being selective about who they spent quality time with when socialising, concealing their drinking status and undertaking risk assessments. When participants described such strategies, they emphasised that their implementation was aimed at facilitating their socialisation with peers. They did not intend to make themselves social outcasts as a result of their drinking choices. An example of a participant's view about this included:

Simply put, just because I don't think I need alcohol to have fun. I can be happy socialising with friends without the needing to drink, and if I do happen to have one or two then I don't think there's much to change who I am. I just enjoy myself as I can.
(P2/17/F)

One of the commonly described strategies utilised by the older participants included attending gatherings but leaving the event relatively early. Participants who implemented this strategy aimed to ensure their presence at the gathering was noted and that they were not seen as snubbing their peers or their peers' drinking choices.

I am just happy to do whatever I want, and at the end of the day if I am not drinking and my friends are that's their decision. I am happy to just be there at the end of the day.

(P2/17/F)

Participants did not want to appear to be passing judgment or taking the moral high ground regarding their peers' drinking. They said that despite the coercion they could experience, if they remained outwardly impartial about their peers' drinking status, they could continue to attend the same gatherings. A participant described socialising at the same event with drinking peers:

But I am not someone who thinks it's a sin and completely hates it. I just think I've made my own decisions and I'm happy for everyone else to make their own decisions as well.

Um, I'm not going to judge people and I don't care if other people decide to drink.

(P11/16/F)

During social events, abstinent adolescents or low-risk drinkers also sought refuge from coercion by finding and socialising with peers who were also abstinent or low-risk drinkers. By isolating like-minded individuals at social events, participants felt they could socialise and have just as much fun as their drinking peers, as expressed by this participant:

I figure it doesn't make much of a difference for me because I am still going to go and talk to people, have a laugh, have a bit of a dance ... and I don't really need any alcohol in me to still have fun ... I figure I am having fun in the first place; I don't really need anything else to make it better. (P11/16/F)

Another strategy commonly utilised by older participants involved concealing that they were not drinking alcohol:

I would go out and have lemonade or something and make it look like a vodka so people thought you were drinking when you're really not. (P1/18/F)

Older participants said this strategy was not strictly about concealing their choice, it was just another way they avoided their peers' relentless persuasion tactics to encourage them to drink. It was a way they could socialise in the form they wanted, as described by one of the participants now legally able to drink in Australia:

I don't need to rely on a substance to feel happy or make conversation, do things like that ... I found that without it I could still be happy and do all these things without having an added substance I don't need in my life. (P1/18/F)

Thus, concealing their choice not to drink alcohol was a means by which participants continued to be social in the same gatherings as drinking peers, and they were free to socialise in their own style.

Attendance at gatherings was accompanied by participants undertaking risk assessments. Even though being risk averse is perhaps an unusual trait during adolescence, most of the participants said they coped with their drinking choice by considering the safety risks associated with the venue and the social group that would be drinking at the gathering. Risk assessment, as a personal strategy, was described by participants as being aware of their personal safety and ability to be comfortable in their social situations. Participants rated undertaking a risk assessment of the situation as an important aspect of the decisions they made about socialising with drinking peers as seen in the following view expressed by a participant:

I feel like that's one of the most important things if you need to know that you are safe and that you need to know you are comfortable in a situation, otherwise he may do something that he'll regret that could potentially influence the way you, the rest of your life turns out. (P2/17/F)

Risk assessment was an important influence on decision-making because participants perceived that being unsafe or uncomfortable due to alcohol consumption could have lifelong ramifications. As a strategy it was commonly described by participants of all ages. This example was provided by a 17-year-old participant:

If I don't feel comfortable doing something or unsafe, I am not going to put myself in that situation. I'd rather protect myself, and I think that's just how I've always felt about drinking, I guess. (P2/17/F)

When assessing the risks associated with socialising, participants aimed to ensure that socialising at gatherings where drinking was to occur would result in an equally beneficial experience for them. At the same time, they attempted to circumvent any potential short- or long-term harms that could result from their peers' drinking.

Yeah, cos safety is really important. Cos, I don't know, once you mess up your life, you can't really go back, and so you have to think carefully about what you do before you do it, just in case something bad happens, I guess. (P9/14/F)

When adolescents who were abstinent or low-risk drinkers were exposed to the actions and behaviours of their drinking peers, they described how their peers' behaviour changed as they became intoxicated or affected by alcohol. This proved disturbing to some of the study's participants. They were disturbed by the direct effects of intoxication on their peers' behaviour, and the potential effects of their behaviour on others.

It became clear from the data that the participants made choices about consuming alcohol based on a well-informed understanding of the short- and long-term negative consequences associated with drinking alcohol during adolescence. They said that the short-term harms, such as making poor choices, 'vomiting' (P6/14/F) and 'passing out' (P12/17/M) were frequently and overtly visible at all gatherings across all ages included in the study, for example:

Yeah, they got a bit drunk and they were vomiting. Yeah, so it wasn't good. (P6/14/F)

Someone I knew, not someone I'm close with, passed out while drinking. That kind of made me a little more reluctant to drink. (P12/17/M)

Vicarious experiences of short- and long-term harms related to adolescent drinking appeared to influence the decisions participants in this study made to be abstinent or to be only low-risk consumers of alcohol. For participants, these experiences did not equate to having fun. One participant said she could not understand how drunkenness related to fun in comparison to safe patterns of alcohol consumption:

I am someone who, I just think, yeah, I don't completely understand why people, I get why some people might want to have just one or two drinks, but I don't really understand the fun of why people would get drunk all the time. (P11/16/F)

Long-term harms participants mentioned and wanted to personally avoid included incidences of mental health issues and adverse effects on their academic or work-related performance. These are discussed later in the 'Positive self-identity is an asset' section (see pp. 146 - 151).

From the participants' narratives, it became clear that abstinence or low-risk drinking was a legitimate choice they made about drinking, even though they experienced pressure and an expectation to consume alcohol. Multiple sources imposed pressure and expectations including peers' parents, alcohol accessibility and social media depictions of young people having fun and consuming alcohol. Importantly, parenting styles proved to be a significant social factor influencing their choices. Ultimately, though, participants had developed personal strategies to cope with the pressure and expectation to consume alcohol so that they could continue to socialise with their peers.

Personal attributes enabled adolescents to abstain from alcohol or to only consume alcohol at low-risk volumes

The second major theme that emerged from the analysis of interview data related to participants' unanimous view that they possessed a positive self-identity which was an asset that enabled them to sustain their legitimate choice to abstain or to only consume alcohol at low-risk levels. Within this second major theme, two subthemes emerged. The first subtheme explored how participants framed and clarified their positive self-identity by highlighting a number of individual factors that contributed to it. Participants suggested that their positive self-identity resulted from self-proclaimed high levels of self-esteem, resilience and trustworthiness. However, individual and social factors were intertwined in this major theme because trustworthiness and resilience were related to participants being well connected to their parents and close friends, and to prioritising their health and reputation and never wanting to lose control.

Additionally, the second major theme highlighted by the interview data related to participants' view that consuming alcohol during adolescence was an activity associated with the 'cool kids' of their social network. When describing cool-kid drinking, they made a number of claims about the dynamics of cool-kid peer groups and described the effects of the cool-kid hierarchical social structure on adolescent drinking. These views were significant because participants deemed them to be social liabilities that consolidated participants' decisions regarding abstinence or low-risk alcohol consumption.

Positive self-identity is an asset

This subtheme captured data in relation to the research question and represented consistent participant views about some of the individual factors that motivated them to be abstinent or low-risk consumers of alcohol. When describing positive self-identity as an asset, participants identified several personal attributes they felt positively influenced their drinking choices. These were: resilience, self-esteem and trustworthiness. Although participants declared that their personal attributes motivated their drinking choices, remaining abstinent or choosing low-risk consumption of alcohol in turn enhanced their personal attributes. Not only did they describe a reciprocity between personal attributes and abstinence or low-risk consumption of alcohol, these factors appeared to be related to their competence, coping skills and self-efficacy for establishing personal priorities and determining their own positive social outcomes. It was for these reasons that participants deemed them to be assets for their positive self-identity.

Resilience was defined by most of the participants as being able to overcome hardship and challenges in the context of resisting the pressure and expectation to consume alcohol while maintaining an active social life. It was summed up by this participant:

To me, resilience is basically not giving up and trying things, even if it's hard [in terms of resisting drinking]. (P1/18/F)

On the other hand, self-esteem was defined by the participants as being comfortable with and within yourself. When describing self-esteem, participants of all age groups interchanged terms like 'willpower' (P12/17/M), 'inner strength' (P7/18/F), 'confidence' (P11/18/F) and 'stubbornness' (P9/14/F), as seen in the following example:

I think I am quite a strong, stubborn person, and I guess I don't really like other people telling me what I should be doing. So, I prefer to make my own decisions and I don't let other people make them for me. So, um, I am not the kind of person to succumb to peer pressure, so I don't really think that [peer pressure] really affects me too much.
(P9/14/F)

The impact of resilience and self-esteem, as individual factors, on personal identity was evident in an example provided by another participant:

I think if you are comfortable with the way people see you, and comfortable that your own decisions won't impact on how you are viewed by others, you're less likely to succumb to drinking at a younger age. (P12/17/M)

Commonly, participants appeared to call upon their resilience and self-esteem to support the decisions they made about alcohol consumption and not feel compelled to 'look cool' or 'fit in', which was viewed as an important motivator for some young people drinking alcohol as suggested by the same participant:

I feel like most people who drink at a young age are trying to look cool or fit in or whatever they feel like, and that could be, um, due to a low self-esteem. (P12/17/M)

Wanting to 'look cool' and 'fit in' (P12/17/M) may be a consequence of their peer's low self-esteem and, according to participants, low self-esteem was a factor that may influence their peers' drinking.

When considering the influence of self-esteem on adolescent drinking, the participants compared their positive sense of identity to that of some of their peers. Most of them perceived their drinking peers to have a lower degree of self-esteem, and they believed this was directly correlated to their peers' need to fit in to their social circle and consequently influenced their decisions to drink alcohol:

Though quite a lot of it does depend on the person and, um, the decisions, in terms of the decisions that they make and, um, yeah, I think people who have lower self-esteem are probably more likely to drink. (P11/16/F)

In addition to self-esteem, participants felt their decisions about alcohol consumption were influenced by trustworthiness. Participants mentioned that their abstinent or low-risk drinking choices could be interpreted by their close friends and family as indicating that they were trustworthy, as described by this participant:

I think like, um, when friends or family ask or, you know, warn me of alcohol, I feel quite happy to tell them I am not interested in that at all. Yep, they should be able to trust me in that respect. (P4/19/F)

Trustworthiness was an important attribute because participants felt it enabled closer connectedness with their family and close friends and promoted their positive self-identity. The influence of these attributes and how they reflected on participants' positive self-identity and their ability to remain committed to not drinking, is evident in the following quote from a 15-year-old participant:

It takes resilience and confidence to stand up to other people at the party and say, 'no, thank you' or 'I don't want a drink'. (P3/15/M)

A positive self-identity was perceived as an asset because the pressure and expectation to consume alcohol did not subside as participants aged. Maybe it even intensified as participants approached the legal age for consuming alcohol in Australia. As participants aged, their personal attributes of resilience, self-esteem and trustworthiness were increasingly tested within their social groups.

Older participants were able to identify that the strength of these attributes grew over time and with maturity. In that regard, standing by their choice to abstain or only consume alcohol in low-risk volumes became easier, even though the pressure and expectation to consume alcohol increased:

It's probably a lot harder at first to break through the social standards that people are expected to drink. It was a lot harder to begin with, but now I have taken myself out of a couple of situations that require me to drink or its expected of me to drink. It definitely gets a lot easier with time. (P1/18/F)

Therefore, most participants cited their abstinence or low-risk drinking as making them feel 'proud' (P4/19/F) and 'superior' (P10/16/F) to their drinking peers. Personal pride and superiority proved to be additional factors that endorsed their positive self-identity, even if it was slightly uncomfortable for participants to articulate this in an interview:

Um, in some ways, kind, oh, it's going to sound weird, that I am proud. I am not interested [in drinking]. Yeah, I think it makes my life a bit easier [laughs]. (P4/19/F)

I feel like I might be superior to people who will, who drink. (P10/16/F)

According to participants, other factors contributed to their positive self-identity. These included prioritising their health and reputation. They recognised these priorities as atypical of many of their

peers' because, in their experience, their peers and other young people's tendency was to view health and reputation as issues more important in adulthood than in adolescence. In this study, the participants believed they were different from their peers because health and reputation were factors that influenced their decisions to not drink alcohol even if not drinking had the potential to jeopardise social relationships with their drinking peers. However, at the same time, participants drew confidence from their recognition that the friendships they shared with adolescents deemed close friends would remain unchanged. Health and reputation were particularly strong factors influencing drinking choices, as represented by the voice of a 16 year old participant:

Like, it is different for every person, but for me personally, for me for every way I could be healthy, I want to be healthy, and if that means, you know, my friends calling me lame for not having alcohol, then I guess that's going to have to happen. (P10/16/F)

Notably, most of the participants said they had not chosen abstinence as a permanent position.

My attitude towards alcohol as of now is no. It has a lot to do with the fact that I don't like the taste, and that it isn't safe or healthy for somebody of my age to do that. I have my willpowers. One day it's going to happen, you know that this is wrong until this certain point. (P10/16/F)

Right now, they were focused on particular milestones related to their age and stage of life. Their reputation, academic and personal achievements and long-term wellbeing were prioritised over socialising with alcohol, for example:

That's also another big point. Drinking during [an] important school, um, important school year – it's probably not the best decision. (P12/17/M)

It also comes down to, like, [the] reputation you get. Like, I feel if you, no matter how good at anything you are, if someone finds out that you've been, you've been drunk before, or that you do drugs and you're not of legal age ... stay on this track and don't let anything get you off this track. (P10/16/F)

Most of the participants believed that they were responsible for determining their own success. Consuming alcohol could alter their future paths and alter the level of ability they had to determine their own fates. It appeared that the constant reminders of risks and negative consequences

associated with alcohol consumption had influenced participants to sustain their abstinence or low-risk consumption choices. In line with this view, participants perceived their peers who consumed alcohol until intoxicated to have underestimated the risks and as not being focused on striving for success right now.

The notion of control also was a prominent feature of their current social behaviours too.

Participants conveyed that they did not want to lose control, which was another experience they had witnessed in their drinking peers. They said drinking affected a young person's ability to be in control of themselves when socialising, and loss of control was a state they were keen to avoid, as expressed by the following participants:

But, also just the fact where I wouldn't be in complete control of myself. (P11/16/F)

I like to have full on control of my situation. (P1/18/F)

Concerns about loss of control contributed to participants' perceptions that consuming alcohol was a 'pointless' (P7/18/F) activity.

I just think about why they are drinking. So, I just find it pointless, and there's the whole idea of just drinking not, not necessarily to get drunk, but I find that pointless. (P7/18/F)

Discussions of pointlessness implied participants' ability to make decisions based on their competence, their understanding of their current social and personal situation, their creativity in problem-solving and their ability to see the consequences of their choices. The participants believed that if their peers were drinking to enhance their ability to socialise and have fun, the participants themselves were examples of young people who could socialise and have fun without alcohol.

Drinking to intoxication and suffering the ill effects of intoxication did not equate to fun for these abstinent or low-risk drinkers. If peers were drinking because they liked the taste of alcohol, then there were many alternatives that could be consumed instead. If an adolescent had a physical or mental health problem, then many said alcohol was not an appropriate solution. An example of this view was expressed by the following participant:

Cos, like, if you're just drinking because it tastes good, there's other things that you can drink as well that aren't alcoholic. So, yeah, for me, I just find it pointless – not really a reason to it like drinking. For me, the reasons people go to drink and to drink alcohol – there's other ways to fix that or other ways to address the problem. (P7/18/F)

A positive self-identity was an asset for participants in this study. A number of attributes contributed to their positive self-identity. These were the individual factors that proved influential to the decisions that participants made to abstain from alcohol or to only consume low-risk amounts of alcohol. Factors included resilience, self-esteem, trustworthiness, prioritising health, reputation and not wanting to lose control. Participants' decisions were also based on their exposure to the negative consequences of drinking and intoxication.

In this study, not only did participants describe the individual factors that proved to be assets that were influential to the decisions they made about alcohol consumption, they also highlighted liabilities that were associated with being part of the 'cool kid' social group.

Liability of the cool-kid group dynamics

Commonly, the participants stated that they viewed drinking alcohol during adolescence as a 'cool kid' activity. Furthermore, being part of the cool-kid social group and having fun was associated with drinking alcohol, as this participant mentioned:

Because I think a lot of people who, a lot of people drink to try and fit in or try to be cool, and I think there is a strong association between, um, being cool and drinking alcohol. (P12/17/M)

Participants acknowledged the presence of cool kids within their social group by suggesting they were the peers who were the most popular, sporty and trendy, and those most likely to be involved in risk-taking behaviour. The cool kids were the ones most of their peers wanted to emulate. Conversely, in their narratives about cool kids, participants said they had no intention to imitate this type of cool-kid behaviour, and they did not need to be seen by their peers as cool:

I've never been someone who wants to try and fit in and do what's cool. (P11/16/F)

Mostly, the participants expressed relief at not having the pressure to conform to being cool.

Participants highlighted two key elements that they were relieved to avoid in relation to cool-kid drinking. These were the existence of a hierarchy within the cool-kid social group and cool kids' perception that the short- and long-term effects of alcohol were 'joke-worthy' (P7/18/F), as expressed by the following participant:

People just like our age, I don't think they're inclined to worry about that right now, they just, people joke about it all the time, the effects of alcohol: 'oh yeah, I'm gonna get this', and they have a good laugh about it but they keep drinking. (P7/18/F)

Most of the participants had observed that members of the cool group were constantly vying for an elevated or permanent position in the group. In order to do this, they would easily, and often unreasonably, conform to the social group norms. If consuming alcohol was a norm of the group, it meant adolescents could be easily persuaded to consume alcohol, and often in excessive amounts. This was viewed as a cultural passage to prove they were worthy of membership in the cool group. Evidence of these observations was provided by the comment of this participant:

It's weird, I refer to the Year 10 like a food chain. You get your cool kids at the top and then stuff like that. Like you'll find that people half way up the food chain, they decide that I'll have one because I'm scared what they'll think if I don't ... Like they don't have the resilience or confidence to say no to people above them ... and that's when people don't realise what they actually want or think. (P3/15/M)

The participants were concerned about the implicit status of drinking during adolescence as a cool-kid activity, and the influence this had on other adolescents, particularly younger ones who may mimic this behaviour. Some participants also felt the cool-kid persona could role model positive drinking behaviours. If so, perhaps cool kids could encourage other adolescents not to drink:

Whether it's in, you'll find that the, um, biggest, sportier, class of kids, um, who obtain alcohol for the groups we are talking about: 'oh, I drink alcohol and I'm cool'. And this is where we go back to the role model thing. Everybody goes 'oh look, he's the coolest kid of the year' and [they are] seen as the role model kind of thing, and he's drinking kind of thing. I reckon, and this has also been my theory, that if ... the 'cool kids' that everyone refers to didn't drink or their opinions on alcohol was negative, then no one would. (P3/15/M)

It appeared that the cool-kid peer group had an intense influence on adolescent behaviours and self-evaluation. Although participants had already mentioned that they were prepared to separate themselves from cool-kid drinking, this participant felt there was potential to change the cool-kid culture of drinking by encouraging cool kids to drink responsibly. This approach may in turn reduce overall levels of adolescent consumption of alcohol and influence how drinking adolescents conduct themselves in peer social situations.

Participants felt that young people within the cool-kid group were unable to express their true selves. They suggested that if their peers did not really want to drink alcohol, they would ignore their personal choice because acceptance and inclusion in the cool-kid group were paramount. This situation was described by the following participant:

I think people who are in that friendship group would probably feel a bit pressured to, and it also depends on, yeah, the type of people that you're friends with. If you are trying to fit in all the time, then you might have the constant pressure to be doing things to keep up with them, which might mean you start drinking. (P11/16/F)

However, participants viewed their own social situation differently, because they had no fear of being excluded from the cool-kid group. Even the younger participants, those potentially most vulnerable to 'peer pressure' (P9/14/F), considered drinking to be not cool, as expressed by this participant:

Oh, I wasn't really uncomfortable [being excluded]. I kind of expected it because I know what the cool kids are kind of like ... But how did I feel? Um, I felt fine. We really didn't, like, socialise with them. (P6/14/F)

As mentioned previously, participants tended to purposefully select like-minded peers as close friends to socialise with. Deciding to be 'not cool' (P3/15/M) displayed a respect and strength for their personal sense of individuality, as suggested by the following participant:

I am always someone who, like, goes along with whatever I feel is right for me.
(P11/16/F)

Many of the participants also described how a social structure that included only close friends was more equal and equitable when compared to the cool-kid group:

Whereas [in] other friendship groups like mine, um, there's no pressure to try and keep up and fit in with everyone because you're kind of all equal and it doesn't really matter. We don't need to try and fit in because we are just being ourselves and it doesn't really matter, and nobody, yeah, we don't feel the pressure to kind of keep up ... In terms of just what I would think about their self-esteem, it would be is quite a bit lower because it seems like they're constantly trying to fit in – it's like they don't get enough appreciation for who they are in the first place. (P11/16/F)

Perhaps one of the important reasons like-minded young people gravitated together was because a social group without hierarchy appealed more to them. As a result of this connection to their own like-minded peer group, they experienced less pressure to be anything other than who they were.

Cool-kid groups were also described by participants as being very competitive, for example:

It sounds weird, but that's exactly what happens. These huge parties that have more people are offering more people to compete with, and a party with even more alcohol means that there is no limit to how far people will go ... I was disgusted when one of my friend's girlfriend and his friends were commending him on his tremendous effort even though it was just a horrible outcome ... at that point, drinking was just a cool thing to do. (P3/15/M)

When the effects of intoxication were overtly visible, adolescent drinkers were commended on their drinking efforts by other members of the cool-kid social group. Being worthy of commendation was one way adolescents understood that they were now accepted into the cool group, as this participant stated:

The parties that have happened where alcohol has been a problem, is where either there's a lot of people or there's a lot of alcohol. I know that sounds silly, but it tends to be a pattern; the more people, it feels like alcohol at these parties is a cool thing to do and you are not cool if you don't have any. (P3/15/M)

Most of the participants felt that engaging in competitive drinking demonstrated peers' preparedness to risk the negative effects of alcohol intoxication as expressed by the same participant:

It's just a matter of 'oh, I bet I can drink this faster than you can' and things get out of hand very quickly. So that would be my opinion on how, like, alcohol becomes a quick problem. (P3/15/M)

The 'quick problems' (P3/15/M) described by participants included being coerced into challenging situations they were not prepared for while under the influence of the alcohol. They could not understand why peers did not use the same knowledge and recognise their vulnerability when it came to consuming alcohol.

Chapter conclusion

In summary, participants described a set of social, environmental and individual factors that influenced the decisions they made about consuming alcohol. Participants' abilities to be social beings, rather than social outcasts, remained a sign that abstinence or low-risk drinking was a legitimate choice. Participants reported possessing positive self-identity, influenced by high levels of resilience, self-esteem and trustworthiness. They prioritised their health and reputation and not wanting to lose control.

The next chapter will discuss these findings in relation to previous and potential future research about the influences on adolescents' choices to abstain from alcohol, or to drink only at low-risk levels.

Chapter 6: Discussion

The exploration in this study used a theoretical framework that considered three distinct factors: individual, social and environmental. However, the findings that emerged demonstrated that the boundaries between the individual and social factors were impossible to delineate, and that environmental factors did not influence the decisions this cohort of adolescents made about alcohol consumption. It is important to mention that in studies like this one, it could be hard to identify environmental issues that were influential. This is because the methodology of the study involved interviews with young people and they were more likely to draw upon their cognitions and proximal influences rather than broader cultural and environmental factors. Yet, this discussion is framed by the following categories: young people choose abstinence or low-risk consumption; the choice is facilitated by their personal attributes and by the relationships in their lives that are perceived as authentic. Notably, too, unfavourable aspects of relationships with peers' parents and the 'cool kids' of their larger social sphere also exerted an influence that supported their decisions about alcohol consumption.

The purpose of this chapter is to discuss the major findings of the study, which aimed to explore and identify how individual, social and environmental factors influence the decisions Australian adolescents aged 14 to 19 years of age make with regard to abstaining from alcohol or only consuming low-risk volumes of alcohol. As this study was conducted to address an identified paucity of data about abstinent adolescents and those who drink at low-risk levels, it contributes foundational knowledge about the relative influence of individual, social and environmental factors on safe patterns of consumption among young Australians.

Influences on personal decision-making regarding alcohol consumption

Positive self-identity and its relation to high levels of self-esteem and resilience

Possessing a positive self-identity was a strong factor influencing decisions participants made to abstain from alcohol or to only consume alcohol in low-risk volumes. This study found participants'

positive self-identities were promoted by other personal attributes that had developed through their adolescence, including high levels of self-esteem, resilience and being risk assessors. Markedly, their positive self-identity was contributed to by the reaffirmation of their decisions and actions in relation to abstinence or low-risk drinking, having a positive life orientation, never wanting to lose control and prioritising personal goals. Unlike the Piacentini and Banister's (2009) study of young people who were attempting to manage abstinence or sensible drinking in an excessive alcohol culture and found that only a few non-drinkers were capable of craving out a distinct social life, a positive self-identity appeared to be correlated with an ability to resist Australia's current alcohol culture (Doran et al. 2010; Lindsay et al. 2010; NHMRC 2009), and to resist the pressure and expectations participants said they experienced to conform to drinking practices. This was so, even when they believed that their refusal to conform placed them outside of the norm of the bigger social group. Given this view, the decisions and actions demonstrated by this cohort of young people implied that they were on a nonconforming journey through adolescence. Yet, they were clearly being part of the increasing trend of Australian adolescents choosing to abstain from alcohol that has been observed over the last decades - what they may not have realised, was that they were actually conforming to Australia's current adolescent drinking social norm by remaining 'above the influence and healthily deviant' (Romo 2012, p. 672).

Self-proclaimed high levels of self-esteem and resilience were determined to be influential regarding participants' decisions to abstain from alcohol or to consume alcohol in low-risk volumes. This finding was consistent with research previously undertaken by Hodder, Freund et al. (2016), who investigated an association between adolescent substance use (including alcohol) and individual and environmental resilience as protective factors. Hodder, Freund et al. (2016) reported that individual and environmental factors contributed to personal resilience, which was essential for positive adolescent development and participants' ability to avoid risky behaviours like consuming alcohol.

Participants acknowledged adolescence as a period of multiple transitions, challenges and changes. Despite this, they suggested that some adolescents who consume alcohol use this developmental stage as an excuse to be 'reckless' or to experience 'freedom without responsibility'. Moreover, by

consuming alcohol during adolescence, drinking peers ignored their vulnerability and the risks associated with negative health behaviours. Although previous research by McKay et al. (2012) failed to identify the directionality of the relationship between alcohol use and self-esteem (i.e., what comes first – alcohol use or low self-esteem?), and Bartsch et al. (2017) suggested that there is little previous research investigating the interrelationship between self-esteem and alcohol use, this study offers some insight that positive self-esteem, developed during adolescence, is an influential individual factor that may affect choices about alcohol use.

A circular relationship between self-esteem, resilience and alcohol use has been highlighted in this study. Other authors (McKay et al. 2012; Veselska et al. 2009) have argued that self-esteem is an aspect of resilience, and this view was shared by participants. In this study, self-esteem and resilience proved to be protective factors for alcohol use because they were personal assets that enabled participants to resist the negative forces they were exposed to when socialising with their drinking peers. By successfully resisting the pressure to drink, this in turn enhanced their self-esteem and resilience, and further reinforced their positive self-identity. Participants in this study did not conform to ‘minimising “legroom” for peer pressure’ (Conroy & de Visser 2014, p. 536) by avoiding social activities with drinking peers. Rather than shying away from the challenge of socialising with their drinking peers and/or where drinking alcohol was involved, participants exposed themselves to the risks and the negative outcomes associated with adolescent drinking and provided themselves with opportunities to learn how to overcome such risks. At these times, participants practiced resisting their drinking peers’ persuasive tactics, and/or implemented strategies or coping responses (like concealing their drinking status). These types of responses for drinking resistance have been labelled ‘inoculation or steeling’ by Fergus and Zimmerman (2004, p. 404). They suggested that a curvilinear relationship exists between risk factor exposure and negative outcomes. In other words, exposure to either low or high levels of a particular risk is associated with negative outcomes. In contrast, exposure to moderate levels of risk was related to positive outcomes. In a way, Fergus and Zimmerman (2004) were also describing an interplay between the same factors Zinberg (1984) had originally expressed in his model. Specifically, they too, were suggesting that there is an interplay

between the person, the substance and the environment. However, in the research of Fergus and Zimmerman (2004), it referred to the intensity of an interplay between adolescents, alcohol and their exposure to drinking.

Fergus and Zimmerman's (2004) findings were also congruent with Cox and Klinger (1988) theory that highlighted the relationship between people's motivation to use alcohol, its pharmacological effect and social and/or personal rewards to be gained from its consumption and Ajzen and Fishbein's (1980) TRA. That is, participants' behavioural intention was being influenced by the attitude they developed from socialising with drinking peers within their current social norm. For participants in this study, regular exposure to drinking proved to be a moderate-level risk exposure that 'inoculated' them against (excessive) drinking, prepared them to overcome risks associated with adolescent drinking throughout adolescence, and readied them for the eventual consumption of alcohol sometime in the future. Such findings were consistent with those of Fergus and Zimmerman (2004) and Hodder et al. (2016), who also found that a positive self-identity throughout adolescence was enhanced when exposure to risks facilitated the development of personal assets like self-esteem and resilience.

Paradoxically, participants viewed their drinking peers as having low levels of self-esteem and resilience, believing this was directly related to their peers' decision to drink. Although participants did not explicitly describe a lack of self-esteem or resilience as a weakness, they did claim pride and covert superiority in relation to their own choices for abstinence or low-risk alcohol consumption. This finding resonates with research undertaken by Fry (2011) who found in a study of adolescent non-drinkers and infrequent drinkers that their sense of identity was constructed in relation to a sense of difference and not being connected to the adolescent drinking world. This finding was further supported by Seaman and Ikegwonu (2010) who found that non-drinkers experienced pride in their drinking choices and Herring, Bayley and Hurcombe (2014) who found young people were capable of rejecting stereotypical labels, adopting an alternative healthier personal identity and being assertive and resolute in their alcohol consumption choice. As seen in this study, the development of young people's positive self-identity was a fundamentally important function in their

development, and one of the foremost age-related tasks of adolescence. When promoted, such a positive self-identity could well sustain a choice of abstinence or low-risk drinking and their ability to manage the pressures around alcohol.

Becoming risk assessors

The adolescents in this study appeared to be different from their peers because they were more risk averse. This, in turn, influenced their decisions to not drink or to only consume alcohol only at low-risk levels. This was partly related to anxiety about losing control, and partly because they considered the risks to themselves associated with potential inappropriate behaviours of their drinking peers and the venue where they were gathered. In accordance with the study findings of Hardcastle, O'Connor and Breen (2019), who explored young people's influences on, and consequences of, avoiding alcohol consumption, being in control led to them avoiding alcohol's negative consequences. Participants in this study, aimed to ensure that socialising with their drinking peers resulted in a beneficial and socially enjoyable experience for all involved. Becoming risk assessors was a way participants articulated and demonstrated a good understanding of their current situation, their problem-solving capacities and their ability to foresee the consequences of their choices. This finding is consistent with research undertaken by Wills et al. (2008) who tested a hypothesis about self-control having buffering effects for adolescent substance use. In their study, 'self-control' (Wills et al 2008, p. 2) was defined as having the following properties: planning and forethought for anticipating and preparing for troublesome situations, problem-solving for highlighting alternative solutions to problems and the use of interpersonal skills for dealing with problems that had arisen. Each of these properties was compatible with this study's participants' perceptions of their ability to be a risk assessor who was in possession of mechanisms for self-control. Conversely, participants perceived a lack of self-control in some of their drinking peers. A lack of self-control manifested as cool-kid 'default drunkenness' (Seaman & Ikegwuonu 2010, p. 6). For participants, examples of antisocial and intoxicated behaviours were a deterrent from drinking alcohol. Alternative patterns of consumption, like low-risk or moderate drinking, may have made less sense to cool kids entrenched in the cool-kid alcohol culture (Wills et al. 2008). However, participants

believed that losing control when intoxicated had the potential to jeopardise their personal self-esteem, resilience and reputation, their meaningful relationships and ultimately their positive self-identity – all the factors that enabled them to sustain their choices regarding abstinence or low-risk consumption. Loss of control in young drinkers has been previously studied by Olsson et al. (2016) who conducted an Australian population-based cohort study investigating the drinking patterns of adolescents who developed alcohol use disorder (AUD). In this study Olsson et al. (2016) were able to demonstrate that loss of control while drinking in adolescence may be a preclinical feature of later alcohol dependence. This aggregated across the adolescent period into a diagnostic AUD in young adulthood. The views of participants in this study regarding ‘pointless’ drinking to intoxication reflected Olsson and colleagues’ findings when they observed cool kids’ loss of control, and they believed that this behaviour would lead to longer-term harm (Olsson et al. 2016; see also Silins et al. 2018).

In this study, vicarious experiences of alcohol consumption changed the expectations participants had about drinking. Unlike their drinking peers, participants did not expect alcohol consumption to be a pleasurable activity that would facilitate their ability to socialise or enhance their personalities. Losing control was a boundary, created by participants, to define the extent of their pleasurable social activities. Boundary setting had been identified as a coping strategy, utilised by abstinent or low-risk young alcohol consumers, when socialising in an alcohol culture by Herring, Bayley and Hurcombe’s (2014) qualitative study of young people. As a strategy discussed by this study’s participants, it appeared they were dispositionally geared towards regulating both their emotions and their behaviours in social situations in which alcohol was being consumed. Significantly, they said they were not prepared to accept the risks associated with alcohol’s effect on their developing brains.

The body of knowledge on the effects of alcohol on the developing adolescent brain is building. Squegilia, Jacobus and Tapert (2009), Squegilia, Lindsay and Gray (2016), Olsson et al. (2016) and Spear (2018) found that heavy drinking during adolescence had subtle, but significant, adverse effects on adolescent neurocognitive functioning when compared to adolescent non-drinkers.

Specifically, they reported decrements in memory, attention and speed of information processing. Jacobus and Tapert (2013) and Spear (2014) confirmed that the executive functioning area of the brain was also affected by 'relatively high levels' (Spear 2014, p. 2) of alcohol consumption producing deficits in future planning, abstract reasoning strategies and the generation of new solutions to problems. 'Relatively high levels' of alcohol consumption was defined by Spear (2014) as adolescents consuming on average, twice as much per drinking episodes as adults. Interestingly, the participants believed their drinking peers possessed the same knowledge as they did about alcohol's effects on brain development but, placed less emphasis on using this knowledge to benefit their future wellbeing, as demonstrated through their repeated episodes of excessive drinking. Instead, participants said the negative consequences of alcohol consumption were deemed 'joke-worthy' by their drinking peers.

Squeglia and Gray (2016) reported differences in the non-linear development of two neural systems of adolescents' brains. Specifically, during adolescence, the mesolimbic and reward systems develop before prefrontal and cognitive control areas. Adolescents, therefore, are more vulnerable to engaging in risk-taking behaviours like consuming alcohol (Nixon & McClain 2010; Spear, 2018). Furthermore, Jacobus and Tapert (2013) found that during this crucial period of rapid neural development, the brain may be more vulnerable to the potentially persistent effects of neural insults such as excessive alcohol consumption.

The ability of this group of participants to assess risks by using their knowledge and vicarious experiences of drinking, complemented by their personal desire to remain in control, influenced their choice not to drink alcohol or to consume alcohol only at low-risk levels. This decision set them apart from their drinking peers. Their assessment of risks to their future from alcohol consumption was factored into their prioritising of their personal goals and aspirations and be successful personally, academically or professionally. Such findings were consistent with Herman-Kinney and Herman (2013) who stated abstinent young people negotiated positive social and personal identities by citing that they are serious about their personal or study commitments.

Possessing a positive future orientation

Berends, Jones and Andrews (2016) conducted an Australian study exploring young people's views on adolescent drinking. They found that personal behaviour and attitudes were shaped by 'personal goals and desires' (Berends, Jones and Andrews 2016, p. 23). These findings are consistent with those of this study. Additionally, Berends, Jones and Andrews (2016) found that situational factors influenced the extent to which individuals aligned themselves to actions that were symbolic of their understanding of social group norms. This was inconsistent with the present study's findings because, although participants said cool-kid drinking was a social group norm, they still prioritised their personal goals ahead of conforming to social group expectations. By being goal directed and purposefully controlling their actions and environment, the participants of this study exhibited what Mazibuko and Tlale (2014) described as possessing a positive future orientation. This outlook was also described in a study undertaken by Henry et al. (2011), in which a positive future orientation was associated with the development of autonomy. Henry et al. (2011) argued that adolescents' 'autonomy development' was another critical task of adolescence, one in which adolescents must learn to rely on their own resources without becoming emotionally detached from parents and close friends. The present study supported the findings of Henry et al. (2011) as the participants displayed a sense of self and were considering their future prospects. These were clearly protective factors in their decision not to use alcohol. Therefore, enabling adolescents to improve their personal autonomy may be an important strategy for reducing alcohol use among adolescents. Importantly, possession of a positive future orientation was closely related to authentic relationships in the personal lives of participants.

Authentic relationships with parents

In this study it appeared that a positive future orientation was facilitated and sustained by meaningful relationships in the lives of participants. In particular, participants emphasised the importance of preserving good, meaningful relationships with their parents (see also Berends, Jones & Andrews 2016; Lindsay et al. 2010; Shean 2010). The participants reported positive relationships with their parents in which there were strong emotional bonds, participants' rights were

acknowledged, their independence supported, and parents negotiated with them to reach agreement about responsible behaviour (including conditions for consuming alcohol now and in the future). An approach like this has been linked to the healthy development of individuals by Čablová, Pazderková and Miovský (2014), and is evidenced as a finding of this study by the positive self-identity confirmed as an asset by participants. Therefore, given the evidence for meaningful relationships with parents and its influence on adolescents choosing abstinence from alcohol or safe patterns of alcohol consumption, the study's findings could be reflected in national policies and educational programs, like national prevention strategies for adolescent alcohol consumption or family-based prevention programs (Čablová, Pazderková & Miovský 2014), or guide the way our communities interact with adolescents to keep them safe from or whilst consuming alcohol.

According to Čablová, Pazderková and Miovský (2014) and Patock-Peckham and Morgan-Lopez (2007), when negative bonds have been formed between parents and their children, this is linked to unsafe patterns of alcohol consumption in adolescents (see also Corvo & Williams 2000). Other research conducted by Ryan, Jorm and Lubman (2010) identified several predictors, aside from parental role modelling, that were associated with delayed initiation to alcohol and safe patterns of consumption in later life. These included: the quality of the parent-child relationship, family conflict, parental support and involvement, and communication. In this thesis, participants reported that their parents did not advocate for their abstinence from alcohol in the long term and said that they may choose to consume alcohol at some point when they are older. Such reports provided a strong example that communication about alcohol-specific issues occurred naturally in the families of the study's participants and reflected parents' desire to maintain positive emotional attachments and healthy relationships with their children. As a social factor being explored in this study, this form of relationships and communication with parents appeared to be protective, influencing the participants to choose abstinence from alcohol or safe patterns of consumption.

The participants recognised that meaningful relationships afforded them an environment within which they could remain true to themselves. The construct of being 'true', the term used by participants, has been termed 'authenticity' by Conroy and de Visser (2013, p. 1483). Moreover, as a

dispositional trait, authenticity has been described by English and John (2013) as an emotional regulator that influences social outcomes, and by Abel (2014), who said authenticity implied a person will act in accordance with their inner thoughts and emotions. The concept of authenticity is relevant to the present study because, for participants, choosing to be non-drinkers or low-risk drinkers was a way they retained personal authenticity. There was congruency between their positive future orientation and their outer social behaviours, particularly their resistance to alcohol consumption. Conroy and de Visser's (2013) research found that authenticity was central to positive human interactions and wellbeing. In this study, authenticity correlated with elevated levels of self-esteem, resilience and positive self-identity. Importantly, for participants, authenticity signalled trust, honesty and openness in the interactions they shared with their parents. In this study, authentic relationships with parents were influenced by a series of factors including parental role modelling and guidance about alcohol consumption. It appeared that this approach contributed significantly to mediate against Australia's strong normative adolescent alcohol culture (NHMRC 2009).

Almost all of the participants reported that their parents only consumed alcohol occasionally and had never been intoxicated in their presence. The participants indicated that this was not the experience of many of their peers who had frequently observed intoxicated parents. Fergus and Zimmerman (2004) and Heinrich et al. (2016) reported that parents' role modelling of moderate alcohol consumption was a protective factor for adolescent alcohol use. However, the results of research undertaken by Bowden et al. (2017) were inconsistent with this finding. Bowden et al. (2017) found that parental influence declined as the influence of peers increased throughout adolescence.

Increasing peer influence is a frequently documented aspect of adolescence (Ball & Bindler 2008; Hockenberry 2005; Wang et al. 2009). However, parental influence was found to be sustained in the participants of this study. Even if peers became more influential throughout adolescence in other aspects of the participants' lives, it was not at the expense of the influence exerted by their parents with reference to alcohol consumption. Parents remained an influential social factor regarding decisions about alcohol consumption in this cohort of participants. In this cohort, it appeared that

parents protected adolescents from acculturation, peers' persuasion to conform to drinking and the progression of alcohol use, which increases markedly through adolescence (Aiken et al. 2017).

Empowering parents with this knowledge is important as recognised in a number of health studies (Aiken et al. 2017; Berends, Jones & Andrews 2016; Čablová, Pazderková & Miovský 2014; Chan et al. 2017; Gilligan et al. 2019; Hutchinson et al. 2008). Initiating or enhancing access to parent education and family intervention programs may assist parents to develop skills necessary for the encouragement of abstinence or low-risk drinking throughout their child's adolescence. The benefits of such programs have been confirmed by Hutchinson et al. (2008) in a systematic review of primary prevention programs for high risk levels of alcohol use by adolescents. Hutchinson et al. (2008) concluded that the Strengthening Family Program, originally developed in the USA, produced strong long-term benefits in alcohol reduction among young people. In this program, parents undertook instruction on nurturing, communication and limit-setting, factors congruent with authoritative parenting, the style favoured by participants in this study. Participants believed parents to be an influential social factor regarding adolescent drinking. In contrast, a recent Cochrane review undertaken by Gilligan et al. (2019) found that there was little evidence that interventions with parents or families prevented or reduced drinking among school-aged young people up to the age of 18 years. Thus, this conclusion was inconsistent with the views of participants in this study.

[Authentic relationships with close friends](#)

Pavlidis, Ojarvi and Bennett (2019) said young Australians purposefully selected the right response and crowd to socialise with because it took the focus away from alcohol and thus, it facilitated firstly, their socialising with others who were non-drinkers and secondly, the development of authentic relationships with peers. By continuing to be active and have fun, young Australians were able to rationalise their decision to be an alcohol abstainer or low-risk consumer.

An authentic relationship with close friends was found in this study to be another important social factor influencing adolescents' decision-making with regard to abstinence or low-risk consumption of alcohol. Across all age groups of participants, close friends were determined to be members of a more intimate subgroup of peers within the larger group of peers that participants socialised with.

Participants described close friends as being differentiated from other peers by a shared meaningful, authentic relationship. Within this close friendship group, participants shared common attitudes and behaviours in relation to alcohol use. Much previous research has been conducted on how friendship networks in adolescence influence substance use (including alcohol use). This research is based on a number of theories of peer influence including social learning theory (Bandura 1977), expectancy outcome theory (Goldman, Del Boca & Darkes 1999), social comparison theory (Festinger 1954), social identity theory (Tajfel 1982) and peer cluster theory (Oetting & Beauvais 1987). More recently, research has focused on the mechanisms of 'peer influence' or 'peer selection' (Slade 2016) with regard to adolescent alcohol use. Peer influence, as a mechanism, drives the emergence of a particular behaviour and influences the causal sequence of that behaviour. In the context of adolescent drinking, the friendship comes first and leads to a change in substance use. On the other hand, peer selection, as a mechanism, suggests that substance use comes first, leading to a change in friendship group. Potentially these can be seen as competing mechanisms explaining peer similarities with regard to adolescent drinking.

Peer cluster theory appears to be relevant to the study participants' experiences of socialising with drinking peers, because it posits that friendships form among peers who either support or discourage particular health behaviours, like alcohol consumption (Oetting & Beauvais 1987). Participants, in their quest to be and remain authentic to themselves (and their parents' values), sought out others who were like them to support their drinking choices, findings supported by Supski and Lindsay (2016). Therefore, when socialising, their immediate peer group was homogenous in regard to decisions related to alcohol consumption. It appeared that the homogenous subgroup positively reinforced participants' decisions and shielded them from the cool-kid 'default drunkenness'. This finding was consistent with previous research undertaken by Huang et al. (2011) who found having a close or significant friend who was also an abstainer or low-risk consumer of alcohol increased the likelihood fourfold that an individual would also adopt a similar pattern of consumption. Therefore, it appeared that resistance to drinking became part of the glue that bound close friends together. Significantly, another component of the group's homogeneity was its equal and equitable social

structure. To participants, this structure was cited as a highly appealing factor, and one that differentiated it from cool-kid groups. Its appeal may be explained by previous research undertaken by Vargas (2011) who found that adolescents in groups with balanced power relations were insulated from peer pressure to use substances, like alcohol, or to change educational behaviours, largely because group members shared the power rather than created a hierarchical structure.

Hierarchical structures within peer groups have been studied by Pattiselanno et al. (2015) who found that peer structures formed an important context for the social development of adolescents and influenced behaviour in the group. In this thesis, participants said that peers who conformed to the drinking behaviour of the cool-kid group were drinking to get drunk and to earn the group's commendation, a finding consistent with Berends, Jones and Andrews (2016), Fry (2011) and Huang et al. (2014). This behaviour had the potential to facilitate their rise up through the ranks of the cool kids' hierarchy. However, these positions were tenuous: repeated drinking was necessary to retain membership in the cool-kid group. This was one way in which cool kids' drinking was perpetuated, and the pattern of excessive drinking became normative. Pattiselanno and colleague's (2015) study found that large status differences that contributed to the hierarchical structure within groups were related to power imbalances within that group, findings consistent with previous research undertaken by Vargas (2011). Adolescents who were, or felt they were, at the bottom of the status hierarchy were vulnerable to those with higher status, and more likely to conform to the same behaviours. As confirmed by the participants in this study, competition within the cool-kid group was necessary to drive acceptance or gain elevated status within the group. Dumas, Ellis and Wolfe (2012), who also studied aspects of adolescent risky behaviours, defined this competitive nature as 'peer group control' (2012, p. 918) and alluded to the extent to which adolescent peer groups' hierarchical power structures were influenced by clearly-defined leaders monitoring the behaviour of other group members. They, too, concluded that adolescents in some controlling peer groups were likely to engage in risky behaviours to impress more powerful group members and/or to improve their social status within the group. However, many of the participants noted that other social factors colluded to support an alcohol culture within the larger cool-kid group; these included peers'

parents' inadequate supervision at gatherings and their supply of alcohol to the young people attending.

Peers' parents' inadequate supervision at gatherings and their supply of alcohol to adolescents

Participants deemed parental supervision of gatherings where adolescents were present and consuming alcohol to be manifestly inadequate. In their view, inadequate supervision exerted significant influence over their peers' drinking behaviour. This finding was confirmed by Heinrich et al. (2016), who found that poor parental supervision led to early initiation of substance use, by and Clark et al. (2008) and McMorris et al. (2011), who said it contributed to excessive patterns of consumption.

Adequate supervision was defined by participants as supervising adults being highly visible and circulating among drinking adolescents, including direct interaction with drinking adolescents throughout the entire event. However, in the literature and in the context of adolescent drinking, supervision appeared to be mainly focused on parental monitoring (Clark et al. 2008; Dickson et al. 2015; McBride et al. 2003; McMorris et al. 2011). Clark et al. (2008) described parental monitoring as distinct from parental supervision because it described a 'less direct supervision' (2008, p. 285). They defined it as a 'unidimensional construct' (Clark et al. 2008, p. 285) involving only ongoing communication between parents and their adolescent children about their children's whereabouts, who they are socialising with, their scheduled time to return home, and contact information in case parents wanted to directly communicate with their child. Supervision of adolescents, by this definition, therefore correlated with communication only and this definition provided a narrow, focussed view of the responsibilities associated with mandatory parental supervision practices that were described by the study's participants.

According to participants, supervision practices of parents at a social gathering of adolescents were highly relevant to the amount of alcohol consumed. This is supported by Dickson et al. (2015). An increased incidence of adverse outcomes related to adolescent drinking at social events when parents were absent has been found by Bellis et al. (2009). Importantly, in line with views expressed by the study participants, Morleo et al. (2013) confirmed that parents were generally unaware of, or

inaccurately assessed, the amount of alcohol adolescents may consume at gatherings. Parents may believe that indirect supervision of younger adolescents could help adolescents learn responsible drinking (McBride et al. 2003), but these findings appear incongruent with the reports of the participants in this study. Of most concern to participants was that the risks to their peers' safety, because their level of intoxication, may not be continuously monitored, and the situation may not be assessed appropriately by the parents who were hosting the social event. Therefore, they believed that no preventive action regarding the potential harms of intoxication or alcohol poisoning would be undertaken by parents until it was too late. Research by Clark et al. (2008) acknowledged that parental responsibilities change from late childhood and throughout adolescence, with a tendency for parents to be less involved in direct supervision as their child ages. In this study, participants advocated very strongly for closer direct supervision at social gatherings where adolescents were drinking, irrespective of the age of the adolescents. This study's findings were more consistent with those of McMorris et al. (2011) who contended that adolescents would not learn how to use alcohol safely even in controlled, supervised settings, or that they would be unable to apply that knowledge to future drinking opportunities. Therefore, according to participants, parents' engagement in monitoring the level of alcohol consumption, providing other drinking and entertainment options and taking preventive action, are important for the safety of all adolescents present at a social gathering. Parents may require more tangible direction about how to behave at gatherings of drinking adolescents so they can adequately supervise them. They may also need instruction about how to respond to adolescents consuming large volumes of alcohol, and how to act proactively to eliminate risks and consequences of harmful adolescent drinking (Committee on Substance Abuse 2010; Dickson et al. 2015; Fergus & Zimmerman 2004).

Added to this concern about parental supervision at social gatherings was another social factor: the supply of alcohol by parents, including to under-age drinkers. According to participants, peers' parents facilitated excessive patterns of consumption by supplying alcohol. They believed parental supply of alcohol removed significant logistical and emotional barriers when it came to adolescent drinking. As suggested by the study participants, and by Aiken et al. (2017), parents are the main

suppliers of alcohol to their children – an action that contributes to the normalisation of adolescent drinking (Ward & Snow 2011). In a recent Australian prospective cohort study conducted by Mattick et al. (2018) investigating the association of parental supply of alcohol with adolescent drinking, alcohol-related harms and AUD symptoms, the researchers reported that providing alcohol to young people was positively associated with alcohol-related harms, and that there was no evidence supporting the proposal that parental supply of alcohol protected young people from adverse drinking outcomes. Moreover, Mattick and colleagues (2018) suggested that parents should be advised that this practice is associated with risk both directly and indirectly due to increased access to alcohol by adolescents from other additional sources. On the other hand, parental practices were said to provide the most robust and consistent evidence in the systematic review and narrative synthesis published recently by Vashishtha et al. (2019) when investigating why adolescent drinking rates are reducing. The contradiction in findings may be explained by the current polarisation of Australia's alcohol culture (Allsop 2017; Caluzzi 2019) and add further weight to the argument that harm minimisation is making the most difference to low-risk drinkers (Callinan, Pennay & Livingston 2017) rather than Australia high-risk young alcohol consumer.

Participants believed that parents supplied alcohol to adolescents for many reasons. These included: parents believing that alcohol supply was their responsibility (a finding confirmed by Aiken et al. [2017]), and that by doing so their children would learn how to consume alcohol safely (see Hutchinson et al. 2008), within a safe environment for consumption (see Chan et al. 2017). Furthermore, adolescents thought that parents believed that by supplying alcohol, they could limit the amount of consumption (see Wadolowski et al. 2016) or determine the type of alcohol their child was drinking (see Gilligan & Kypri 2012). However, in this study participants considered the most important reason parents supplied alcohol to their children was to ensure their child was not ostracised from the cool-kid group. Participants' observations supported what Chan et al. (2017) found in relation to parental supply of alcohol; that is, that it led to 'a heightened perception that alcohol is available and drinking during adolescence is endorsed' (Chan et al. 2017, p. 562).

There is potential for parental supply of alcohol to their adolescent children to be influenced by NHMRC (2009) recommendations for safe alcohol consumption and current jurisdictional Australian legislation. In all Australian jurisdictions, it is illegal to purchase alcohol for any person less than 18 years of age. This study did not specifically investigate participants' perspectives on the extent to which parents were aware of the NHMRC guidelines and the legislation. If parents were aware of current Australian legislation about the supply of alcohol to a person less than 18 years of age, this was, from the participants' perspectives, being ignored. Australian legislation regarding who can supply alcohol to minors varies by jurisdiction, and parents may be misled about their roles and responsibilities regarding the supply and consumption of alcohol in private settings. According to Gilligan and Kypri (2012), parents based their decisions about alcohol supply on their own values and discussions with friends, rather than external guidance or legislative requirements. Therefore, it may be necessary to highlight, through health promotion initiatives (Beckman et al. 2017; Comello & Slater 2011; Kelly et al. 2016; Mattick et al. 2018), the importance of encouraging parents to implement and reinforce alcohol-specific guidelines and legislation in relation to their children's access to alcohol and consumption of alcohol during adolescence so that their parental role in protecting young people from alcohol-related harm can be supported.

Easy accessibility of alcohol was an environmental factor that was not influential regarding the decisions participants made about alcohol consumption. However, it was an interesting finding of this study that participants perceived alcohol's easy accessibility, particularly via proxy purchasing, to be a significant factor warranting immediate community response. In the literature, the proxy purchasing of alcohol has been defined by Bellis et al. (2009, p. 3) as strangers purchasing alcohol for young people when they are unable to purchase it legally or independently. Bowden et al. (2017) undertook a cross-sectional analysis on the prevalence, perceptions and predictors of alcohol consumption and abstinence among South Australian school students and found that one of the factors that predicted recent drinking among adolescents was the perception that alcohol was easy to purchase. Bowden and colleagues' (Bowden et al. 2017) findings were also supported by Bellis et al. (2009), who said accessing alcohol through proxy purchasing increased risks of all of the negative

outcomes associated with adolescent drinking. In this study, participants condemned the practice of strangers purchasing alcohol for adolescents. They believed strangers evaded their responsibilities and recourse for the negative consequences of alcohol that were inevitably experienced by young people misusing alcohol purchased by proxy. This belief, compounded by participants' vicarious experiences of alcohol intoxication and their disposition of risk aversion, reasons also confirmed by Conroy and de Visser (2014), Nairn et al. (2006), Hardcastle, O'Connor and Breen (2019) and Kraus et al. (2019), was the reason that participants said they would never adopt this practice now or in the future.

Non-influential environmental factors

Effects of media, alcohol advertising and social media

Alcohol advertising was another environmental factor that was not considered influential to this group of participants, but they were disturbed by the ways alcohol is portrayed by the industry. Findings of this study were consistent with Austin, Chen and Grube (2006) who suggested that alcohol is promoted in the media as a valuable commodity associated with strength, success and having fun. They also concurred with Dobson (2012) who found that campaigns encouraging alcohol consumption specifically targeted youth. These campaigns were perceived by participants as encouraging young people to make alcohol consumption an integral part of their social lives. Moreover, their views about alcohol advertising was supported by previous research, including a recent systematic review of alcohol marketing and youth alcohol consumption longitudinal studies published since 2008 (Jernigan, David et al. 2017). The review found 'young people who have a greater exposure to alcohol marketing appear to be more likely subsequently to initiate alcohol use and engage in binge and hazardous drinking' (Jernigan, David et al. 2017, p. 112). However, in this thesis, participants' self-control and positive self-identity appeared to mediate the effect of media. Another finding of this study was participants' views that if their peers were susceptible to mainstream advertising of alcohol, they would be more susceptible to posted images of young people in their peer group drinking on social media. Participants said their peers' increased susceptibility resulted from images that were deemed to promote 'pro-alcohol discourse', and what

has been described by Gupta et al. (2016, p. 768) as an 'active and continuous conduit' of peer-to-peer transmission of representations of apparently enjoyable activities involving alcohol consumption.

In Australia, there are several codes and policies that govern the content of online alcohol marketing material. For example, Facebook is governed by its Facebook Advertising Policies (Facebook 2018) and the Australian Alcohol Beverages Marketing Code (ABAC) (Alcohol Beverages Marketing Code, 2018). However, the ABAC is voluntary, and the expanse of online advertising via social media platforms means it is difficult to monitor the industry's compliance with such codes and policies. Additionally, the codes and policies are failing to prohibit the portrayal of alcohol consumption as 'causing or contributing to the achievement of personal, intellectual, business, social, sporting, physical, sexual, or other success' (Weaver et al. 2016, p. 481). Barry et al. (2016) have provided further evidence that the alcohol industry is in violation of their proposed self-regulation guidelines for digital marketing communications to young people. Impetus to take this issue seriously has been provided by Faulkner, Azar and White (2017), who demonstrated that high exposure to alcohol advertising among Australian youth was associated with risky drinking. Thus, Faulkner, Azar and White (2017) have subsequently advocated for increased regulation of alcohol advertising across traditional and non-traditional media.

The effect of social media postings of young people consuming alcohol has been the subject of previous research. Litt and Stock (2011), corroborated more recently by Erevik et al. (2017), reported that the positive aspects of alcohol use were emphasised on social media sites, and exposure to others' experiences of drinking was more likely to lead to one's own sharing of similar content, leading to heightened alcohol use. A 'vicious circle' (Erevik et al. 2017, p. 614) of influence for normative adolescent alcohol consumption is potentially created in this environment. Researchers investigating the effect of social media images on young peoples' drinking have labelled such sites and images as cultures of intoxication' (Moewaka Barnes et al. 2016, p. 63), 'intoxigenic social environments' (McCreanor et al. 2008, p. 2) or 'alcoogenic environments' (Huckle, Pledger & Casswell 2012, p. 1614). Policymakers, health promotion strategists and the community at large must critically

engage with the alcohol industry's promotion messages and tactics. Even now when they deliver responsible drinking messages, these are presented in a pro-alcohol vein, implying that alcohol is harmless, socially normative and vital to having a good time (Jones 2014). The World Health Organization's *Global strategy to reduce the harmful use of alcohol* (2010) and the UK's NICE *Alcohol use disorders: preventing the development of hazardous and harmful drinking guidelines* (National Institute for Clinical and Health Excellence 2010) suggest that children and young people should be protected from alcohol advertising by strengthening its regulation and ongoing monitoring of advertising practices. Given exposure to risky online content had a direct impact on adolescents' risk behaviours, and significantly interacted with the risk behaviours of their friends (Huang et al. 2014), friends' online behaviours should be considered a viable source of peer influence, as was suggested by participants in this thesis. It is important that increased efforts should focus on educating adolescents about the negative effects of risky online displays. The findings of this study suggest that what is required in order to reduce alcohol-related harms to children and adolescents is not only protection from alcohol advertising and social media, but also protection from the easy accessibility of alcohol, including through parental supply and proxy purchasing.

Study limitations

There are a number of limitations related to this study.

Chapter 4 discussed the QSR components that contributed to the reliability and validity of the study's first stage (see pp. 111-121). However, as a meta-aggregation of qualitative data was not possible, the study aim was not met. On the other hand, failure of the meta-aggregation did provide the impetus to complete the study's second stage and conduct the qualitative descriptive exploratory study.

Justification for choosing to conduct the qualitative descriptive exploratory study, as the second stage, was provided in Chapter 3 (see pp. 69 - 70). In this stage, Australian adolescents aged 14 to 19 years who were abstinent or low-risk drinkers, proved to be a 'hidden population' (Zhao 2017, p. 1000667) because they were difficult to recruit. Shaghaghi, Bhopal and Sheikh (2011, p. 87) coined

the term 'hard-to-reach populations' to describe subgroups of a population that are difficult to reach or involve in research and Moreno et al. (2017, p. 64) recently confirmed that 'recruiting adolescents for research is challenging'. Thus, various methods were necessary to try to engage with a wide range of Australian young people who did not consume alcohol or who were low-risk drinkers (see pp. 77 - 95). It was not within the remit of this research to attempt to identify why the recruitment of adolescents was so challenging; however, it has highlighted possible research on how to recruit adolescents to health-related studies with a potential to improve their health and wellbeing. Given that no incentives, such as movie tickets, were part of the methods of recruitment, this may have contributed to the study's limitations.

The study had ethics approval for the recruitment of 10 – 12 participants and in the end the various methods implemented enabled the recruitment of 12 participants. It can be argued that this small number of participants cannot be representative of all Australian adolescents or the range of life events they experience in relation to alcohol, but Polit and Tatano-Beck (2010) have stated that there are no rules for sample sizes in qualitative research and the guiding principle should be the achievement of data saturation. Data saturation could have been influenced by the small number of participants included in this study. Yet, it was confirmed when no new information was yielded from the interviews and redundancy of further interviews became clear. Recruiting additional participants would not have enhanced the study's quality or rigour (Fusch & Ness 2015; Guest, Bunce and Johnson 2006; Morse 2015).

Beyond sample size, the researcher must also acknowledge that the results may have been influenced by the lack of gender balance in the sample (Ritchie 2009) because nine female adolescents and three male adolescents constituted the study's sample. In White and Williams' (2016) 2014 ASSADS report, of the 12 – 17 year old Australian adolescents surveyed who had never used alcohol, 31.9% were male and 32.0% were females. Perhaps, the influence of some of the individual factors like levels of self-esteem, resilience and ability to cope with risk, could have been affected by gendered experiences, particularly when the family interaction theory proposed by Brook et al. (1990) posited girls' underage drinking patterns can be influenced by individual and social

factors. However, it was not the intention of the researcher to examine variance in the perceptions of female and male participants with reference to the factors that influence their decisions to abstain from alcohol or consume it safely. Across ages and genders, participants' opinions and perceptions of individual, social and environmental factors influencing their decisions to be and remain alcohol free were noticeably congruent. As an exploratory study that established a bounded set of findings, it may have limited generalisability (see p. 73, p. 108 & p. 115) but, it can still suggest particular directions that pave the way for further research in other territories and states of Australia, other countries and other cultures, especially other western ones, where similar patterns of consumption and experiences of alcohol related harm have been observed (see Chapter 2, pp. 21 - 24).

Chapter conclusion

In this chapter, the major findings of the study were discussed. The study contributes foundational knowledge about the influence of individual and social factors, and the lack of influence of environmental factors, on safe patterns of alcohol consumption among young Australians. The study's findings have shone the spotlight on the critical insights of Australia's 'young sensible drinkers' which may contribute to the creation of a safer, healthier alcohol culture for young people.

The chapter also reported the study's limitations.

In the next and final chapter, the study's conclusions are provided along with recommendations for future research.

Chapter 7: Conclusion

In the final chapter, the new foundational insights into the social phenomena of alcohol consumption in an Australian adolescent population aged from 14 to 19 years who were alcohol abstainers or low-risk alcohol consumers are highlighted. Future research opportunities are also presented.

Study conclusion

An aim of this study was to explore and identify individual, social and environmental factors that are influential in regard to the decisions adolescent alcohol abstainers and low-risk alcohol consumers make about consuming alcohol and, subsequently, to increase our understanding of how each of the factors influences adolescents' decisions.

The study was undertaken in two stages. In the first stage, a QSR was completed as a scientific means to synthesise current understandings of the decisions adolescents make to abstain from alcohol consumption or consume only low-risk volumes and to identify gaps in knowledge and in the literature about this phenomenon. When no metasynthesis was possible and no conclusions or implications for the future resulted, the lack of previous research about alcohol abstinence or low-risk consumption in Australian adolescents was identified. Therefore, a second, qualitative, descriptive, exploratory study was undertaken with a small cohort of 12 Australian adolescents aged 14 to 19 years aiming to build foundational knowledge about alcohol abstinence or low-risk consumption during adolescence within Australia's alcohol culture. Even though 12 Australian adolescents were recruited for the second stage study, recruitment of participants proved challenging.

In the second stage study, Australian abstinent or low-risk alcohol consumers, aged 14 to 19 years proved to be a 'hidden population'. As a result, the researcher was forced to introduce a wide variety of recruitment strategies. It was not an aim of the research to attempt to identify why recruitment of adolescents was challenging but, as a by-product, the study highlighted the need to conduct

additional research on how to recruit adolescents into health-related studies with a potential to improve their health and wellbeing.

New knowledge generated by this study may be important to inform future policy, education and strategy directions to prevent the onset of drinking amongst adolescents and assist them and their families with strategies to abstain from alcohol consumption or only consuming alcohol at low-risk levels during this significant developmental stage. Newer policies, programs, strategies and interventions could contribute to the development of an adolescent alcohol culture that accepts abstinence and low-risk alcohol consumption as positive behaviours and help build an alternative cultural norm.

Significantly the development and acceptance of an alternative social norm related to young people not drinking is an important community initiative, because one of the major views expressed by all participants was that there is a misconception in the community that all young people are drinkers. This view appears to remain even with the evidence of a reducing trend of adolescents consuming alcohol in the past decade has been observed. Australian adolescents continue to be polarised as either abstainers or risky drinkers, and acceptance of an abstinence or low-risk alcohol culture among adolescents remains poorly recognised, encouraged and supported.

Although the participants in this study experienced the polarisation of peer drinkers and peer abstainers, they did not recognise that they were in a majority group of non-alcohol consumers. Indeed, they considered their abstinence or low-risk drinking behaviour to be deviant within Australia's current adolescent alcohol culture. It appeared that for the participants of this study, being in the majority group did not negate the persistent and high level of pressure to consume alcohol they experienced from their peer social group either.

Despite the pressure and expectations they experienced, adolescent alcohol abstainers and low-risk alcohol consumers did not shy away from adolescent gatherings where drinking was expected, and they had no intention of making themselves social outcasts. By identifying that these adolescents continued to socialise with drinking adolescents, at the same gatherings, this study has determined

that there are young people who could be supported to contribute to the development of an alternative social norm not involving alcohol consumption when socialising among drinking peers. Promoting positive social norms should be a priority particularly when this cohort of adolescents saw themselves and their life stage positively, remained well connected with family and close friends, resisted some of the challenges associated with adolescence and facilitated their own easier transition into adulthood. However, the study also raised a number of interesting questions related to how young people socialise. For example, are more Australian adolescents employing some of the strategies discussed by participants more widely to hide their drinking status or are abstainers and low-risk consumers socialising separately, unlike participants interviewed?

In the initial study design, identifying and exploring the influence of individual, social and environmental factors was an assessment conducted separately (see Figure 1, p. 11). However, when the data were analysed it was discovered that it was too simplistic to treat the influence of each as distinct; the influence of each was intertwined with that of the others (see Figure 24).

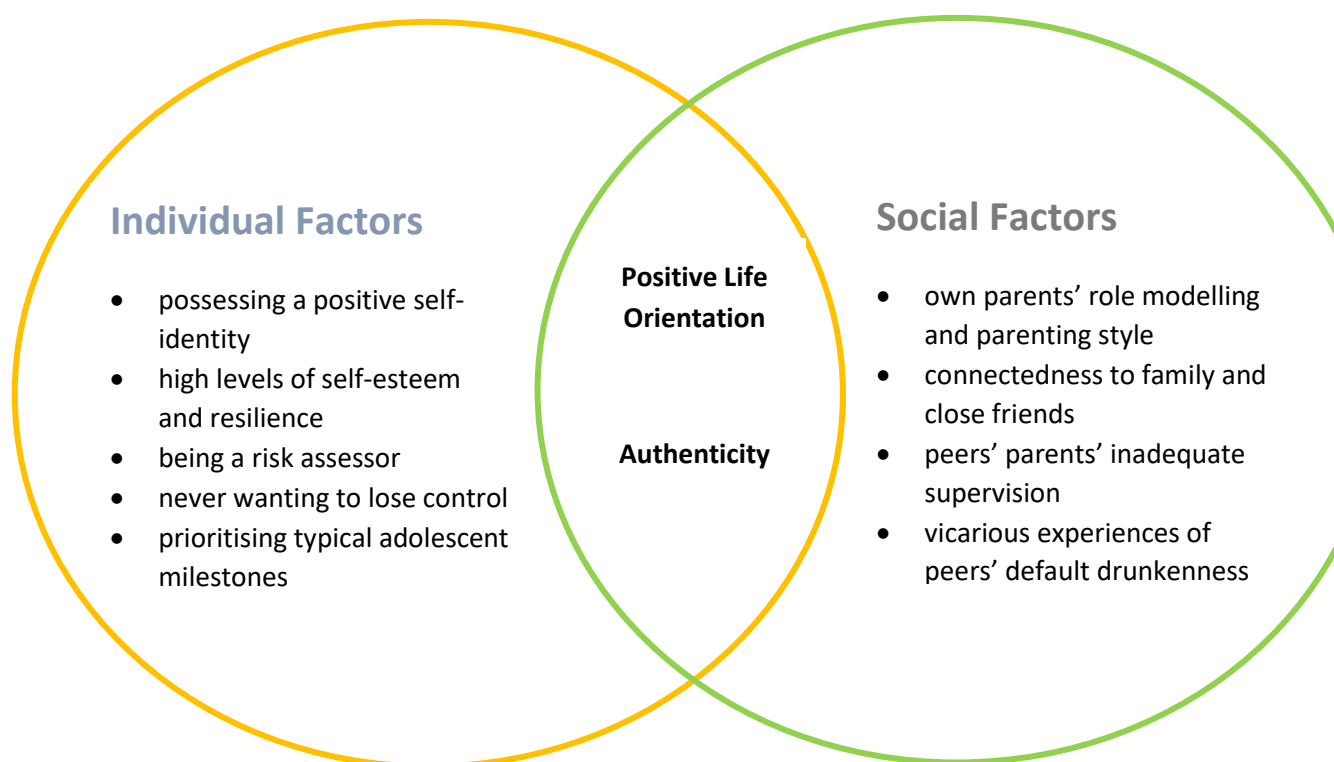


Figure 24: Individual and social factors as intertwined

Ultimately, the research concluded that individual factors were most influential to the decisions of adolescent alcohol abstainers and low-risk alcohol consumers. Notable individual factors were

limited to: possessing a positive self-identity, high levels of self-esteem and resilience, being a risk assessor, never wanting to lose control and prioritising typical adolescent milestones. Each of these factors may be perceived as atypical characteristics in adolescence, but they enabled a positive life orientation which meant that, in the end, choosing abstinence or low-risk consumption of alcohol was felt by participants to be a legitimate choice, and one that was sustainable. Resisting the pressure and expectation participants experienced to consume alcohol resulted in an internal sense of pride and covert superiority.

Moreover, participants emphasised that the individual factors were influenced by a number of social factors, including their parents, their peers' parents and their peers. In this study, adolescent abstainers and low-risk alcohol consumers reflected positively on their own parents' role modelling and parenting styles which appeared to influence similar attitudes to alcohol and similar safer patterns of consumption. By doing so, the adolescents felt protected from the pressure and expectation to consume alcohol. This protection afforded to them by remaining closely connected with their families, in turn, promoted their positive self-identity. Notably, though, the participants were very aware of the negative actions and behaviours of their peers and their peers' parents which helped to reinforce their choice of abstinence or low-risk consumption. In particular, they were influenced by peers' parents' inadequate supervision of gatherings, supply of alcohol to adolescents and their peers' default drunkenness. Vicarious experiences of their peers' drinking had led adolescent alcohol abstainers and low-risk consumers to believe their peers possessed low self-esteem and lacked resilience, that default drunkenness was pointless and clearly not associated with having fun, and it compromised their ability to be authentic and share meaningful relationships with others. Adolescent alcohol abstainers and low-risk consumers' vicarious experiences were also important because they affirmed their original choices about alcohol consumption and because it enabled their 'inoculation' against the risks associated with adolescent drinking.

Environmental factors including social media and easy access to alcohol exerted no influence on the decisions adolescent alcohol abstainers and low-risk alcohol consumers made about drinking and they were not related to individual or social factors. The adolescents in this study were not

influenced by alcohol's easy accessibility or the general positive media depictions of alcohol because they had no reason to seek alcohol out. Even though environmental factors were not influential, their concern about other adolescents being able to access alcohol from proxy purchases and the effect of young people posting images of their personal alcohol consumption on social media were prominent considerations for the broader community. In this study, it appears young people believe the alcohol and social media industries are sitting back and allowing young people to advertise alcohol on their behalf, via social media platforms and they believe this 'newer' form of communication has the greatest potential to create a vicious circle of influence for a normative adolescent alcohol culture.

Further research

This study has identified several gaps within the literature, which could provide a basis for further research for a better understanding of adolescent abstainers and low-risk drinkers.

In this study, participants who identified as abstinent or low risk drinkers also demonstrated high levels of self-esteem and resilience. The directionality of influence between adolescent's self-esteem and alcohol consumption is yet to be determined, investigating the most effective way to develop education and community programs that promote self-esteem and safe patterns of consumption is warranted. Additionally, exploring the validity and effectiveness of programs which aim to enable adolescents to improve their personal autonomy and resistance to alcohol consumption by being authentic or inoculated against it, may benefit younger children prior to alcohol exposure in their social activities.

It has been suggested in this study that an alternative cultural norm of not drinking needs to be emphasised and supported within the community and that an emphasis on the majority of young people, who do not drink, should be the focus of further social research rather than the adolescents that consume alcohol. Research that focuses on exploring different ways of reinterpreting the assumed alcohol culture as the norm could begin with the younger adolescent group.

The positive and negative influence of parents were highlighted by the participants in the study. Further research could be conducted to investigate what aspects of parental influence are critical in sustaining adolescents in their safe drinking choices. Also, research could be conducted on the development and effectiveness of interventions that aim to influence the attitudes of parents with regard to restricting the supply of alcohol to adolescents (Kelly et al. 2016; Roche, Steenson & Andrew 2013) and their role and responsibilities in supervising gatherings of young people (Bellis et al. 2009; Morleo et al. 2013).

Reflection on study design

Though the recruitment process was challenging, the researcher believed that the study design was appropriate for the aim of this research, particularly when including in-depth semi structured interviews. As noted by Schneider et al. (2013) interviews are the prime method of qualitative data collection and by Gill et al. (2008) as the means to elicit the deepest understanding of a research topic. Other methods, for example, surveys, case studies or observation were less likely to result in the same level of understanding achieved by interviews. Upon reflection, the researcher who is also a nurse, called upon skills including; keen observation, reasoning, person-centeredness and exploration of how the context and meaning of adolescent participants' experiences of alcohol abstinence or safe consumption were articulated. Although past clinical experiences and knowledge were the impetus for undertaking the study initially, the researcher learned to set aside personal perceptions and truly listen to the participants and learn from their stories, experiences and meanings.

The trustworthiness of this study was achieved through ensuring throughout the thesis a decision trail has been laid that accurately reflected the research process. Care was taken to clearly outline the research design and highlight the decisions related to data collection methods and analysis. The researcher has made sure that the voices of the participants are dominant in the analysis. Through regular discussion and review by the supervisors, the trustworthiness of the analysis occurred, as did oversight of both the researchers' process of analysis and emerging interpretations of the data. The

researcher is confident that through a rigorous process, clear research question and objectives, that the aim of the study has been achieved.

As the journey concludes, I would like to express my gratitude to supervisors and my family. Your contribution has ultimately led to this thesis. Likewise, my sincere gratitude must be extended to the 12 participants of this research who participated and with bravery and conviction provided such rich data for the study. My hope is that we can together contribute to the creation of a positive alternative social norm (which you were, in fact, living) in relation to adolescent drinking.

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Appendix I: Interview schedule



STRATIFIED FOCUS GROUP or FACE TO FACE OR TELEPHONE INTERVIEW GUIDE

This document has been produced as a guide for the stratified focus group or face to face or telephone interviews to be utilised in the study entitled: *Adolescents resisting the drinking culture - Understanding abstinence or low-risk alcohol consumption in adolescence*. It highlights how the focus group or face to face or telephone interviews will be conducted and describes the focus group or individual or telephone interview questions that will be used.

Introduction:

The focus group or face to face or telephone interviews will be utilised to explore and identify the influence of individual, social and environmental factors on adolescents' decisions to abstain, refrain or consume alcohol at only low-risk levels.

Participants: Australian adolescents aged 14 – 19 years stratified into gender-specific and age-specific groups

Participant Consent: Participants will sign a consent form to participation in the focus group or face to face or telephone interview. A copy of the informed consent form will be provided to participants and a second copy will be kept by the primary investigator who is also the facilitator of the focus group and face to face or telephone interviewers. Despite this information being included in the Participants Information Sheet they will be informed that the focus group or face to face or telephone interview will be audio-taped.

Demographic data: was identified prior to the focus group to facilitate the allocation of participants to the most appropriate group.

Facilitator/Moderator: Running an effective focus group or face to face or telephone interview is a skill and requires planning.

Discussion guides: A discussion guide has been devised to facilitate structuring the focus group or face to face or telephone discussion and by outlining the questions that will be asked. This will not be used rigidly, rather as a guide to encourage participants to explore the issues being identified and explored in depth, allowing them to reflect, and also to raise their own issues.

Data collection: The discussions will be audio-taped, and transcribed verbatim for analysis. The recordings will be securely stored in a locked filing cabinet in a locked office in the private residence of the primary investigator until transcribed and then they will be destroyed. The transcription shall not contain information that would allow individuals to be linked to specific statements. Confidentiality will be strictly preserved, except where disclosure is mandated by child protection legislation in South Australia.

Time and Place for Focus Group or Face to Face or Telephone Interview: The focus group or face to face may last about two hours, and participants will be able to have breaks in between for refreshments. The individual face to face or telephone interviews are expected to last approximately an hour. Participants will receive clear details of where and when the focus group or face to face or telephone interview will take place and how long it will last. This will be provided in a handout to be provided to each participant by the primary investigator. It will be either posted or emailed or provided face to face.

STRAFIED FOCUS GROUP or FACE TO FACE OR TELEPHONE INTERVIEW GUIDE

Facilitator's welcome, introduction and instructions to participants

Welcome: Welcome and thank you for volunteering to take part in this focus group or face to face or telephone interview. You have been asked to participate as your point of view is important. I realise you are busy, and I appreciate your time.

Introduction: This focus group or face to face or telephone discussion is designed to assess what sort of factors influence your decisions to not consume alcohol, not consume alcohol in situations where it was possible to or only consume less than 4 drinks on any given occasion.

The focus group discussion will take no more than two hours/the face to face or telephone interview we expect will only take an hour. You may recall that on the participant information sheet we informed you that we were taping (audio-recording) the interviews. Please be reminded your names will not be connected to any response you make, and your identity will be kept confidential at all times, now and in the future. Switch on the recorder

Anonymity: Despite being taped, I would like to assure you that the discussion will be anonymous. The tapes will be kept safely in a locked filing cabinet in my locked office at home until they are transcribed word for word, then they will be destroyed. The transcribed notes of the focus group or face to face or telephone discussion will contain no information that would allow any one of you to be linked to any specific statement(s) you make here. You should try to answer and comment as accurately and truthfully as possible. I, and the other focus group participants, if applicable would appreciate it if you would refrain from discussing the comments of other group members outside this focus group or to any other person. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.

Ground rules for focus group discussion only

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone else is talking but please wait until they have finished.
- There are no right or wrong answers
- You do not have to speak in any particular order
- When you do have something to say, please do so. As there are 6 of you in the group, it is important that I hear each of your points of view
- You do not have to agree with the views of other people in the group
- Does anyone have any questions?
- OK, let's begin

Warm up for focus group discussion only

First, I'd like everyone to introduce themselves. Can you tell us your name?

Introductory statement

I am just going to give you a couple of minutes to think about your experience of being out at any social event you can think of where alcohol was present.

Guiding questions

1. To start interviews: Can you tell me about your experiences of being an abstainer or low-risk drinker today when you socialise
2. Can you tell me a little bit more about that?
3. Can you tell me about your experiences in which you had options to consume alcohol and have either never done so, or limited the volume consumed?
4. How does it feel to be an abstainer or low-risk drinker today?
5. What influence do you think your self-esteem, resilience, attitude, mental and physical health and personal experiences have on your decisions to not drink alcohol or only drink alcohol in small volumes?
6. What influence do you think your parents and friends have on your decisions to not drink alcohol or only drink alcohol in small volumes? – ask about parents and friends individually
7. What influence do you think availability of alcohol, the place where you drink, how it is marketed, and media and entertainment have on your decisions to not drink alcohol or only drink alcohol in small volumes? – ask about each of these individually
8. What advice would you give to other adolescents?

Concluding question

Of all the things we've discussed today, what would you say are the most important issues you would like to express about not drinking alcohol or only drinking small amounts of alcohol?

Conclusion

Thank you for participating. This has been a very successful discussion.

Your opinions will be a valuable asset to the study.

I also hope you have found the discussion to be interesting.

If there is anything you are unhappy with or wish to complain about, please be reminded the name of a contact person can be found on the Participant Information Sheet you have a copy of or you can speak to me after the group.

I would like to remind you that any comments featuring in the reporting of the study will be anonymous.

Appendix II: Published qualitative systematic review protocol

Sharrad, S. (2011). "An exploration of adolescent's decisions to abstain or refrain from alcohol consumption in Australian social settings a qualitative systematic review. Systematic Review Protocol." JB Library of Systematic Reviews 9(48): 1-14.

Title of Systematic Review Protocol:

An exploration of adolescent's decisions to abstain or refrain from alcohol consumption in Australian social settings – a qualitative systematic review.

Centre conducting review:

Centre for Evidence-based Practice South Australia; a collaborating centre of the Joanna Briggs Institute

Primary reviewer

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Dr Paul Aylward (BA MA PGCE MA(Ed) PhD) Discipline of General Practice, University of Adelaide

Commencement date:

July 2011

Anticipated Completion date:

December 2011

Background:

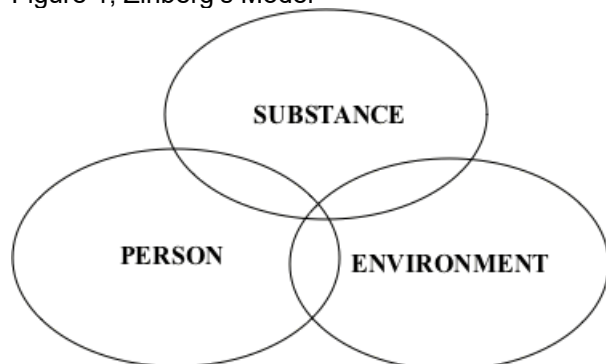
The aim of this systematic review is to establish new insights into the social phenomena of alcohol consumption in an adolescent population, more particularly an adolescent's resilience or ability to resist alcohol consumption when exposed to alcohol in their social setting(s). The review will endeavour to synthesise the experiences of participants through categorising and developing descriptors in the form of themes or other groupings about abstinence or resistance to alcohol consumption. Metasynthesis is the process in which the findings of the individual studies, which will be retrieved, are combined in order to create summary statements that truly reflect the meanings of the themes about abstinence or resistance to alcohol consumption.¹

For this review the descriptive title reflects the PICO mnemonic suggested by the Joanna Briggs Institute (JBI). It incorporates the Population, that is, adolescents aged 14 – 19 years. This age range has been chosen to capture children and adolescents beyond primary school age and adolescents beyond the legal age of drinking in Australia. The Phenomenon of Interest refers to abstinence from alcohol or resistance to alcohol consumption when alcohol is available and the Context which for this group includes any social setting where alcohol exposure occurs and consequently the pressure to consume alcohol may occur concurrently. Interestingly, this PICO concept complements Zinberg's model² of motivation for substance use. Zinberg described a three factor model which includes the person, the substance and the environment.

Motivational theories of alcohol use.

Zinberg² formulated one of the first models used to explain motivational theories behind drug use. Zinberg's model contended that three determinants must be considered in order to understand what impels an adolescent to consume alcohol and how alcohol affects the user. The three determinants of the Zinberg model include the substance, the person and the environment. In the Zinberg model each of these determinants is interrelated (Figure 1).

Figure 1; Zinberg's Model



A consideration of this model and incorporation of the interrelatedness of determinants was useful for the formulation of the review objectives and questions.

In this review the **substance** refers to alcohol and the pharmacological action on the adolescent, the **person** refers to the adolescent, particularly their characteristics including their gender, culture, age, physical and mental health, personality, personal experiences, family influences and reasons for drinking. Their reasons for drinking, mood and attitude at the time of use, as well as the context of use (which refers to the place and availability of alcohol, who they were with at the time and the situation in which consumption occurs) is labelled as the **environment** in the above model by Zinberg.

In Zinberg's own words;

“It was becoming obvious that in order to understand the drug experience I would have to take into account not just the pharmacology of the drug and the personality of the user (the set) but also the physical and social setting in which use occurred” (page x). This is a useful tenet to bear in mind in order to develop a greater understanding of an adolescent’s resilience or ability to resist alcohol consumption when exposure to alcohol occurs in their social setting(s).

Adolescent Alcohol Consumption – A major public health concern

A major public health concern in our society today is the consumption of alcohol among adolescents.^{3,4} Patterns of alcohol consumption among adolescents have been investigated both nationally and internationally. As an example, the World Health Organization initiated a Global School based Student Health Survey aimed at measuring and assessing the behavioural risk factors including alcohol use and protective factors in ten key areas in young people aged between 13-15 years.⁵ The deleterious effects, both physical and psychological, of alcohol consumption for this group are also well documented.⁶ However, what has not been investigated to an equal extent are the reasons why children and adolescents abstain from alcohol consumption or resist further alcohol consumption having consumed alcohol in their social setting at some point previously.⁷

Much of the literature concerned with patterns of use of alcohol in the adolescent age group focuses on the group aged between 12 years to 18 years and describes consumption levels, contexts and risks. The media commonly portrays adolescent „binge drinking“ in order to report on and convey messages about patterns of use amongst this age group.^{4,8-11} Perhaps, one of the reasons for this is that it creates the biggest impact when describing patterns of use. The literature presents multiple studies^{4,10,12-21} which have investigated the motivation of adolescents to consume alcohol while under the legal age to drink, including the age at which they have had their first drink socially as distinct from consuming alcohol from within their family setting.

The current evidence based National Health and Medical Research Council²² „Australian Guidelines to reduce health risks from drinking alcohol“ guide parents, young people and the wider society by stating that for children and young people under 18 years of age;

“not drinking alcohol is the safest option” (p 4).

This guideline further suggests that;

“A Parents and carers should be advised that children under 15 years of age are at greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

B For young people aged 15 – 17 years, the safest option is to delay the initiation of drinking for as long as possible” (p 57).

Despite the above recommendations clearly stating that children and adolescents should not drink alcohol at this developmental stage, consumption amongst this group is rising.⁵ The World Health Organization’s Global Survey on Alcohol and Health assessed a five-year trend of underage drinking. An increase was seen in 17% of the countries that responded for children aged from 13 – 15 years. This trend for 18 – 25-year olds indicated out of 82 countries that responded 80% showed an increase.⁵ What is not known is what influences some adolescents to abstain or resist from further drinking once exposed. Understanding this phenomenon is therefore important for future policy, education and strategy directions that aim to prevent onset of drinking amongst adolescents and assist those, once exposed to alcohol, to resist from further drinking during this developmental stage. This, in turn, may contribute to preventing and reducing the risks and problems already known to be associated with alcohol consumption amongst this age group.

Therefore, this qualitative systematic review has been designed to describe the influences and attributes of adolescents (aged from 14 – 19 years, children under the age of 14 years are not included as described above) and the mechanisms used, and processes involved

when they either abstain from the consumption of alcohol or resist consuming alcohol in any social setting which exposes them to alcohol. This systematic review aims to summarise the best available evidence on the previously mentioned issue by combining the results of sufficiently similar studies. Meta synthesis aims to produce an authentic summary of the results to deepen understanding around this issue.

A preliminary search of the DARE (The Database of Abstracts of Reviews of Effects) and Cochrane Library databases of published systematic reviews has not identified a similar review to the one being proposed above. This search was extended to also include the JBI Library Of Systematic Reviews and the PubMed and CINAHL databases where again a similar review was not identified.

Review Questions/Objectives:

Consequently, the specific questions to be addressed are;

- What influences the decision made by an adolescent to either consume alcohol or resist consumption of alcohol when exposed to alcohol in a social setting?
- What are the attributes of an adolescent which impact on the decision to either consume alcohol or resist consumption of alcohol when exposed to alcohol in a social setting?
- What are the strategies or mechanisms used by an adolescent which facilitate consumption of alcohol in a social setting?
- What are the strategies or mechanisms used by an adolescent which may facilitate abstinence of alcohol consumption in a social setting?
- What are the strategies or mechanisms used by an adolescent which may facilitate resistance of alcohol consumption in a context when previous consumption had occurred?
- What are the contextual influences which enable or disable the enactment of strategies and mechanisms to resist or limit alcohol consumption?
- What are the elements that facilitate exposure to alcohol? (That is, what is the context of alcohol exposure, what are the social settings in which alcohol exposure is possible?)

The objectives of the systematic review include;

- Identify the influences on adolescents who decide to abstain completely from alcohol or refrain from further consumption once exposed socially
- Identify particular attributes of adolescents which reduce their likelihood of engaging in alcohol consumption.
- Identify the situational and environmental influences that reduce the likelihood of adolescents engaging in alcohol consumption.
- Explore the issues that prompt an adolescent to consume alcohol when they did not intend to.
- Identify the strategies and resources that adolescents themselves draw on to abstain from alcohol or resist further consumption of alcohol once exposed, that is, how these work and in what circumstances are they successful or unsuccessful.

Criteria for considering studies for this review:

Type of Studies

This study will consider interpretive and critical studies that draw on the mechanisms or processes used by adolescents (aged from 14 – 19 years) to either abstain from the consumption of alcohol or resist consuming alcohol, but not limited to, designs such as critical theory, phenomenology, ethnography, grounded theory and discourse analysis. In the absence of research studies, other texts such as opinion papers and reports will be considered in a narrative summary.

Types of Participants

The population being explored in this review include adolescent males and females aged between 14 and 19 years of age who reside in Australia.

Phenomena of Interest

The phenomenon of interest refers to abstinence from alcohol or resistance to alcohol consumption when exposure to alcohol is possible.

Context

The context for this review stems from the previously mentioned study questions and objectives. The context for this group includes any social setting in Australia where alcohol exposure occurs and consequently the pressure to consume alcohol may occur concurrently.

Search strategy for identification of studies:

This review will include a search of both published and unpublished literature, written in English from the year 2000 to current literature (July 2011). (This time frame has been purposefully chosen to capture the current generation of youths specifically being targeted by this review and to ensure the aims of the review are addressed. The purpose of the review is to improve the current understanding about an adolescent's resilience or ability to resist alcohol consumption when exposed to alcohol in their current social settings. Therefore, including literature published prior to the year 2000 will not provide additional insight into this phenomenon). A three-step search strategy will be used when undertaking this review. An initial limited search of Medline and CINAHL using initial key words will be undertaken with the aim of identifying all possible key words from the text words contained in the title and abstract of the retrieved literature. A second extensive search using all key words identified and terms will then be carried out across all included databases. Thirdly, the reference list of all identified literature will be searched for additional studies not previously identified during the first or second search strategy.

Initial key word search terms:

Alcohol	Adolescents	Abstaining
Alcohol drinking (mesh)	Young person/s	Abstain
Alcohol drinking (title and abstract)	Young people	Abstinence
Alcohol consumption	Adolesce/ts/nce	Abstention
Alcohol use	Teen/s	Prevention and control
Social drinking	Youth/s	Resist/ance/ing
Binge drinking	Student/s	
Underage drinking	Minors	
Under age drinking	Young adult/s	
Alcoholic beverages	Adolescent	
	Young adult	

Alcoholic beverage Alcoholic drink/ing Alcopop/s Alcoholism Alcohol intoxication Excessive drink/ing		
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The databases to be searched are:

- Scopus
- Embase – although available only through Scopus
- CINAHL
- PsycINFO
- MEDLINE/PubMED
- Web of Science
- Informit: Health, Education, APA-FT
- ERIC
- Proquest Theses and Dissertations

Methods of the review:

Assessment of methodological quality:

The assessment of research papers selected for retrieval will be performed by two independent reviewers for methodological validity prior to inclusion in the review. The instrument used will be the standardised critical appraisal criteria from Joanna Briggs Institute Qualitative Assessment and Review Instrument, (JBI-QARI, Appendix I and JBI – NOTARI, Appendix II). Where agreement is not reached, resolution will be achieved through discussion and consultation with a third reviewer.

Data extraction:

Data will be extraction from papers included in the review using the standardised data extraction tool from the JBI- QARI (Appendix III).

Data synthesis:

Qualitative research findings will be pooled where possible, using JBI QARI. This will involve the aggregation or synthesis of findings to generate a set of statements that represent the experiences of nurses delivering nurse-initiated interventions. The findings will be assembled according to their quality, and based on a similarity of meaning, these findings will be categorised. These categories are then subjected to a metasynthesis in order to produce a single comprehensive set of synthesised findings. Where textual pooling is not possible, the findings will be presented in narrative form.

If textual data is included, JBI NOTARI will be used to pool the findings.

Acknowledgements:

The primary reviewer wishes to acknowledge Supervisors of the Master of Clinical Science award for which this review is being conducted, that is, Professor Charlotte de Crespigny and Dr Paul Aylward and also Dr Rick Wiechula for his support and guidance in producing the protocol.

Conflicts of interest:

Nil

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Appendix III: Stage 1 qualitative systematic review: Individual database search logic grids

The search strategy of each individual database is outlined below:

1. PubMed

The logic grid for the PubMed database search is shown below in Table 15:

Table 15: PubMed Logic Grid

Alcohol	Adolescents	Abstaining
Alcohol drinking[mh]	Young person*[tiab]	Abstain*[tiab]
Alcohol drinking[tiab]	Young people[tiab]	Abstinence[tiab]
Alcohol consumption[tiab]	Adolesce*[tiab]	Abstention[tiab]
Alcohol use[tiab]	Teen*[tiab]	Prevention and control[sh]
Social drinking[tiab]	Youth*[tiab]	Resist*[tiab]
Binge drinking[tiab]	Student*[tiab]	
Underage drinking[tiab]	Minors[tiab]	
Under age drinking[tiab]	Young adult*[tiab]	
Alcoholic beverages[mh]	Adolescent[mh]	
Alcoholic beverage*[tiab]	Young adult[mh]	
Alcoholic drink*[tiab]		
Alcopop*[tiab]		
Alcoholism[mh]		
Alcohol intoxication[mh]		
Excessive drink*[tiab]		

Therefore, the search conducted utilised the following:

Alcohol drinking[mh] OR Alcohol drinking[tiab] OR Alcohol consumption[tiab] OR Alcohol use[tiab]
OR Social drinking[tiab] OR Binge drinking[tiab] OR Underage drinking[tiab] OR Under age
drinking[tiab] OR Alcoholic beverages[mh] OR Alcoholic beverage*[tiab] OR Alcoholic drink*[tiab] OR
Alcopop*[tiab] OR Alcoholism[mh] OR Alcohol intoxication[mh] OR excessive drink*[tiab]

AND

Young person*[tiab] OR Young people[tiab] OR Adolesce*[tiab] OR Teen*[tiab] OR Youth*[tiab] OR
Student*[tiab] OR Minors[tiab] OR Young adult*[tiab] OR Adolescent[mh] OR Young adult[mh]

AND

Abstain*[tiab] OR Abstinence[tiab] OR Abstention[tiab] OR Prevention and control[sh] OR
resist*[tiab]

2. SCOPUS

In this database each term must be typed in individually into the search boxes. It was also necessary to search plurals of the search terms as Scopus does not allow truncation or search terms to be exploded. Inverted commas were used for all phrases.

'Alcohol drinking (OR Alcohol consumption OR Alcohol use OR Social drinking OR Binge drinking OR
Underage drinking OR Under age drinking OR Alcoholic beverages OR Alcoholic beverage* OR
Alcoholic drink* OR Alcopop* OR Alcoholism OR Alcohol intoxication OR Excessive drink*'

AND

Young person*(OR Young people OR Adolesce* OR Teen*OR Youth* OR Student* OR Minors OR
Young adult* OR Adolescent OR Young adult)

AND

Abstain* (OR Abstinence OR Abstention OR Prevention and control OR Resist*)

3. CINAHL

The CINAHL database logic grid which was formulated is shown in Table 16: CINAHL Logic Grid.

Table 16: CINAHL Logic Grid

Alcohol	Adolescents	Abstaining
MH Alcohol drinking]	TI AB Young person*	TI AB Abstain*
TI Alcohol drinking	TI AB Young people	TI AB Abstinence
AB Alcohol drinking	TI AB Adolesce*	TI AB Abstention
TI Alcohol consumption	TI AB Teen*	MW Prevention and control
AB Alcohol consumption	TI AB Youth*	TI AB Resist*
TI A Alcohol use	TI AB Student*	
TI AB Social drinking	TI AB Minors	
TI AB Binge drinking	TI AB Young adult*	
TI AB Underage drinking	MH Adolescen	
TI AB Under age drinking	MH Young adult	
MH Alcoholic beverages		
TI AB Alcoholic beverage*		
TI AB Alcoholic drink*		
MH Alcopop*		
MH Alcoholism		
MH Alcohol intoxication		
TI AB Excessive drink*		

Thus, the search terms used were:

(MH Alcohol drinking OR MH Alcohol drinking + OR TI Alcohol drinking OR AB Alcohol drinking OR TI Alcohol consumption OR AB Alcohol consumption OR TI alcohol use OR AB Alcohol use OR TI social drinking OR AB Social drinking OR TI Binge drinking OR AB Binge drinking OR AB Underage drinking OR TI underage drinking OR AB Under age drinking OR MH Alcoholic beverages OR TI alcoholic beverage* OR AB Alcoholic beverage* OR TI alcoholic drink* OR AB Alcoholic drink* OR MH Alcopop* OR MH Alcoholism OR MH Alcohol intoxication OR TI excessive drink* OR AB Excessive drink*)

AND

(MH adolescence + OR TI Young person* OR AB Young person* OR TI young people OR AB Young people OR TI Adolesce* OR AB Adolesce* OR TI teen OR AB Teen* OR TI youth OR AB Youth* OR TI Student* OR AB Student* OR TI Minors OR AB Minors OR TI young adult* OR AB Young adult*)

AND

(TI abstain* OR AB Abstain* OR TI abstinence OR AB Abstinence OR TI abstention OR AB Abstention OR MW Prevention and control OR TI resist* OR AB Resist*)

4. Embase

For the Embase database, the search terms included:

'Alcohol drinking'/exp OR ((Alcohol drinking OR Alcohol consumption OR Alcohol use OR Social drinking OR Binge drinking OR Underage drinking OR Under age drinking OR Alcoholic beverages OR Alcoholic beverage* OR Alcoholic drink* OR Alcopop* OR Alcoholism:exp OR Alcohol intoxication:exp OR excessive drink*)):ti,ab

AND

'Young person*'/exp,ti,ab OR ('Young people' OR Adolesce* OR Teen* OR Youth* OR Student* OR Minors OR 'Young adult*' OR Adolescent OR Young adult):ti,ab

'adolescent'/exp OR (adult OR juvenile OR student):ti,ab

AND

'Abstain*/exp OR (Abstinence OR Abstention OR 'Prevention and control' OR resist*):tiab

5. ERIC

In ERIC the search conducted was:

(Alcohol drinking OR Alcohol consumption OR Alcohol use OR Social drinking OR Binge drinking OR Underage drinking OR Under age drinking OR Alcoholic beverage OR Alcoholic drink OR Alcopop* OR Alcoholism OR Alcohol intoxication OR Excessive drink) AND (Young person*(OR Young people OR Adolesce* OR Teen*OR Youth* OR Student* OR Minors OR Young adult* OR Adolescent OR Young adult)) AND (Abstain* (OR Abstinence OR Abstention OR Prevention and control OR Resist*))

6. PscyhInfo

As this database is part of EBSCOHOST a repeat of the Scopus search was conducted.

7. Informit

This database also includes the Health, Education and APA-FT databases and consequently a repeat search was conducted.

8. Web of Science

In this database a repeat of the ERIC search was conducted.

Appendix IV: Stage 1 qualitative systematic review: QARI instruments

A: JBI Critical Appraisal Checklist for Qualitative Studies

Reviewer _____ Date _____
 Author _____ Year _____ Record Number _____

	Yes	No	Unclear	N/A
1. Is there congruity between the implied philosophical perspective and the research methodology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there congruity between the research methodology and the research question or objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there congruity between the research methodology and the methods used to collect data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there congruity between the research methodology and the representation and analysis of data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there congruity between the research methodology and the interpretation of results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a statement locating the researcher culturally or theoretically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the influence of the researcher on the research, and vice-versa, addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are participants, and their voices, adequately represented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include Exclude Seek further info.

Comments (Including reasons for exclusion)

JBI Critical Appraisal Checklist for Narrative, Expert opinion & text

Reviewer _____ Date _____
Author _____ Year _____ Record Number _____

	Yes	No	Unclear
1. Is the source of the opinion clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the source of the opinion have standing in the field of expertise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the interests of patients/clients the central focus of the opinion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the opinion's basis in logic/experience clearly argued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C: JBI Data Extraction

Reviewer	Date
Author	Year
Journal	Record Number

Study Description

Methodology

Method

Intervention

Setting

Geographical

Cultural

Participants

Data analysis

Authors Conclusions

Comments

Appendix V: Stage 1 qualitative systematic review: Correspondence with experts in the area – responses

1. Professor Steve Allsop

From: Steve Allsop [mailto:S.Allsop@curtin.edu.au]

Sent: Monday, 20 February 2012 7:16 PM

To: Suzanne Sharrad

Subject: RE: re advice on literature please

Hi Suzanne

I really have little to add to what you have found. Indeed, the very lack of this kind of data has led me and colleagues to submit a funding proposal (which we are hopeful of getting) to provide more insight into the factors that influence drinking and risky drinking among young people.

I suggest you might contact my colleague David Moore (d.moore@curtin.edu.au) who with his colleagues has been applying ethnographic approaches to young people drinking and drug use. I also can only suggest the obvious, using searches with slightly different search terms, but I suspect the dilemma is there is little in the way of literature fitting your criteria.

Sorry I cannot be more helpful

Steve

From: Suzanne Sharrad [suzanne.sharrad@adelaide.edu.au]

Sent: Thursday, 16 February 2012 10:04 AM

To: Steve Allsop

Cc: Charlotte de Crespigny; Paul Aylward

Subject: re advice on literature please

Hello Professor Allsop,

May I introduce myself first? I am Sue Sharrad, an academic in the School of Nursing at the University of Adelaide and also trying hard to complete a Master of Clinical Science with a view to rolling this over to a PhD. I am using the Masters to form the first part of continued studies around alcohol and adolescents. My supervisors suggested I contact you because I have hit a 'stalemate' in my present research - which is a Qualitative Systematic Review.

My current topic is; 'An exploration of adolescent's decisions to abstain or refrain from alcohol consumption in Australian social settings – a Qualitative Systematic Review.' I am trying to apply an alternative lens to the problem of alcohol use in adolescence. My interest in this area evolved during the many years I spent as an ICU nurse. I have attached the proposal. I have completed the search for

literature, found 3108 articles of which 21 were suitable for Review for possible inclusion in the systematic Review and have now found none fit the inclusion criteria.

Are you able to advise me where to head for qualitative literature around this topic?

I appreciate any time and consideration you may give to this request.

Cheers, Sue

Sue Sharrad

Third Year Coordinator
Lecturer

School of Nursing
The University of Adelaide
AUSTRALIA 5005

Phone: +61 8 8303 3643

Fax: +61 8 8303 3594

suzanne.sharrad@adelaide.edu.au

www.health.adelaide.edu.au/nursing/

CRICOS Provider Number 00123M



2. Professor David Moore

From: David Moore [mailto:D.Moore@curtin.edu.au]

Sent: Tuesday, 21 February 2012 9:13 AM

To: Suzanne Sharrad

Subject: RE: re advice on literature please

Dear Sue

I agree with Steve that there isn't much published and that changing the search terms might help. NCETA did a large Review of the literature on youth and drinking 4-5 years ago, so it might be worth looking at the references in that document. Jo Lindsay at Monash has also published several pieces in the last several years. Because young people are often using illicit drugs along with alcohol, you might consider reflecting this in your search strategies. The publications from the work referred to by Steve can be found on my webpage at:

<http://db.ndri.curtin.edu.au/staff/staff.asp?persid=98&typeid=2>.

Regards

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David

Professor David Moore

Project Leader | **National Drug Research Institute**

Curtin University

Tel | +61 3 8413 8403

Fax | +61 3 9412 9912

Email | d.moore@curtin.edu.au

Web | ndri.curtin.edu.au

Address | **NDRI – Melbourne Office 54-62 Gertrude St Fitzroy VIC 3065 AUSTRALIA**



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CRICOS Provider Code 00301J (WA), 02637B (NSW)

From: Suzanne Sharrad [<mailto:suzanne.sharrad@adelaide.edu.au>]

Sent: Tuesday, 21 February 2012 8:05 AM

To: David Moore

Cc: Charlotte de Crespigny; Paul Aylward

Subject: FW: re advice on literature please

Dear Professor Moore,

I am forwarding an email as per Professor Allsop's instructions. The original email is copied below. I would be extremely grateful for any direction you can offer me.

Sincerely,

Sue

Sue Sharrad

Third Year Coordinator

Lecturer

School of Nursing
The University of Adelaide
AUSTRALIA 5005

Phone: +61 8 8303 3643
Fax: +61 8 8303 3594
suzanne.sharrad@adelaide.edu.au
www.health.adelaide.edu.au/nursing/

CRICOS Provider Number 00123M



3. Dr Ken Pidd

Hi Suzanne,

I am not that familiar with qualitative research regarding adolescent alcohol use.

However, I would recommend that you contact Justin Barker at the Australian Catholic University -
justin.barker@acu.edu.au

Another person who may be able to help is Amy Pennay at Turning Point (Monash) -
amyp@turningpoint.org.au

Sorry I couldn't be of further help

Regards

Ken

Dr Ken Pidd

National Centre for Education and Training on Addiction (NCETA)

Flinders University

Bedford Park 5042

GPO Box 2100

Adelaide, South Australia 5011

Tel (+61 8) 82017535

Fax (+61 8) 82017550

Mob 0422 684 475

www.nceta.flinders.edu.au

From: Suzanne Sharrad [mailto:suzanne.sharrad@adelaide.edu.au]
Sent: Tuesday, 6 August 2013 11:43 AM
To: Ken Pidd
Cc: Paul Aylward; Charlotte de Crespigny
Subject: re advice about Qualitative Systematic Review

Hello Dr Pidd,

My name is Sue Sharrad and I am undertaking a Qualitative Systematic Review entitled 'An exploration of adolescents' decisions to abstain or refrain from alcohol consumption in Australian social settings – a Qualitative Systematic Review'. One of my supervisors, Dr Paul Aylward, suggested I contact you for advice about the presence of literature on the topic of the Review.

My initial search yielded 3108 papers of which 21 were critically appraised but failed to meet the inclusion criteria. I have also approached Professors Allsop and Moore who both suggested qualitative data may be scarce.

Any advice would be welcome. Thanking you in advance for your time and response.

Cheers, Sue

Sue Sharrad

Third Year Coordinator
Lecturer

School of Nursing
The University of Adelaide
AUSTRALIA 5005

Phone: +61 8 8313 3643
Fax: +61 8 8313 3594
suzanne.sharrad@adelaide.edu.au
www.health.adelaide.edu.au/nursing/

CRICOS Provider Number 00123M



4. Dr Justin Barker

Hi Sue,

It kind of depends on what your inclusion criteria. There is some research out there but not necessarily in Australia. I know that my research would fall outside of some selection criteria due to not being peer reviewed. I have increasingly found it useful to borrow from realist synthesis approach rather than a traditional systematic review as it allows for wider inclusion criteria and then to take into account quant and qual research and also grey literature. I have done one realist synthesis and have my reservations about the approach, but I found it useful when looking at topics where there has been little research that meets the traditional hierarchy of research methods and data

Dr Justin Barker
Research Fellow | Institute of Child Protection Studies
Australian Catholic University

223 Antill Street, Watson ACT 2602

T: 02 6209 1226 **F:** 02 6209 1216 **W:** www.acu.edu.au

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From: Suzanne Sharrad [<mailto:suzanne.sharrad@adelaide.edu.au>]
Sent: Thursday, 8 August 2013 9:51 AM
To: Justin Barker; 'amyp@turningpoint.org.au'
Cc: Paul Aylward; Charlotte de Crespigny
Subject: FW: re advice about Qualitative Systematic Review

Hello Dr Barker and Dr Pennay,

I am following some advice I received from Dr Pidd, please see email below, about qualitative research around the decisions adolescents would make to abstain or refrain from alcohol consumption. I am in the midst of undertaking a Qualitative Systematic Review and did not find any papers to fit the inclusion criteria.

Any direction you may be able to provide would be very welcome.

Thanks in advance for your response.

Cheers, Sue

Sue Sharrad

Third Year Coordinator
Lecturer

School of Nursing
The University of Adelaide
AUSTRALIA 5005

Phone: +61 8 8313 3643
Fax: +61 8 8313 3594
suzanne.sharrad@adelaide.edu.au
www.health.adelaide.edu.au/nursing/

CRICOS Provider Number 00123M



5. Dr Amy Pennay

Hi Sue,

These two studies are the only ones that come to mind about not drinking (without doing a proper search). But not sure they fit your inclusion criteria. Hopefully they are helpful and might provide you with some tips on what search terms to use to find qualitative articles.

Cheers

Amy

From: Suzanne Sharrad [mailto:suzanne.sharrad@adelaide.edu.au]

Sent: Thursday, 8 August 2013 9:51 AM

To: 'justin.barker@acu.edu.au'; Pennay, Amy (TP)

Cc: Paul Aylward; Charlotte de Crespigny

Subject: FW: re advice about Qualitative Systematic Review

Hello Dr Barker and Dr Pennay,

I am following some advice I received from Dr Pidd, please see email below, about qualitative research around the decisions adolescents would make to abstain or refrain from alcohol consumption. I am in the midst of undertaking a Qualitative Systematic Review and did not find any papers to fit the inclusion criteria.

Any direction you may be able to provide would be very welcome.

Thanks in advance for your response.

Cheers, Sue

Appendix VI: Stage 2 descriptive exploratory study: Recruitment poster

ARE YOU A YOUNG PERSON WHO chooses NOT to DRINK ALCOHOL?

ARE YOU A YOUNG PERSON who chooses to drink minimally?



Are you aged between 14 and 19 years and have never had a drink of alcohol or who chooses to only drink alcohol in small amounts? We would like to talk to you about the choices you make to not drink alcohol or drink minimally.

We are conducting research to find out about what things influence a young person's decision to not drink alcohol or only drink in small amounts.

It would involve you taking part in EITHER a once only small group discussion with other young people your age OR a once only individual face to face or telephone interview. Small group discussion will probably take about 1 - 2 hours and it will be held in the meeting room of a library. Face to face or telephone interviews take will take about ½ hour and details will be arranged with you. If interested, more details can be provided by the contact person below.

Ms: 0414 383 349
Email: suzanne.sharrad@adelaide.edu.au

Sue Sharrad
Ms: 0414 383 349
Email: suzanne.sharrad@adelaide.edu.au

Sue Sharrad
Ms: 0414 383 349
Email: suzanne.sharrad@adelaide.edu.au

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Email: suzanne.sharrad@adelaide.edu.au

Sue Sharrad
Ms: 0414 383 349
Email: suzanne.sharrad@adelaide.edu.au

Appendix VII: Letter to employers

Date

Sue Sharrad
PhD Candidate
School of Nursing
The University of Adelaide
C/- PO Box 114
MYLOR SA 5153

Dear XXXXXX

I would like to introduce myself; my name is Sue Sharrad and I am a PhD student of the School of Nursing at the University of Adelaide. The purpose of this letter is to inform you about a research study that I am conducting as part of the PhD and request that you advertise the enclosed flyer in your workplace. I am hoping the flyer will enable the recruitment of some adolescents employed in your organisation into the study.

The PhD study is entitled 'Adolescents resisting the drinking culture'. It proposes to answer the following question; what individual, social and environment factors enable Australian adolescents, aged 14-19 years, to abstain from alcohol consumption?

At the present time, unfortunately almost two-thirds of Australian adolescents consume alcohol at levels that cause them both short and long-term harm. Examples include; social, physical and developmental problems but there are also the negative impact of alcohol-related violence and injury faced by the community. In Australia we have National Health and Medical Research Council (NHMRC) guidelines stipulating that no alcohol is the safest option for all young people and despite this and other measures initiated to combat the problem, it continues to cause great concern within society.

The aim of this study is to establish new insights in the social phenomena of adolescent drinking in Australia but from the point of view from adolescent non-drinkers. As there is limited understanding about adolescent non-drinkers, undertaking this research is important for future policy, education and strategy directions that aim to prevent the onset of drinking amongst adolescents and assist those, to abstain from alcohol consumption or consume alcohol in only very small amounts during the significant developmental stage of adolescence.

I have chosen to approach your organisation because I believe it to be one of the state's biggest employers of boys and girls aged between 14 and 19 years of age. Their participation in the study will not interfere with their obligations to your organisation nor will it require a face to face visit from me or other members of the research team. I will ensure their participation occurs in an alternative venue to their worksite.

Employees that meet the following criteria may be eligible to participate in the research study:

- Male and females
- Aged between 14 and 19 years of age
- Can speak fluent English
- Have never consumed alcohol or have only ever consumed very small amounts of alcohol
- Are prepared to join a small group discussion or be interviewed

We look forward to speaking with anyone from your organisation who may be interested in participating in this study. Please feel free to contact me with questions, or have your employees contact me or the research team themselves, using the contact information provided on the flyer.

Thank you for your time and consideration.

Sue Sharrad

RN, B.Ed, CCRN, Grad Dip (Intensive Care), MNg

PhD Candidate, School of Nursing, The University of Adelaide.

Study aims to answer why growing numbers of young people are turning away from alcohol

ABC Radio Adelaide

By [Brett Williamson](#)

Posted 16 Jun 2017, 10:23am



PHOTO: [Sue Sharrad hopes teetotaling teens will share their thoughts with her about why they abstain.](#) (ABC Radio Adelaide: Brett Williamson)

RELATED STORY: [Australian teens drinking less, but older people consuming more: survey](#)

RELATED STORY: [Long-held alcohol report says social clubs can reduce harm in Aboriginal communities](#)

New data from the Australian Institute of Health and Welfare reveals a trend among teenagers to abstain from alcohol, unlike their parents.

"Young people are generally drinking less, delaying their initiation to alcohol, and there are more abstainers," PhD student Sue Sharrad told [ABC Radio Adelaide](#)'s Mornings program. "Most people wouldn't think that would be the case."

Ms Sharrad said she found it interesting the current community focus was on problem drinking while no research was available on why more young people were abstaining.

"Alcohol plays a big part in our culture and we are well known to have a drinking culture," she said.

With non-drinkers often facing social stigma, Ms Sharrad said the trend became even more interesting.

Study launched to trace trend reversal

As part of her nursing PhD studies at the University of Adelaide, Ms Sharrad is investigating why teenagers are refraining from alcohol.

"We've got a lot of young people who are able to resist [the drinking culture] and we really want to find out about why that is so," she said.

Teetotaling teens



[A national survey finds the proportion of teenagers abstaining from alcohol has risen significantly.](#)

"What we are hoping to do is give information back to people who are building strategies around the prevention of alcohol consumption."

Instead of concentrating on the teenagers who drank heavily, Ms Sharrad said she wanted to find out why those who didn't abstained.

"[Strategists] have always utilised data from adolescents who consume alcohol," she said.

"We think we can better inform [strategists with abstinence data]."

Ms Sharrad said she was hoping to attract teenagers willing to share their thoughts on not drinking alcohol for her research.

Willing participants aged between 14 and 19 can contact her through her Adolescents Resisting The Drinking Culture Facebook page.

Appendix IX: Participant information sheet



ADELAIDE NURSING SCHOOL
FACULTY OF HEALTH AND MEDICAL SCIENCES
TELEPHONE +61 8 8313 0511
FACSIMILE +61 8 8313 3594
nursing@adelaide.edu.au
CRICOS Provider Number 00123M

PARTICIPANT INFORMATION SHEET

PROJECT TITLE: Resisting the Drinking Culture – Understanding why children and adolescents choose not to drink alcohol

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2016-217

PRINCIPAL INVESTIGATOR: Associate Professor Lynette Cusack

STUDENT RESEARCHER: Sue Sharrad

STUDENT'S DEGREE: PhD

Dear Participant,

You are invited to participate in the research project described below.

What is the project about?

This research project aims to understand why children and adolescents aged between 14 and 19 years of age choose either not to drink alcohol or only drink alcohol at low levels of risk (that is, 1-2 standard drinks of alcohol in one episode of drinking). The project involves either focus groups or individual face to face interviews or telephone interviews with young people who have chosen not to drink alcohol or only drink alcohol at low levels of risk.

Who is undertaking the project?

This project is being conducted by Sue Sharrad, PhD Candidate, Associate Professor Lynette Cusack and, Associate Professor Mette Gronkjaer.

This research will form the basis for the degree of Doctor of Philosophy (PhD) at the University of Adelaide for the student, Sue Sharrad who is under the supervision of Associate Professor Lynette Cusack, Associate Professor Mette Gronkjaer.

Why am I being invited to participate?

You are being invited to participate if you:

- are aged between 14 and 19 years of age
- live in Australia
- have either never had a drink of alcohol or only drink alcohol at low levels of risk.

What will I be asked to do?

You will be asked to participate in a small group discussion with 5-8 other young people of similar age **or** a face to face **or** telephone interview with the student researcher.

As part of the small group or individual interview, you will be asked about what sort of factors influence your decisions to not drink alcohol or only drink small amounts of alcohol. You will not have to share any experiences or thoughts that you are not comfortable sharing.

The focus group or face to face discussion will take place in the meeting room of a convenient public library (the details of which will be sent to you). If you opt for a telephone interview, this will be arranged at a time that suits you.

How much time will the project take?

It is expected that the small group discussion will take somewhere between 1 and 2 hours to complete, while individual interviews will take only 1 hour. There is no other follow-up required.

Are there any risks associated with participating in this project?

We do not anticipate that there are any reasons that the discussion would cause you to feel upset. You do not have to answer a question or contribute to parts of the discussion. However, if you do, you will be able to access either Kids Helpline (1800 55 1800) or Headspace (1800 063 267) or Child and Adolescent Mental Health Services (CAMHS) (81617198). All of these services provide early intervention for adolescents and young people with problems affecting their wellbeing. You will be able to contact them anonymously or via phone contact or you will be able to meet one of the Headspace staff face to face if required.

What are the benefits of the research project?

While there are no direct benefits to you in participating, we hope that the research findings will increase understandings of what factors influence a young person's decision not to drink alcohol and help health promotion providers to develop positive strategies that can effectively discourage or delay young people from drinking alcohol.

Can I withdraw from the project?

Your involvement in the study is completely voluntary. If you agree to participate you can withdraw from the study at any time up until the end of the small group discussion or face to face or telephone interview.

What will happen to my information?

All electronic records and materials will be stored on a password protected laptop that will be stored in a locked office in the residence of the student researcher. Written materials and records will be immediately scanned and provided to the Principal Investigator for secure storage (originals will be disposed of securely in confidential document rubbish bins at the University of Adelaide). Access to the items will only be permitted for members of the research team. None of the discussion that occurs in the small groups or individual interviews will be shared with anybody outside the research team. We will not use your name in the transcriptions and publications will not contain any information that could identify you in any way. Only the researchers have access to the data obtained in the project. Data will be stored for 5 years on a password protected computer and then deleted. If you are interested in the results of the project, you will be able to access a report summarising the main findings.

Who do I contact if I have questions about the project?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2016-217). If you have any questions or problems associated with your participation in the study or wish to raise a concern or complaint about the study, then you should consult the Principal Investigator: Associate Professor Lynette Cusack on phone: 8313 3593 or by email; lynette.cusack@adelaide.edu.au. Contact the Human Research Ethic Committee's Secretariat on phone +61 8 83136028 or by email; hrec@adelaide.edu.au if you wish to speak to an independent person regarding concerns or complaints, the University's policy on research involving human participants, or your rights as a participant. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If I have questions or want to participate what do I do?

If you are interested in participating, please contact Sue; suzanne.sharrad@adelaide.edu.au or 0414 383 349 to sign up for the focus group or face to face or telephone interview.

Yours sincerely

Associate Professor Lynette Cusack
Associate Professor Mette Grønkjær
Sue Sharrad

Appendix X: Parent participant information sheet



ADELAIDE NURSING SCHOOL
FACULTY OF HEALTH AND MEDICAL SCIENCES
TELEPHONE +61 8 8313 0511
FACSIMILE +61 8 8313 3594
nursing@adelaide.edu.au
CRICOS Provider Number 00123M

PARENT PARTICIPANT INFORMATION SHEET

PROJECT TITLE: Resisting the Drinking Culture – Understanding why children and adolescents choose not to drink alcohol

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2016-217

PRINCIPAL INVESTIGATOR: Associate Professor Lynette Cusack

STUDENT RESEARCHER: Sue Sharrad

STUDENT'S DEGREE: PhD

Dear Parent of the Participant,
Your son or daughter is invited to participate in the research project described below.

What is the project about?

This research project aims to understand why children and adolescents aged between 14 and 19 years choose either to not drink alcohol or only drink alcohol at low levels of risk. The project involves focus group or face to face or telephone interviews with young people who have chosen not to drink alcohol or only drink alcohol at low-risk levels.

Who is undertaking the project?

This project is being conducted by Sue Sharrad, PhD candidate, Associate Professor Lynette Cusack and Associate Professor Mette Gronkjaer.

This research will form the basis for the degree of Doctor of Philosophy (PhD) at the University of Adelaide for the student, Sue Sharrad who is under the supervision of Associate Professor Lynette Cusack, Associate Professor Mette Gronkjaer.

Why is your daughter or son being invited to participate?

Your child is being invited to participate if they;

- Are aged between 14 and 19 years of age
- Live in Australia
- Have either never had a drink of alcohol or only drink alcohol at low levels of risk.

What will they be asked to do?

They will be asked to either participate in a small group discussion with 5-8 other young people or individual face to face interview or an interview over the phone. As part of the small group or individual interview they will be asked about what sort of factors influence their decisions to not drink alcohol or only drink small amounts of alcohol. They will not have to share any experiences or thoughts they are not comfortable sharing.

The small group or face to face discussion will take place in the meeting room of a convenient public library (the details of which will be sent to your daughter or son and also to you). If they have opted for a telephone interview the student researcher will telephone them at a mutually convenient time.

How much time will the project take?

It is expected that the small group discussion will take somewhere between 1 and 2 hours to complete. Individual face to face or telephone discussion will take less time, approximately an hour is anticipated. There is no other follow-up required.

Are there any risks associated with participating in this project?

We do not anticipate that there are any reasons that the discussion would cause your daughter or son to feel upset. They will not have to answer a question or contribute to parts of the discussion if they choose not to.

What are the benefits of the research project?

There will be no direct benefit to your daughter or son participating, we hope that the research findings will increase the understanding about what factors influence a young person's decision not to drink alcohol and help health promotion providers to develop positive strategies that can effectively discourage or delay young people from drinking alcohol.

Can they withdraw from the project?

Their involvement in the study is voluntary. If they agree to participate, they can withdraw from at the study at any time until the end of the small group or individual face to face or telephone discussion.

What will happen to their information?

All electronic records and materials will be stored on a password protected laptop that will be stored in a locked office in the residence of the student researcher. Written materials and records will be immediately scanned and provided to the Principal Investigator for secure storage (originals will be disposed of securely in confidential document rubbish bins at the University of Adelaide). Access to the items will only be permitted for members of the research team. None of the discussion that occurs in the small groups will be shared with anybody outside the research team. We will not use their name in the transcriptions and publications will not contain any information that could identify them in any way. Only the researchers have access to the data obtained in the project. Data will be stored for 5 years on a password protected computer and then deleted. If you are interested in the results of the project, you will be able to access a report summarising the main findings.

Who do I contact if I have questions about the project?

The study has been approved by the Human Ethics Committee at the University of Adelaide (Approval No. H-2016-217). If you have any questions or problems associated with your child's participation in the study or wish to raise a concern or complaint about the study, then you should contact the Principal Investigator: Associate Professor Lynette Cusack on phone: 8313 3593 or by email: lynette.cusack@adelaide.edu.au. Alternatively, you can contact the Human Research Ethic Committee's Secretariat on phone: 8313 6028 or by email: hrec@adelaide.edu.au if you wish to speak to an independent person regarding concerns of complaints, the University's policy on research involving human participants or your child's rights as a participant. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If your daughter or son wants to participate, what do I do?

If your child is interesting in participating, please contact Sue Sharrad; suzanne.sharrad@adelaide.edu.au or via mobile phone number: 0414 383 349

Yours sincerely,

Associate Professor Lynette Cusack
Associate Professor Mette GrønkJær
Sue Sharrad

Appendix XI: Parent consent form



THE UNIVERSITY
of ADELAIDE
ADELAIDE NURSING SCHOOL
FACULTY OF HEALTH AND MEDICAL SCIENCES
TELEPHONE +61 8 8313 0511
FACSIMILE +61 8 8313 3594
nursing@adelaide.edu.au
CRICOS Provider Number 00123M

Human Research Ethics Committee (HREC)

CONSENT FORM FOR PARENTS

1. I have read the attached Parent Participant Information Sheet and agree that my child can take part in the following research project:

Title:	Adolescents resisting the drinking culture - Understanding abstinence or low-risk alcohol consumption in adolescence.
Ethics Approval Number:	H-2016-217

2. I have read the information provided.
3. Details of procedures and any risks have been explained to my satisfaction.
4. I agree to the audio recording of the group discussion, individual interview or telephone interview involving my child and their participation, Yes No
5. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
6. I understand that:
- My child may not directly benefit from taking part in this research.
 - My child is free to withdraw from the project at any time and is free to decline to answer particular questions.
 - While the information gained in this study will be published as explained, my child will not be identified, and individual information will remain confidential.
 - My child may ask that the recording/observation be stopped at any time, and he/she may withdraw at any time from the session or the research without disadvantage.

Parent of the Participant to complete:

Name: _____ Signature: _____ Date: _____

I certify that I have explained the nature of the study to the parent of the participant _____
(print name of participant)

and consider that she/he understands what is involved and freely consents to their child's participation.

Researcher's Name: _____ Signature: _____ Date: _____

Parent of the Participant to complete:

Interview type: small group / individual face to face interview / telephone interview (circle appropriate response)

Child's Name: _____ Date: _____

Child's age _____

Child's email address:

Child's phone number:

Appendix XII: Participant consent form

A: Participants 14 – 15 - years



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CRICOS Provider Number 00123M

Human Research Ethics Committee (HREC)

CONSENT FORM

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	Adolescents resisting the drinking culture - Understanding abstinence or low-risk alcohol consumption in adolescence.
Ethics Approval Number:	H-2016-217

2. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.
3. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.
4. It has also been explained that my involvement may not be of any benefit to me.
5. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.
6. I understand that I am free to withdraw from the project at any time.
7. I agree to the small group, individual face to face or telephone discussion being audio recorded.
Yes No
8. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet. A copy of the consent form will also be available at the focus group or face to face or telephone interview and it will be rechecked at that time by the research team.
9. At the completion of the study, a summary of the report will be available, from the primary supervisor, upon request.

Participant to complete:

Interview type: small group / individual face to face interview / telephone interview (circle appropriate response)

Name: _____ Signature: _____ Date:

Participant's age _____

Participant's parent email address: _____

Participant's parent phone number: _____

Researcher/Witness to complete:

I have described the nature of the research to

(print name of participant)

and in my opinion she/he understood the explanation.

Signature: _____ Position: _____ Date:



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5. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.
6. I understand that I am free to withdraw from the project at any time.
7. I agree to the group discussion, face to face or telephone interview being audio recorded.
Yes No
8. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet. A copy of the consent form will also be available at the focus group or face to face or telephone interview and it will be rechecked at that time by the research team.
9. At the completion of the study, a summary of the report will be available, from the Principal Supervisor, upon request.

Participant to complete:

Interview type: small group / individual face to face interview / telephone interview (circle appropriate response)

Name: _____ Signature: _____ Date:

Participant's age _____

Participant's email address: _____ Participant's phone number _____

Researcher/Witness to complete:

I have described the nature of the research to

(print name of participant)

and in my opinion she/he understood the explanation.

Signature: _____ Position: _____ Date:

Appendix XIII: Published qualitative systematic review

Sharrad, S., C. de Crespigny, P. Aylward and R. Weichula (2015). "An exploration of adolescents' decisions to abstain or refrain from alcohol consumption in Australian social settings: a qualitative systematic review." JB
Database System Rev Implement Rep. **13**(10): 156-179.

JB

JB

An exploration of adolescents' decisions to abstain or refrain from alcohol consumption in Australian social settings: a qualitative systematic review

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Executive summary

Background

A significant number of Australian adolescents consume alcohol, with almost two thirds of them doing so at risky levels. This is continuing to increase despite recent National Health and Medical Research Council (NHMRC) guidelines stipulating that no alcohol is the safest option. Measures initiated to reduce and prevent alcohol consumption by adolescents have limited effectiveness. Consumption of alcohol by Australian adolescents is a national concern because of the deleterious effects of alcohol consumption on adolescents' social, physical and neurological development, as well as other short- and long-term health risks, and the negative impact of alcohol-related violence and injury on the community. Understanding adolescents' decisions to abstain or refrain from alcohol consumption may provide valuable insights to assist in dealing with this significant social and health issue, more particularly about the mechanisms used by adolescents or their ability to make decisions about resisting or abstaining from alcohol consumption when exposed to alcohol in their social setting(s).

Objectives

The review aimed to synthesize the best available qualitative evidence on the decisions made or mechanisms used by adolescents who abstain or refrain from consuming alcohol in any social setting where alcohol is available.

Inclusion criteria

Types of participants

Adolescents aged between 14 and 19 years of age who reside in Australia.

Phenomena of interest

The phenomenon of interest was abstinence from or resistance to alcohol consumption when exposed to alcohol in social situations.

Types of studies

This review considered studies that focused on qualitative data, including, but not limited to, designs such as phenomenology, grounded theory, action research and exploratory studies.

Search strategy

A three-step search strategy was used. An initial search to identify keywords only was undertaken in Medline and CINAHL. This was followed by an expanded search using all identified keywords and index terms specific to each included database. The reference lists of included papers were then searched for any other relevant studies.

Methodological quality

No studies met the inclusion criteria sufficiently to progress to critical appraisal.

Data collection

No studies progressed to data extraction.

Data synthesis

Data synthesis was not undertaken as no study met the inclusion criteria.

Results

Although a number of studies retrieved indicated they had qualitative elements to their studies, the qualitative data was not reported.

Conclusions

Although a number of studies met some aspects of the inclusion criteria there was insufficient reporting of the phenomenon of interest. Due to the lack of studies meeting the inclusion criteria, no conclusions can be drawn for clinical practice. A lack of qualitative data on this topic has been identified. Thus, there is a great need for qualitative research to understand and know more about what enables an adolescent to abstain or refrain from consumption in order to inform or formulate effective interventions, policies or plans to prevent or reduce the volume of alcohol consumed by Australian adolescents.

Keywords

Alcohol, adolescents, decision-making, refrainment, abstinence.

Introduction

Background

Alcohol use amongst Australian adolescents is a major concern ¹ from both a public health and public safety standpoint. ² Anton suggests that the issue of alcohol use by adolescents is the focus of much news, policy debate, healthcare expenditure, legal issues, mortality, personal suffering and social unrest. ² In Australia, one in five people aged 14 years or older consume alcohol at a level that places them at risk of harm from alcohol-related disease or injury over their lifetime, and this rate remained stable between 2007 (20.3%) and 2010 (20.1%). ³ Alcohol use by adolescents is associated with premature mortality and morbidity during their developing years, as well as being linked to the occurrence of adult chronic diseases in later life and ultimately higher adult mortality.⁴ Extensive theorizing and empirical research have been conducted to understand and reduce the number of adolescents consuming alcohol. Many public health studies have examined the multiple factors affecting adolescent consumption of alcohol, such as personality traits of adolescents, social factors, such as parents and peers, structural factors, such as the availability of alcohol to adolescents, marketing strategies (e.g. alcohol advertising) and other factors including the media and entertainment industries. Each of these is known to have an effect on an adolescent's choice to trial and continue to consume alcohol. Intervention strategies target these factors by educating adolescents and parents, promoting the "ill-health and social disbenefits" message ¹ (p. 277) and restricting adolescents' access to alcohol. Interventions and research around this issue have been guided by the current understanding

of the contextual and motivational theories of substance use proposed by Zinberg,⁵ Cox and Klinger,⁶ and Ajzen and Fishbein.⁷

Patterns of alcohol consumption

According to Rankin and Maggs, alcohol is the world's most commonly used drug⁸ even though experts in the field of drug and alcohol research suggest that most of us forget this fact.⁹ Patterns of alcohol consumption have been studied extensively. In the United States of America (US), the United Kingdom (UK), Australia and New Zealand similar patterns of alcohol consumption are evident amongst adolescents.^{10, 11, 12} In these modern western industrialized countries the general national pattern of alcohol use is one where consumption begins in the teenage years where drinking sessions are "infrequent" with large volumes of alcohol consumed in each session.

Australian patterns of consumption by adolescents

In Australia, data about patterns of consumption are often derived from periodic national surveys. A benefit of collecting data in this way is that it promotes comparisons and enables trending of the data across timeframes and different nations. However, it is also noteworthy that consumption data derived in this way are under-estimates^{11, 12} and must be interpreted accordingly.

Data from the Australian Secondary Students Alcohol and Drug Survey (ASSADS)

The latest ASSADS¹³ was conducted in 2008 across Australian states and territories. In this survey 80% of Australian secondary students aged between 12 to 17 years reported that they had tried alcohol at some point in their life, and 61% had tried alcohol in the year before the survey was conducted, with 23% in the week before. As seen in previous surveys, involvement with alcohol increased with age – 11% of 13 year-olds compared to 41% of 17 year-olds had used alcohol. Notably, approximately 20% of 17 year-old respondents reported consuming alcohol at risky levels in the week preceding the survey. Risky levels are stated to be 70g or more of alcohol for males and 50g or more of alcohol for females in one session of drinking. Males in this survey reported that beer and spirits were their most preferred drink, whilst females reported pre-mixed spirits to be their most preferred drink.¹³

Data from the National Drug Strategy Household Survey (NDSHS)

In the National Drug Strategy Household Survey,¹⁴ the proportion of Australians aged between 14 and 19 years, who are "abstainers" (that is, had not consumed alcohol in the previous 12 months) increased from 28.7% in 2007 to 35.4% in 2010. A decrease in the proportion of 14 to 19 year-olds who consumed alcohol at low-risk (that is, never had more than four standard drinks on any occasion) from 56.9% in 2007 to 49.8.0% in 2010 was also noted. In terms of "risky" categories for lifetime risk, in 2007, 14.1% of 14 to 19 year-olds consumed more than two standard drinks on average per day compared to 14.8% of those in the same age group in 2010.

In results similar to those of the 2008 ASSADS,¹³ the NDSHS also stated that Australian males aged 14 to 19 years preferred to drink beer (34.4%), whilst females preferred to drink pre-mixed spirits (55.5%).¹⁴

Whilst in Australia it is illegal to purchase alcohol if you are under the age of 18 years, the NDSHS again confirmed that for Australian adolescents aged 14 to 19 years, 50.1% had alcohol supplied to them by a friend or acquaintance, 10.9% of this group had alcohol supplied by a relative and 30.9% by a parent, 2.4% stole the alcohol, 3.2% bought it for themselves, and 2.6% obtained alcohol by other means not specified in the survey. This report highlighted a statistically significant decrease in the proportion of parents who regularly purchased alcohol for their children aged between 12 to 17 years of age.¹⁴ Similar results were seen in the ASSADS where alcohol was obtained from their parents (34%) or from friends (22%).¹³ In the NDSHS, 42.6% of Australian adolescents reported consuming alcohol in their own homes, although it was not stated whether adolescents were consuming alcohol whilst supervised by their parents,¹⁵ and 52.1% reported consuming alcohol at a friend's house. In this group, 65.5% said alcohol was consumed at private parties, 42.4% in licensed premises and 41.2% in restaurants and cafes. In the ASSADS, it was reported that alcohol was consumed in their own homes 31% of the time or at parties 30% of the time.¹³

Factors which influence alcohol consumption

Many factors influence an adolescent's consumption of alcohol.

The influence of families

Families play an important role in the development of problems with alcohol (and other drugs) amongst children and adolescents. ¹⁶ Parental drinking behaviors are a direct channel of influence on their children. ¹⁷ Adolescents are influenced by parents' and siblings' patterns of alcohol use, including parents' restrictive or permissive attitudes towards the consumption of alcohol. ^{18;19; 20}

The influence of peers

Another potent influence on adolescent drinking is peers. Peers can provide alcohol, teach their contemporaries why and how to consume alcohol, and provide the social environment that reinforces consumption of alcohol. ²⁰ Perceived social norms are indirectly influenced by peer behavior. Adolescence is a time when conforming to social norms enables acceptance into a social network, thus there is greater likelihood of alcohol consumption if this is the peer group norm. Other factors include: the wider Australian drinking culture – with about 84% of the population reporting having consumed alcohol, the relative ease in obtaining alcohol by under-age drinkers and frequent exposure to advertisements glamorizing and normalizing drinking particular alcohol products. ^{19, 21-24}

The influence of media

Exposure to alcohol advertising is a substantial influence on its use, ²⁵ with greater exposure linked to positive attitudes to alcohol consumption. ²⁴ Alcohol marketing and promotions range from logos on sporting uniforms to retail outlet signage. In Australia total alcohol advertising expenditure was conservatively estimated at \$128 million in 2007. ²⁶ Other media sources, including television, movies, billboards and internet, advertise the use of alcohol without portraying the negative aspects associated with its consumption. Professor Sandra Jones, Director of the Centre for Health Initiatives at the University of Wollongong, suggests that alcohol advertising in Australia is supporting a generation of "booze culture", ²⁷ and alcohol marketing activities, including branded merchandise distribution, are positively linked to teenage drinking. ¹⁹

Motivational theories of alcohol use

Zinberg formulated one of the first models used to explain the motivational theories behind drug use. ⁵ This model contends that three interactive determinants must be considered in order to understand what impels an adolescent to consume alcohol and how alcohol affects the user. The three determinants are: the substance, the person and the environment, and each of these determinants is interrelated.

Cox and Klinger proposed a second motivational model of alcohol use. Essentially this model suggests that a common pathway to alcohol use is motivational and a person will decide consciously or unconsciously to consume or not consume alcohol according to whether or not they expect that the positive affective consequences of drinking will outweigh those of not drinking. ⁶

This model takes into account all the various elements known to affect people's social drinking decisions, experiences and contexts, and how these are interrelated. A primary determinant of people's motivation to use alcohol is the desired pharmacological effect and social and/or personal rewards. People may be motivated to drink alcohol for enjoyment in their social setting, to relax or alter their mood, or to try to escape from psychological or other problems in their lives.

Cox and Klinger's ⁶ model and Zinberg's ⁵ model are also supported by Cooper ²⁸ who further suggested):

"Motivational models of alcohol use rest on two fundamental premises. First, all advance the intuitively appealing notion that people drink in order to attain certain valued outcomes (e.g., Cox and Klinger, 1988). Second, they share – either implicitly or explicitly – the assumption that drinking behavior is motivated by different needs or serving different functions is characterized by unique patterns of antecedents and consequences (e.g. Cutter and O'Farrell, 1984)." ²⁸ (p117)

The final theory which offers some explanation for the consumption of alcohol by adolescents is the Theory of Reasoned Action (TRA). This theory is a framework that "identifies and measures the underlying reasons for a person's *intent* to behave a certain way (or not)." ⁷ (p. 57) The theory is summarized by the following equation:

Behavioral Intention = Attitude + Subjective norms

In the TRA, the main determinant of behavior is intent but the theory also takes into account a person's (or population's) attitudes towards that particular behavior as well as the subjective norms of influential people and groups that influence the attitudes. Subjective norms are influenced by an individual's perceptions of the beliefs of those around them, such as parents, friends, colleagues, partners, etc. and whether they would approve or disapprove of the behavior.⁷

One Australian study addresses an Australian adolescent's motivation not to drink alcohol socially.²⁹ This study involves the development and initial validation of the Motives for Abstaining from Alcohol Questionnaire (MAAQ) which is based on the original questionnaire used by Cox and Klinger in 1988. Motives adolescents have for not drinking are categorized into:

- i. "Indifference" which may relate to the consumer not liking the taste of alcohol or merely having no preference for it, although this motive was not cited as the most important factor.
- ii. "Fear of negative consequences" which emerged as the most important motive for not drinking. Here adolescents were most fearful of interference with school work, impairment of behavioral control, loss of respect because of drunken behavior and the increased risk of suffering some sort of personal harm.
- iii. "Dispositional risk".
- iv. "Parental disapproval"
- v. "Religious constraints"²⁹ (p. 644-645)

Whilst a number of motivational theories of alcohol consumption have been established, the converse of these theories is unable to explain why an adolescent would abstain or refrain from alcohol consumption.

Problems associated with alcohol consumption

There are many clearly documented problems associated with alcohol consumption in the adolescent years. These problems include the deleterious effects on the developing adolescent brain and short- and long-term health effects as a result of risky drinking patterns or intoxication. There is also an association between alcohol use and injury, risk-taking behaviors and death in adolescence.

Effects on an adolescent's brain

An adolescent's brain is in a "unique and dynamic state"³⁰ (p. 227) and thus many problems are associated with alcohol consumption for Australian adolescents. The most important reason for alcohol not to be consumed during adolescence relates to the adverse developmental effects of alcohol on the developing adolescent brain,^{31; 32; 33} with Hickie & Whitwell³¹ suggesting "alcohol should not be consumed by teenagers under the age of 18 years" and "alcohol use is best postponed for as long as possible in the late teenage and early adult years".³¹ (p. 4) Other problems range from memory problems, dependence on alcohol, inability to learn, depression and problems with verbal skills.³³ Other sources suggest adolescents' heavy drinking is associated with a significantly higher risk for an array of "careless, risky and unlawful behaviors".³⁴ (p. 1116) These behaviors include academic difficulties, unplanned and unsafe, coercive sex,^{34; 19} car accidents and a greater frequency and range of interpersonal difficulties including arguments with friends and disruptions in personal relationships. Importantly many researchers report that the earlier the initiation of alcohol consumption, the more likely a problem with alcohol will occur in adulthood.³⁵

Effects of risky drinking

Compared to adults, adolescents are more likely to be involved in "binge" drinking, which is described as episodic, heavy and deemed to be risky. Short-term effects of risky drinking involve small bowel damage and resultant bouts of diarrhoea, central nervous system depression, headaches, nausea, vomiting and shakiness. Binge drinking places adolescents at risk of alcohol overdose, which in turn causes suppression of gag reflexes and respiratory depression which can be fatal. Acute intoxication can lead to coma and death.³⁶ Alcohol use is a primary factor implicated in the leading causes of death for the adolescent age group. These include motor vehicle accidents, with the adolescent either being the driver, passenger or pedestrian, homicide and assaults, drownings and suicide (particularly for females).^{37; 38; 19} "Alcohol ranks eighth among global risk factors for death, while it is the third leading global risk factor for disease and disability, after childhood underweight and unsafe sex".³⁹ (p. 31)

Effects of alcohol and other risk-taking behaviors

Other problems with drinking, particularly the associated weekend street violence involving adolescents, are capturing the attention of both media agencies and political stakeholders.⁴⁰ Reports of associations with mental health and other physical disorders are also rampant. Mood disorders, depression, anxiety disorders, attention deficit/hyperactivity disorder, conduct disorders, bulimia and schizophrenia are suggested by Sinkin⁴¹ whilst physical disorders, including increased risk of suffering from trauma, such as injuries as a result of falls, assaults and road accidents,⁴² sleep disturbances, abnormal liver function test results, and dental and other oral abnormalities, have been cited.^{43; 44} Long-term conditions like diabetes, some cancers, cardiovascular disease, mental illness and injury are also attributed to risky alcohol consumption. The burden and cost to healthcare systems is significant, and promoting safety and welfare for adolescents is paramount.

The harm minimization approach in Australia and strategies implemented to manage the problem of adolescent alcohol use

A harm minimization approach whose primary aim is to reduce the harm related to alcohol consumption without requiring abstinence has been adopted in Australia. The harm associated with alcohol consumption by adolescents places a significant burden on the community and the healthcare system. Australia's harm minimization approach has precipitated a set of goals and procedures which have been put in place to regulate the supply of alcohol, modify the demand for alcohol, and reduce the harms associated with alcohol use. Harm reduction strategies have evolved with the public's health interests in mind⁴⁵ but must compete with the important contribution alcohol makes to Australia's society and economy.

In summary, significant numbers of Australian adolescents consume alcohol, with the number of them doing so at risky levels, and with levels continuing to increase despite recent NHMRC guidelines stipulating that no alcohol is the "safest option".⁴⁶ (p. 4) This guideline further suggests that:

A. Parents and carers should be advised that children under 15 years of age are at greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

B. For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible."⁴⁶ (p. 57)

Measures initiated to reduce and prevent alcohol consumption by adolescents have limited effectiveness, thus consumption of alcohol by Australian adolescents is a national concern because of its deleterious effects on adolescents' social, physical and neurological development, other short- and long-term health risks, and the negative impact of alcohol-related violence and injury on the community.

Currently there are no qualitative systematic reviews reporting the experience of adolescents abstaining from alcohol. Establishing the reasons they use or the mechanisms they employ to resist initiation or refrain from consumption may be useful for the development and implementation of policies, strategies and educational programs which address this issue. As Hine suggests:

"Any society which has a genuine concern for safety and welfare of young people would regard this trend as, at best, disturbing and at worst, and without due alarmism, as something that should be the object of acknowledgement and redress at all levels, not excluding legislation and policy."⁴⁷ (p. 62)

Objectives

The aim of this review was to synthesize the best available findings of qualitative research literature to address the following objectives:

- Identification of the influences on adolescents who decide to abstain completely from alcohol or refrain from further consumption once exposed socially.
- Identification of the particular attributes of adolescents which reduce their likelihood of engaging in alcohol consumption.
- Identification of the situational and environmental influences that reduce the likelihood of adolescents engaging in alcohol consumption.
- Exploration of the issues that prompt an adolescent to consume alcohol when they did not intend to.

- Identification of the strategies and resources that adolescents themselves draw on to abstain from alcohol or resist further consumption of alcohol once exposed, that is, how these work and in what circumstances they are successful or unsuccessful.

Inclusion criteria

Types of participants

The participants were adolescents aged between 14 and 19 years of age who reside in Australia. This age range was chosen because it is reported that approximately 90% of Australian teenagers aged 14 and over have tried alcohol at least once (2010) compared to 78.7% of adolescents, aged 12 to 15 years who had not consumed alcohol in the 12 months previous to the 2010 National Drug Strategy Household Survey.³

Types of intervention(s)/phenomena of interest

The phenomenon of interest was abstinence from alcohol or refrainment from or resistance to alcohol consumption when exposed to alcohol in any social setting in Australia and consequently the pressure to consume alcohol may have occurred concurrently.

Types of studies

This review considered interpretive and critical studies that drew on the reasons or mechanisms used by adolescents (aged from 14 to 19 years) to either abstain from or refrain from consuming alcohol. Designs such as critical theory, phenomenology, ethnography, grounded theory and discourse analysis were targeted. In the absence of research studies, other texts such as opinion papers and reports were sought.

Context

The context for this group included any social setting in Australia where alcohol exposure and consequently the pressure to consume alcohol has occurred concurrently.

Search strategy

The search strategy aimed to find both published and unpublished studies. A three-step search strategy was utilized in this review. An initial limited search of MEDLINE and CINAHL was undertaken followed by an analysis of the text words contained in the title and abstract, and of the index terms used to describe the article. A second search using all identified keywords and index terms was then undertaken across all included databases. Thirdly, the reference list of all identified reports and articles was searched for additional studies. Studies published in English were considered for inclusion in this review. Only studies published from the year 2000 to 2013 (when studies were retrieved) were considered for inclusion in this review as older studies were deemed not relevant to the current generation of adolescent alcohol consumers.

The databases searched included:

Scopus

Embase – although available only through Scopus

CINAHL

PsycINFO

PubMed

Web of Science

Informit: Health, Education, APA-FT

ERIC

ProQuest Theses and Dissertations.

The details of the search strategy for each database is provided in Appendix I. Direct contact with experts within this field of study for any additional studies that would meet the inclusion criteria as well as consultation with the Drug and Alcohol Services of South Australia (DASSA) librarian was also undertaken.

Initial keywords used were:

Alcohol	Adolescents	Abstaining
Alcohol drinking (MeSH)	Young person/s	Abstain
Alcohol drinking (title and abstract)	Young people	Abstinence
Alcohol consumption	Adolesce/ts/nce	Abstention
Alcohol use	Teen/s	Prevention and control
Social drinking	Youth/s	Resist/ance/ing
Binge drinking	Student/s	
Underage drinking	Minors	
Under age drinking	Young adult/s	
Alcoholic beverages	Adolescent	
Alcoholic beverage	Young adult	
Alcoholic drink/ing		
Alcopop/s		
Alcoholism		
Alcohol intoxication		
Excessive drink/ing		

Method of the review

Qualitative papers were assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardized critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) (Appendix II). Any disagreements that arose between the reviewers were resolved through discussion, or with a third reviewer.

Data collection

Qualitative data was to be extracted from papers included in the review using the standardized data extraction tool from JBI-QARI (Appendix III). The data extracted was to include specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives.

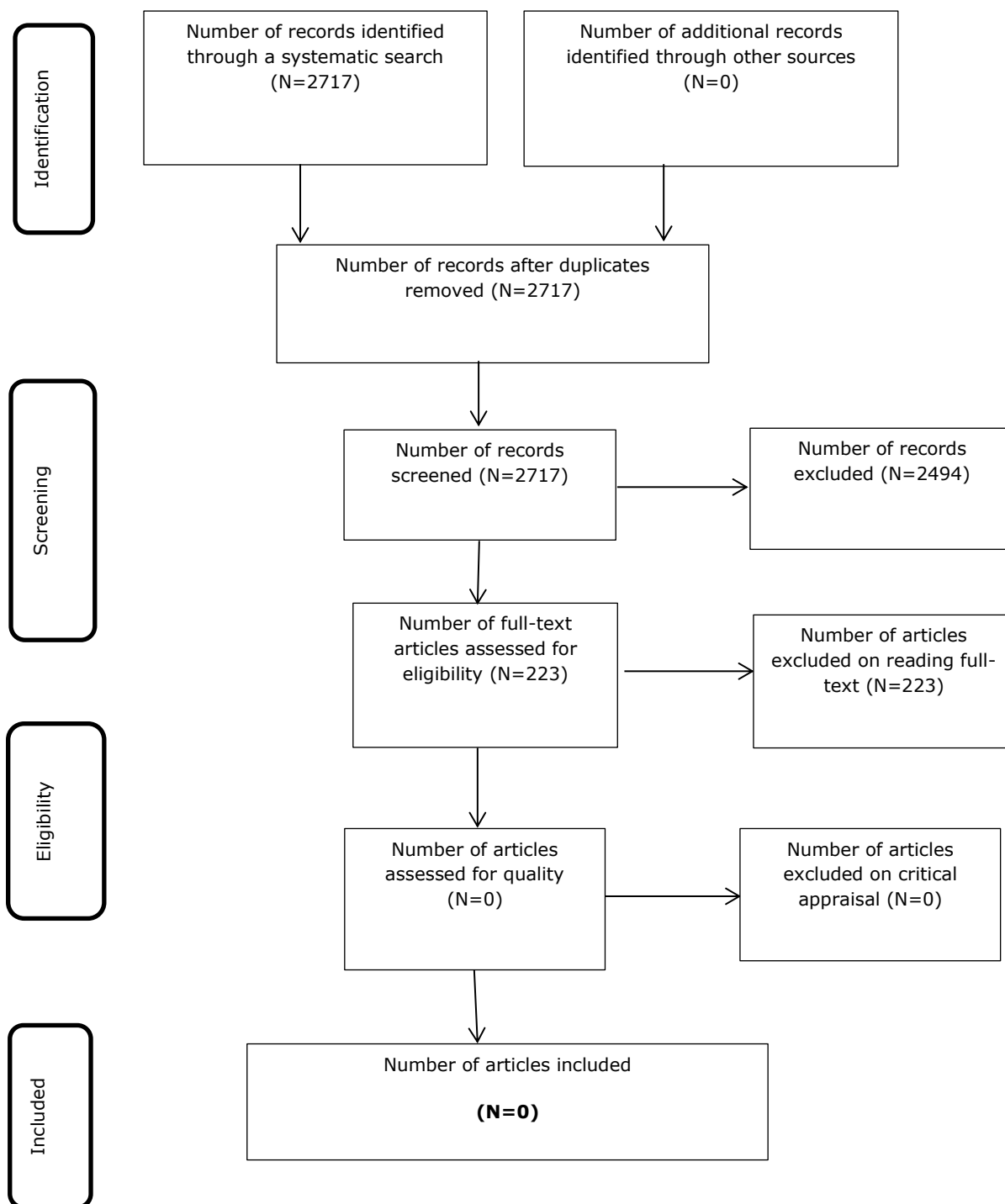
Data synthesis

Where possible qualitative research findings were to be pooled using JBI-QARI. This involves the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings rated according to their quality, and categorizing these findings on the basis of similarity in meaning. These categories were to be subjected to a meta-synthesis producing a single comprehensive set of synthesized findings. These were to then be used as a basis for evidence-based practice. Where textual pooling was not possible the findings were to be presented in narrative form.

Results

Description of studies

A total of 2717 studies were identified from the extensive search strategy. All abstracts were examined and considered for retrieval. Of these 223 studies appeared to relate to the inclusion criteria (Table 1). The studies were retrieved in full-text and closely compared with the inclusion criteria. No studies met all of the inclusion criteria. A flow diagram of results is shown in Figure 1.



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

Figure 1: PRISMA flow diagram of search and study selection process

Table 1: Number of studies found and retrieved

Number of studies found	Number selected for retrieval
2717	223

Two hundred and twenty three studies were retrieved in full, 21 were initially considered as meeting, at least in part, the inclusion criteria. Close scrutiny excluded all of these papers. The reasons for study exclusion were mainly related to the type of methodology used in the studies, the context in which the

study was conducted, the age range of participants included in the study and the focus of the studies. Seventeen out of the 21 studies assessed used quantitative methodologies. For example, large national population surveys, cohort studies or randomized controlled trials were conducted in which results were reported following various types of statistical analyses.⁴⁹ As this was a qualitative systematic review, the aim was to synthesize qualitative data from similar studies to capture the realities and viewpoints of adolescents aged between 14 to 19 years in order to know or understand more about the decisions used by adolescents to abstain or refrain from alcohol consumption. Although the review aimed to include qualitative studies, articles that reported quantitative studies were examined to determine if they contained any additional qualitative components. For example, one study suggested focus groups had been used as part of the methodology to inform the quantitative component of the study but no qualitative findings were reported.⁵⁰ Due to time constraints for completion of the review, authors were not contacted to ascertain if the data was available elsewhere. The specific issues in relation to inclusion criteria are detailed in the excluded studies table in Appendix IV.

Discussion

The aim of this systematic review was to establish new insights into the social phenomena of alcohol consumption among adolescent populations, particularly, the mechanisms used by adolescents or their ability to make decisions in relation to resisting or abstaining from alcohol consumption when exposed to alcohol in their social setting(s).

The failure of the reviewers to include any qualitative studies or even opinion papers that addressed the phenomenon of interest raises a number of issues. The first is the robustness of the search strategy. The search strategy for this review was deliberately sensitive rather than specific and as a result the search revealed a large number of papers for reviewing. Despite the literature search yielding 2717 results, it became clear early on that most of the papers would not meet the review's inclusion criteria. Firstly, there were issues around methodology. Although the majority of studies initially retrieved were quantitative, a small number of the studies were mixed methods.⁴⁹⁻⁵² The aim was to determine if the qualitative components could be extracted. In each case the quantitative methods used to analyse data were described at the expense of reporting on the qualitative findings of the study. Thus, these studies were excluded because it was not possible to extract any qualitative data. Most of the research on this issue was conducted outside of Australia with many studies being conducted in the USA, UK and Europe. Cultural differences in these countries can lead to questions about the generalizability and applicability of their findings to an Australian context, particularly when the aim of the review was to inform future policy, education and strategic directions in Australia.

The search of the literature was comprehensive and inclusive, and it was unlikely that any relevant and important study in this area was missed. However, a purposeful decision was made to limit the search to English papers only. This may be seen as unduly restrictive; however, the intent was to examine the phenomenon specifically in regard to the Australian context and it was judged as unlikely that Australian studies would be published in another language. In the absence of any included studies from the electronic searches, the author contacted a number of experts in the field of drugs and alcohol looking for advice on retrieving grey literature. The experts include: Professor Steve Allsop, Director of the National Drug Research Institute Curtin University; Professor David Moore, Professor and Project Leader, National Drug Research Institute, Curtin University; Dr Ken Pidd, National Centre for Education and Training on Addiction (NCETA); Dr Justin Barker, Research Fellow, Institute of Child Protection Studies, Australian Catholic University; and Dr Amy Pennay, Senior Research Fellow, Centre for Alcohol Policy Research, Turning Point. All experts suggested qualitative data on the proposed review would be scarce or not available. The author also contacted the Drug and Alcohol Services South Australia library for advice on retrieving grey literature. Ultimately no grey literature was found for the review.

Conclusion

The intent of this review was to apply an alternative focus on the problem of alcohol consumption by adolescents. Although there have been some quantitative studies examining the reasons why Australian adolescents abstain or refrain from alcohol use, such as the study by Stritzke and Butt,²⁹ there has been no in-depth exploration of the experience of abstainers. It was intended that this information uncovered be used to influence the way the community interacts with adolescents, to; perhaps guide or alter the current policies used and formulated on alcohol availability for adolescents, and the way alcohol education is provided to them. Ultimately, this information may be useful for: the promotion of safety and wellbeing of adolescents, reduction of the health and social risks associated with alcohol consumption, and provision of a foundation for introducing an alternative social norm to the one prevalent in the current generation of adolescents in Australia.

Implications for practice

Due to the lack of studies meeting the review's inclusion criteria, no conclusions can be drawn for clinical practice.

Implications for research

Alcohol use amongst Australian adolescents is a major concern from both a public health and public safety standpoint, and is associated with both short-term and long-term harms. The number of adolescents consuming alcohol at high-risk levels remains constant despite the implementation of a variety of harm minimization strategies. Clearly current strategies aimed at offering advice to adolescents about how to consume alcohol or how to consume alcohol safely have limited effectiveness. Thus, there is a great need to understand and know more about the factors influencing the decision by an adolescent to abstain or refrain from consumption, as well as to support the way the community interacts with adolescents, or formulates policies and plans and delivers educational programs which influence consumption. Qualitative studies in this area which focus on adolescents themselves being the change-agents for new strategies and cultural norms should be a priority.

Conflict of Interest

The authors declare that they were no conflicts of interest.

Acknowledgements

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Appendix XIV: Thematic analysis Step 2: Generating initial codes

Data Extract	Coded for
<p>there's definitely a lot of pressure by other people there and family members, friends and stuff to choose to have a social drink but it's just not something I personally want to do. Um yeah that's kind of...(laughs). (P1/18/F)</p>	<ol style="list-style-type: none"> 1. Adolescents are expected to drink 2. It's a choice to be a non-drinker
<p>When you say 'no' they're kind of shocked a little bit. They're like "oh no its seriously fine" but it's not something I don't not agree with its just something I personally don't want to do. (P1/18/F)</p>	<ol style="list-style-type: none"> 1. Adolescents are expected to drink 2. Others are confused by the choice to be a non-drinker 3. Drinkers attempt to persuade non-drinkers to drink 4. Non-drinkers won't impose judgement on drinking
<p>Um a little bit uncomfortable when a lot of people get drunk I don't like being around drunk people either, so I might usually leave early or just kinda find myself a group of people who usually aren't drinking either much. But it's definitely a different experience. (P1/18/F)</p>	<ol style="list-style-type: none"> 1. Not drinking is a different experience 2. Non-drinkers can be uncomfortable in social situations where drinking is occurring 3. Adolescents use different strategies to avoid the discomfort
<p>but yeh it's just kind of a social expectation I believe that people do want you to drink and yeah kind of not doing that just is uncomfortable I suppose. (P1/18/F)</p>	<ol style="list-style-type: none"> 1. Adolescents are expected to drink

2. Non-drinkers can be uncomfortable in social situations where drinking is occurring

oh well since I have stopped drinking I feel more confidence in myself I don't need to rely on a substance to feel happy or make conversation do things like that, when I was probably drinking and I would be drinking just to kind of make myself feel better but I found that without it I could still be happy and do all these things without having an added substance I don't need in my life. (P1/18/F)

1. Confidence is a feeling that is enhanced when not drinking
2. Social presence is not reliant on alcohol

um to me resilience is basically not giving up and trying things even if it's hard in terms of drinking. It's probably a lot harder at first to break through the social standards that people are expected to drink, but it's definitely, it was a lot harder to begin with but now I have taken myself out of a couple of situations that require me to drink or its expected of me to drink so it definitely gets a lot easier with time. (P1/18/F)

1. Adolescents are expected to drink
2. Non-drinkers will remove themselves from situations where drinking occurs
3. Remaining abstinent is easier over time

Yep, definitely, um, I kind of grew up in a household where alcohol is accepted its kind of nothing like being frowned upon. Just in my own experiences I kind of form my own opinions and attitudes on it. I don't think it's something I need to do. I do have a couple of friends who drink and my family and things like that so if I know someone drinks it really doesn't change my opinion of them. (P1/18/F)

1. Socialisation that alcohol is acceptable
2. No need to consume alcohol
3. Does not judge the choices of others to be drinkers

I like to have full on control of my situation and do get a little bit anxious in social situations so definitely adding that doesn't always help, it does sometimes but it can also backfire, I just don't like being in that situation at all. (P1/18/F)

Wants to remain in control at all times

<p>they probably haven't had that much of an influence um just because they're like pretty ok with it, if we went for dinner they'd have a couple of drinks with dinner...like even if we're having dinner at home we'd maybe open a bottle of wine and have something there. They haven't really ever pushed me to or not to drink, so they've been a pretty neutral source of influence towards me. But I just feel like it's something I don't want to do and yep (P1/18/F)</p>	<ol style="list-style-type: none"> 1. Parents as a neutral source of influence for choices around alcohol use 2. Socialisation that alcohol is acceptable.
<p>so, I guess it could have influenced me in that way and um I do have a couple of friends who don't drink at all and I appreciated that and thought it was something I wanted to try myself. (P1/18/F)</p>	<ol style="list-style-type: none"> 1. Other abstainers as motivators for non-drinking, 2. role modelling an alternative to drinking culture
<p>I feel like again probably it wouldn't have influenced mine because it is so readily available. Um I feel like a lot of people do drink especially at younger ages because they might have someone to supply the alcohol to um, even last night at this 21st, I am not going to say any names, but there were people, someone in particular had just turned 16 a couple of weeks ago and their parents supplied him beer all night, um so it is definitely something that younger kids, I believe, have got more of access to and when I used to drink my parents would buy it some for me and I would pay them for it. But they would go out and buy what I wanted so I believe that kind of culture has made it more acceptable for kids drink because it is as readily available. (P1/18/F)</p>	<ol style="list-style-type: none"> 1. Perception that lots of young people are drinkers 2. alcohol is very accessible to young people 3. parents are suppliers of alcohol to adolescents who consume alcohol 4. Accessibility perpetuates the culture of drinking during adolescence 5. availability of alcohol is not a factor for choosing to not drink
<p>I feel like if the 21st wasn't, I don't know the right word, it was kind of almost a pub. It was like a function room, there was a bar so obviously there was the expectation to drink there. If it was at home for example, and there was alcohol present the pressure on him may have not been as much to drink but it still would have slightly been there just kind of, I guess um, men would have been different to act like a man do the things</p>	<ol style="list-style-type: none"> 1. 'Vibe' of the venue or social activity endorses drinking

<p>that they do and the age of 16 for a guy it might be just a little more normal for girls to drink so definitely I think at the young age in like year 9 and 10 are doing exactly that as well. (P1/18/F)</p>	<p>2. Age and gender are factors that endorse the expectation to consume alcohol</p>
<p>so even in the past couple of months I've seen some alcohol advertising and think "that's a cool drink I might try" and then I realise its alcoholic and I'm like "oh shame".</p> <p>yeah of course, it's like those advertisements, they're like definitely for example, again cruisers. They are aimed at younger audience and it's definitely see that through their advertisements, you have got like bourbons and stuff advertised as well that don't even catch my attention further and they advertise on TV as well which don't catch my attention and the younger ones definitely you can see they have got the target audience of younger like people and you can see that through their advertisements. (P1/18/F)</p> <p>... I still see it in my everyday life, which is kind of something to be a little bit concerned about because it's like most young people can't avoid it really. (P1/18/F)</p>	<p>1. Not persuaded to consume alcohol despite marketing</p> <p>2. Alcohol advertising is aimed at young people</p> <p>3. Alcohol advertising is extensive, and adolescent's exposure is unavailable</p>
<p>um just kind of not to feel pressured by friends or family, in the end it's your decision if you don't want to drink on a night out that 100% fine um even if it helps sometimes, like when I first started not drinking I would go out and have lemonade or something and make it look like a vodka so people thought you were drinking when you're really not....(P1/18/F)</p>	<p>1. Choosing to be a non-drinker is fine</p> <p>2. Concealing being a non-drinker is a strategy against expectation to drink</p>

Data Extract	Coded for
<p>I had a friend's 21st last year, from my work and all of my younger friends were drinking, um some were younger than me some were the same age as me, um I chose not to drink that night, um I was not allowed to one; by my parents and two; to the fact that I had only just turned 17 at the time and I just refrained myself from drinking. (P2/17/F)</p>	<ol style="list-style-type: none"> 1. Perception that lots of adolescents are drinkers 2. It's a choice to be a non-drinker 3. Parents can influence adolescents to choose not to drink
<p>not really, I've always had the mentality that if I didn't want to do something then I shouldn't be doing it and I it didn't really, I didn't interest me to drink, I was able to have a good time without the alcohol. (P2/17/F)</p>	<ol style="list-style-type: none"> 1. conviction of choice to be a non-drinker 2. drinking alcohol is not associated with having a good time
<p>um not really, I am just happy to do whatever I want and at the end of the day if I am not drinking and my friends are that's their decision. I am happy to just be there at the end of the day. (P2/17/F)</p>	<ol style="list-style-type: none"> 1. conviction of choice to be a non-drinker 2. does not judge the decisions of others to be drinkers
<p>No, it depends on the type of person; if I am not that close to them then yes, in a way that they'll just, obviously they're drunk and not their usual self, they could try to push me to drink something but I normally, I say no a lot of the time unless I do drink at an event but if I am very close to the person then they understand my decisions and they respect me so... (P2/17/F)</p>	<ol style="list-style-type: none"> 1. Drinkers attempt to persuade non-drinkers to drink 2. Detecting changes in peer's behaviour due to drinking 3. close friends will support decisions to be abstinent
<p>Ah, yes, I do actually, um I am very happy with the way, the person that I am. (P2/17/F)</p>	<p>Adolescent non-drinkers are confident with themselves</p>
<p>um and I've always just, I don't like to, if I don't feel comfortable doing something or unsafe, I am not going to put myself in that situation. I'd rather protect myself and I think that's just how I've always felt about drinking I guess. (P2/17/F)</p>	<ol style="list-style-type: none"> 1. Non-drinkers will not compromise their personal level of comfort or safety in social situations where drinking occurs

<p>ah yes, um just by in, any case like again if I don't want to do something I am not going to do it if I feel unsafe or uncomfortable I feel like I can tell if the situation is going to benefit me or not...(P2/17/F)</p>	<ol style="list-style-type: none"> 1. Non-drinkers won't engage in activities they don't want 2. Non-drinkers undertake a risk versus benefits assessment in social situations involving drinking
<p>um again yes, um simply put just because I don't think I need alcohol to have fun. I can be happy socialising with friends without the needing to drink and if I do happen to have one or two then I don't think there's much to change who I am. I just enjoy myself as I can. (P2/17/F)</p>	<ol style="list-style-type: none"> 1. Non-drinkers do not need alcohol to have fun
<p>I can't really tell at the end of the day because if they choose to drink that's their decision. (P2/17/F)</p>	<p>Will not judge the choices of drinkers</p>
<p>ah yes, they there have been times when they would ask me to have a drink like "come and have a drink" or something, "have one, just one" but if I didn't want to do it, I wasn't going to do it. (P2/17/F)</p>	<ol style="list-style-type: none"> 1. Drinkers attempt to persuade non-drinkers to drink 2. Non-drinkers won't engage in activities they don't want
<p>if they're going to get alcohol most of the times their parents get it for them or they have older siblings or older siblings that will get it for them. (P2/17/F)</p>	<p>Parents and older siblings supply alcohol to younger adolescents</p>
<p>um not really um I mean when I go out it is available for me to drink and if I want it I can just have one but I guess there a lot of time when I just haven't wanted to drink and that was even at the 21st last year cause alcohol was supplied and I didn't want to drink and it was available for me and I just never took it. (P2/17/F)</p>	<ol style="list-style-type: none"> 1. Alcohol is accessible to adolescents at social events 2. availability of alcohol is not a factor when choosing not to drink
<p>and I just didn't feel safe drinking there, it was just not a safe environment at all. (P2/17/F)</p>	<p>An environment that is deemed to be unsafe reinforces choice to be a non-drinker</p>
<p>so, at the end of the day it is their own decision to drink and if they want to do that to themselves then that's their choice. (P2/17/F)</p>	<p>Will not judge the decisions of others to drink alcohol</p>

um not really it has always been around and I guess just never, unless I went out there looking at it, it never really affected me, I work in an area where there is a liquor shop and I just walk past it all the time and it has never really interested me, unless I have gone out there to seek and look for it myself.

I guess like in the media it's always like its consumed by either a celebrity or you know the typical cricket or football ad um it's just I don't know, I guess I never really taken, paid much attention to it. I, it never really interested me.

(P2/17/F)

1. Not persuaded to drink alcohol despite marketing and exposure to alcohol
2. The depictions of alcohol consumption in the media are not persuasive for non-drinkers

oh I feel like having resilience would be the most important because it kind of determines what you are going to do, what you are not going to do and if you have low resilience and very easily succumb to peer pressure then you're going, a person may or may not make stupid decisions in their life and if they are strong willed and have a higher resilience then they're most likely to turn down an offer they feel makes them unsafe or uncomfortable and I feel like that's one of the most important things if you need to know that you are safe and that you need to know you are comfortable in a situation otherwise he may do something that he'll regret that could potentially influence the way you, the rest of your life turns out. (P2/17/F)

1. Resilience positively influences non-drinking
2. Drinkers have lower resilience
3. Assessment of safety and being comfortable in social situations is an important factor for not drinking
4. Long-term consequences of drinking are considered

Data Extract	Coded for
<p>yep sure, um I think with a lot of the different stuff that, well sorry, the parties that have happened that alcohol has been a problem, is where either there's a lot of people where there's a lot of alcohol I know that sounds silly but um it tends to be a pattern of that um the more people it feels like alcohol at these parties is a cool thing to do and you are not cool if you don't have any kind of thing and it sounds weird but that's exactly what happens and these huge parties that have more people, is offering more people to compete with and a party with then even more alcohol means that there is no limit to how far people will go and this is where some issues have started with um some friends. (P3/15/M)</p>	<ol style="list-style-type: none"> 1. Drinking is a cool kid activity that occurs at big gatherings 2. adolescent drinking is a competitive activity
<p>...there was nothing healthy about it in the slightest but it was disgusting to see from my perspective that his girlfriend and his friends were commending him on his tremendous effort even though it's just a horrible outcome and the health concerns for him like they didn't care at that point, it was just a cool thing to do and I feel like this is something that happens too often particularly in Whyalla, it's just a matter of "oh I bet I can drink this faster than you can" and things get out of hand very quickly. So that would be my opinion on how like alcohol becomes a quick problem. (P3/15/M)</p>	<ol style="list-style-type: none"> 1. adolescent drinking is a competitive activity 2. Adolescent drinking efforts are celebrated, commended 3. non-drinkers express concern over the competitive nature of adolescent drinking 4. adolescent drinking is a cool thing to do
<p>...but what I find really interesting is that the people who don't drink is very small portion of them, like they try to convince um people to drink more despite they haven't touched a drop in their life so its... (P3/15/M)</p>	<ol style="list-style-type: none"> 1. Perception that most adolescents are drinking 2. being pressured to consume alcohol 3. non-drinkers pressuring drinkers. Could this be a strategy to divert attention from themselves?
<p>um from someone who um doesn't binge drink like that um I feel um fine but at the same time I respect like and I know it sounds weird, that's probably going to be the trend of this interview...</p>	<ol style="list-style-type: none"> 1. Will not judge the decisions of others to drink alcohol

<p>it's just that if say a couple of my mates or even people in my year level cohort decide that they do want to drink and whether that not be safe it's kind of the unspoken rule that you respect that opinion, myself...</p> <p>um me not having experienced that much ridiculous amounts of alcohol, I feel fine and to be honest, I don't think there's a need to go that far</p>	<p>2. there's no need to consume alcohol</p>
<p>um to be honest, its other people in a way testing the water, I've seen a couple of my mates who have one or two and they're like happy and fine at the end and stuff like that the issue when that you see like whole groups of people not coming to school because of ridiculous amounts of alcohol intakes it kind of gives you an idea that goes "hey I don't need to go that far because I do not want to have to deal with the consequences"</p>	<p>1. Responds to the experiences of others which validate decisions not to drink</p> <p>2. Acknowledges the negative consequences of drinking</p>
<p>it takes resilience and confidence to stand up to other people at the party and say 'no thank you' or 'I don't want a drink' kind of thing because to people who um, it's weird I refer to the year 10 like a food chain, you get your cool kids at the top and then stuff like that like you'll find that people half way up the food chain they decide that oh um I'll have one because I'm scared what they'll think if I don't....</p> <p>kind of thing, does that kind of make sense? Like they don't have the resilience or confidence to say no to people above them.</p> <p>and that's when people don't realise what they actually want or think (P3/15/M)</p>	<p>1. Drinking is a cool kid activity</p> <p>2. there's a hierarchical structure amongst the cool kids and this can influence drinking</p> <p>3. cool kids can't express themselves honestly in the hierarchy of the group</p>
<p>um, I think it does to me as, as I said personally it does, I think it affects a lot of the year 10s and 12s again that's probably one of the reasons why - my attitude towards it is kind ok if you do it, I am not going to condone you but I am not going to support it either. (P3/15/M)</p>	<p>Won't judge the decisions of others who choose to drink</p>

we're all pretty young and um I feel like health concerns unfortunately aren't one of the main things they're thinking about.

even if it was educated more, I don't feel like it would be that much of a thin. I kind of explain it in a way of that um everybody knows that KFC is bad for you but, yet you still have people going there to get snack boxes and stuff like that, it doesn't matter how much we educate people, they are still going to do it. (P3/15/M)

Adolescent drinkers ignore long-term consequences of their drinking choices

um yes. Whether it be in a positive way or a negative way I feel like every parent has a say in alcohol. You'll get um the majority of parents oh say you should never drink a drop of it, it's ridiculous, you get the basically the other half saying um you should try it but um be um be responsible, and it's half of those people who actually supply the alcohol in small proportions at their house kind of thing because I would imagine they're, wait I think I said it previous...

saying that as long as it is in a safe environment where they can supervise and make sure no one is going to ridiculous lengths...

um then it should be fine, but it's that confidence that I feel like draws people to a false sense of security and bad things do happen...

(P3/15/M)

1. Parents are influential when it comes to the choices adolescents make about drinking
2. Parents as suppliers of alcohol to adolescents
3. Parents supply alcohol in environments where they believe they can adequately supervise adolescents drinking
4. This supervision can lead to a false sense of security for adolescents and parents

um honestly, all I have is speculation I have a couple of hardened facts, but I feel like um a good bit of it is supplied through um older year levels that can legally obtain alcohol...

um like older brothers and older sisters kind of thing and stuff like that

(P3/15/M)

Parents and older siblings are typical suppliers of alcohol to adolescents

<p>absolutely, I've always said that um whatever the um older sibling does, um the younger sibling will do just because they think it's cool and um, speaking as an only child...</p> <p>um I don't know, it's just a thing as that if you see your um family drinking then you must think its fine yourself</p> <p>I feel like role models, like me, especially our level considering older brothers and sisters as role models and seeing them drinking that probably does heavily influence the opinion of whether drinking is ok or not, but I am not quite sure (P3/15/M)</p>	<ol style="list-style-type: none"> 1. What happens in families adds to the socialisation of adolescents' attitude to alcohol 2. older siblings role model behaviours around alcohol that can be adopted by adolescents
<p>whether it's in, you'll find that the um biggest, sportier, class of kids um who obtain alcohol for the groups we are talking about "oh I drink alcohol and I'm cool" and this is where we go back to the role model thing everybody goes "oh look, he's the coolest kid of the year and seen as the role model kind of thing and he's drinking kind of thing. I reckon, and this has also been my theory that if that, if the "cool kids" that everyone refers to didn't drink or their opinions on alcohol was negative, then no one would (P3/15/M)</p>	<ol style="list-style-type: none"> 1. Drinking is a cool kid activity 2. the cool kid group role model drinking alcohol 3. If this group role modelled positive drinking behaviours, others would follow
<p>um yes, I feel like it, it is surprisingly um easy like well it's not exactly easy but it's not exactly difficult, you could definitely always go to that older sibling or stuff like that they'll just have it and its just expected that or yeah you're in year 10 and stuff like that you'll find that if you go to the right places it will be supplied (P3/15/M)</p>	<ol style="list-style-type: none"> 1. Alcohol is accessible to adolescents 2. older siblings will readily supply alcohol to younger adolescents
<p>absolutely not like and you'd, you'd probably find a couple of people, but it would be mainly in houses and stuff like that (P3/15/M)</p>	<p>Adolescent drinking occurs commonly in private venues, like houses</p>
<p>but it's when you're um in our kind of group, our age group I mean, it's um, it's because it's all supplied anyway, I feel like we don't care</p>	<ol style="list-style-type: none"> 1. Alcohol is consumed by adolescents to have an impact

what it is as long as it's got that impact on your system which is disgusting but it's probably the truth (P3/15/M)

2. Accessibility of alcohol negates the need for them to engage with advertising

because I meant there is always something else you can do there's something better, there's always something, a healthier option that you can do because in the long run like I would, I wouldn't condone like, just like, you drinking I mean I would support it as I said before like there's when it comes down to it there's no point for what it is, it's a short-term high and then you're feeling crap for the next couple of days it's just (P3/15/M)

1. there are alternative social options to drinking alcohol

2. won't judge the decisions made by drinkers

3. Drinking alcohol during adolescence is pointless

Data Extract	Coded for
<p>um yep I just, all my friends are really good about it, but I decided I didn't want to drink any just because I don't like the taste of alcohol and I um just not interested (P4/19/F)</p>	<ol style="list-style-type: none"> 1. close friends don't pressure a non-drinker 2. Non-drinker decides not to drink alcohol because doesn't like the taste 3. Non-drinker not interested in drinking alcohol
<p>um I felt really fine about it, because my friends are really lovely and some of them also like don't drink so yeah, it is not unusual for us (P4/19/F)</p>	<ol style="list-style-type: none"> 1. non-drinker fine with their choice 2. Non-drinking is not unusual for a group of adolescents
<p>um I think it depends on like um where you are like when I was at high school, um most of my friends didn't drink alcohol...</p> <p>but at university I find that a lot more people do but there are also um a number of people who don't drink as well. (P4/19/F)</p>	<ol style="list-style-type: none"> 1. Venue can determine whether there is a drinking vibe
<p>ah I think so yeah, um definitely cause I just started uni this year that I um drifted towards people who prefer not to drink alcohol or if they do, ah in small amounts or just, you know, just a little bit (P4/19/F)</p>	<p>Non-drinkers will gravitate to other non-drinkers to socialise with</p>
<p>um yeah, I just not yeah really interested in that kind of scene that yeah and I don't really like alcohol, the taste of it or what it kind of does to your body as well (P4/19/F)</p>	<ol style="list-style-type: none"> 1. Non-drinker not interested in socialising where alcohol is available 2. Aware of the negative consequences associated with alcohol

	3. Does not like the taste of alcohol
er probably just the culture around it um especially say things on the media, um not usually positive things regarding young people and alcohol that I find sort of disappointing um yeah so, I just decide, I don't want to be a part of that (P4/19/F)	<ol style="list-style-type: none"> 1. Drinking has its own culture 2. drinking adolescents are not portrayed positively in the media 3. Non-drinker disappointed by the portrayal of drinking adolescents 4. decides not to be part of the drinking culture
yeah, I don't quite understand it myself because I've seen I suppose more of the negative side of what it does, so I don't think why people would want to do, go out drinking you know getting drunk and things like that yep um, but probably about having fun I am not sure whether mental health issues could play into that I am not really sure um but perhaps that as well (P4/19/F)	<ol style="list-style-type: none"> 1. can't understand why adolescents want to drink and get drunk 2. Considers drinkers associated drinking with having fun 3. mental health issues could be a factor for drinking
ah ha, um I think that like on the news there's things about ah I think it's one punch um violence, um definitely heard a lot about domestic violence, and the effects of alcohol um and yeah, rape and drugs and yeah just kind of all the negative things that happens in society alcohol seems to always play a part (P4/19/F)	Drinking is associated with many forms of violence
I feel like there is a stigma against young people to consume yeah um young people and drinking alcohol (P4/19/F)	Adolescents are expected to drink
yeah, I think that it's pretty strong in the community I mean I definitely, I think I feel it as well even yeah ...	Non-drinking adolescents also feel

<p>just probably influence from the media, er um and just hearing stories and things (P4/19/F)</p>	<p>the expectation of drinking</p>
<p>um in some ways kind oh, it's going to sound weird that I am proud I am not interested yeah, I think it makes my life a bit easier (laughs)...</p> <p>um yeah um and yeah, I think like um when friends or family ask, or you know warn me of alcohol and things, I feel quite happy to tell them I am not interested in that at all yep and they should be able to trust me in that respect (P4/19/F)</p>	<ol style="list-style-type: none"> 1. Expresses pride in their personal choice to be a non-drinker 2. Not drinking makes an adolescent's life easier 3. Non-drinking should elicit trust from family and friends
<p>um, usually quite you know happy yeah, but sometimes it does feel like even though I do tell them that they still appear to be a bit worried I could fall into that um kind of thing, but I don't have an interest (P4/19/F)</p>	<p>Family and friends are either happy or concerned a non-drinker could still succumb</p>
<p>um because I thinks it's a positive thing ah to be doing for myself you know not to drink I think probably boosts my self-esteem in some respects I think that those bad things which happening out there are less likely to happen to me um or at least they wouldn't be self-inflicted I suppose in weird way yeah. (P4/19/F)</p>	<ol style="list-style-type: none"> 1. Choosing abstinence is a positive choice that boosts personal self-esteem 2. Abstinence is a protective factor against the negative consequences of drinking
<p>ah I think so yes, I am quite um adamant about not drinking yeah (P4/19/F)</p>	<p>Adamant about non-drinking choice</p>
<p>yep, um I think looking at all those negative aspects of alcohol was doing to our society in terms of domestic violence and um what else there's something else – and oh yeah the negative effects it has on kind of your liver ah I don't think it is really worthwhile um and I think yeah my mum definitely ah has influenced me because she doesn't drink, ever, as well um so I suppose I kind of um yeah look to her um</p>	<ol style="list-style-type: none"> 1. Drinking is not worthwhile 2. Aware of the negative consequences of alcohol consumption, short-

<p>in terms of resilience as well because she doesn't drink alcohol and I am sure she has been in situations more than I have (P4/19/F)</p>	<p>term and long-term ones</p> <p>3. Influenced by non-drinking parent to not consume alcohol</p>
<p>yes, I think I think they do um parents yeah are able to influence or try influence what their children do with regards to consuming alcohol um and yeah but whether um you know teaching them to safely consume it or maybe you know how to not and things like that (P4/19/F)</p>	<p>Parents can influence their children's decisions to consume alcohol or not</p>
<p>about how alcohol um can affect ah, like your liver, ah and your brain as well um and with addiction and all the negative things that come along with that, um and the mental health problems and things um I think it's important for people to consider um their thresholds ah, (P4/19/F)</p>	<p>Non-drinkers have an awareness of the negative consequences associated with drinking</p>
<p>um not particularly, I have to yeah, not that much I don't think...</p> <p>um I mean there are people who do consider those things and um for some reason they don't seem to ah really care and do you know drink alcohol to extreme and they do anyway (P4/19/F)</p>	<p>1. Drinkers will not consider long-term consequences of drinking</p> <p>2. Adolescents drink to extreme</p>
<p>ah ha, I think friends definitely have a major role in influencing whether you will drink or not, um in terms of peer pressure</p> <p>and he did tell me that um he doesn't normally drink but when he's, he lives on college, um and definitely the pressure of friends and um has influenced him in drinking you know like er every week or not every week but more often that what he would when he was at school (P4/19/F)</p>	<p>Friends and peer pressure can influence drinking in adolescence</p>
<p>(pause) I think it would um yeah influence how often someone might drink um the availability um and the cost as well (P4/19/F)</p>	<p>1. Availability of alcohol influences drinking</p>

<p>um as like being underage, obtaining and consuming alcohol um I am not entirely sure about the availability because I never involved myself (P4/19/F)</p>	<p>2. Availability is not influential to non-drinkers</p>
<p>um, oh, I don't think so because I always say no (P4/19/F)</p>	<p>The place where drinking occurs is not influential to a non-drinker</p>
<p>that families which um have really strong ethics about studying and you know doing your best um for society and working hard and that type of thing (P4/19/F)</p>	<p>Family values influence adolescent drinking</p>
<p>ah yes, I think um it can influence um young people um to consume alcohol um just looking at kind of TV advertisements, a lot of them are aimed or seemed to be aimed at yeah um young people and going out drinking with your mates um and it seems a lot a lot about ah Australian pride in drinking alcohol in advertisements a lot about you know drinking out with your mates and that type of thing so I think that could affect young people into drinking more maybe (P4/19/F)</p>	<p>1. Alcohol advertising targets adolescents and the Australian spirit to drink 2. Advertising promotes drinking</p>
<p>I think it would be hard to convince people um not to drink alcohol or drink less um because it so um yeah sort of in the culture um at least that's what it seems like um but perhaps not (P4/19/F)</p>	<p>Cultural change is difficult</p>

Data Extract	Coded for
<p>and like turn them into drinking games basically and I just decided I was not very comfortable with that and I skipped the drinking part (P5/16/F)</p>	<ol style="list-style-type: none"> 1. Drinking can be an uncomfortable for a non-drinker 2. Abstinence is a choice
<p>yep ok so I am not sure if it would have to do with the fact that I have anxiety but um sort of the idea of being surrounded by drunk teenagers, so not only do I not like drinking myself, I don't like the idea of it but um but being surrounded by drunk teenagers to me is a very uncomfortable idea (P5/16/F)</p>	<ol style="list-style-type: none"> 1. Drinking can be an uncomfortable for a non-drinker 2. Uncomfortable being surrounded by drunk adolescents
<p>I feel like teenagers don't really know the um the boundaries of drinking before they get drunk, if that makes sense (P5/16/F)</p>	<p>Adolescents are unable to define their drinking limits</p>
<p>yep definitely so a lot of times if I get invited to a party one of my first questions is; "is there going to be alcohol?" and that makes me question whether I should attend or not at all (P5/16/F)</p>	<p>The presence of alcohol at a social event influences a non-drinker's attendance</p>
<p>um it kind of it does feel like you are singled out a bit and I feel like it is expected of teenagers by all the people today as well as some the peers who aren't people who choose not to drink expected of you and you kind of get singled out for not drinking and not being comfortable with the idea of drinking. Its its frowned upon in some ways I think (P5/16/F)</p>	<ol style="list-style-type: none"> 1. Adolescents are expected to drink 2. Non-drinking adolescents are singled out 3. Choosing to abstain is frowned upon
<p>um it can be anywhere from something that someone says to you or they ask you you know sort of "why are you being like this? Like everyone is drinking, what's your problem?" or just these looks that they give you, you can just tell that they're sort of like, this person is a bit weird they don't want to drink with us (P5/16/F)</p>	<ol style="list-style-type: none"> 1. Pressure is applied verbally and non-verbally 2. A non-drinking adolescent is weird

<p>alcohol is sort of my line I guess (P5/16/F)</p>	<p>Choosing to not drink alcohol is a personal limit</p>
<p>um I think it could be many things, I think it could be a view of your parents, it could be some ideas of peers or even with me I think a strong one um is probably the portrayal of alcohol in the media, whether it is a positive or negative view but negative obviously is a lot more pushed in the media and I feel like that's becoming stronger and people are seeing that more especially as teens (P5/16/F)</p>	<ol style="list-style-type: none"> 1. Parental views can influence the consumption of alcohol by adolescents. 2. the views of peers can influence the consumption of alcohol by adolescents 3. the way alcohol is portrayed in the media can influence consumption of alcohol by adolescents 4. Exposure of adolescents to alcohol in the media is increasing
<p>I think so yeah because it's not it's not even just on the news anymore it's you see it scrolling through social media these terrible stories of what's happened when drinking or these quick funny videos about how people act but like yeah (P5/16/F)</p>	<p>Media exposure of adolescents and their relationship with alcohol is extensive</p>
<p>I think so yeah cause like as I mentioned before sort of something you do get judged for you have to have some resilience I think to stand up to peer pressure of not being someone who choose to drink (P5/16/F)</p>	<ol style="list-style-type: none"> 1. Abstinence is a choice. 2. Non-drinking adolescents are judged for their choice. 3. Adolescents must possess resilience to stand up against the peer pressure to drink alcohol.

<p>it could be their reason to drink rather than not to (P5/16/F)</p>	<p>Mental issue may influence an adolescent to consume alcohol</p>
<p>I think it's not very common for people to think about the long-term effects of drinking</p> <p>yeah particularly at my age yeah, I think they just sort of think of this is what's happening now and it's what everyone's doing, and this is what I should be doing, and they don't quite think about yeah how this is going to affect them in the long run (P5/16/F)</p>	<ol style="list-style-type: none"> 1. Drinking adolescents do not consider the long-term effects of alcohol 2. Every adolescent is consuming alcohol therefore others should conform to that behaviour
<p>but um some, yeah, some friends can be very supportive of that decision and they can even like encourage that and I know I've had a couple of friends and that drink and they go "oh yeah I've wound up in some pretty you know sketchy situations I guess and I don't really want that to happen to you," so some friends can be very helpful in that regard but other people, again it goes back to that peer pressure of "oh why don't you trust us, why don't you drinking with us when everyone else is?" (P5/16/F)</p>	<ol style="list-style-type: none"> 1. Friends can use their personal experiences with alcohol to dissuade their buddies from drinking 2. Friends can also guilt non-drinking adolescents to conform to their behaviour
<p>um but my mum has said to me before, like she would allow me to sit down with her and have a drink, she just wouldn't want me to go out and have parties drinking (P5/16/F)</p>	<p>Parents can be prepared to share alcohol with their children in preference to them experimenting at parties</p>
<p>I think it's, a lot of it is that there is plenty of time for all of that and there's also a lot more important things to be focussing on than going out and partying and getting drunk and then tomorrow not remembering what happened (P5/16/F)</p>	<ol style="list-style-type: none"> 1. Adolescents have time to indulge in activities like drinking alcohol 2. Adolescents should be focussing on my important things

<p>are YouTube and stuff or again um social media, Instagram and Facebook and stuff there are little videos of either someone actually drunk or people pretending to be drunk these little sketches they've made up about how great drinking is and how funny people can act and how it oh changes your entire personality and they put that in a very comedic and positive sense don't they (P5/16/F)</p>	<p>Images of alcohol use by adolescents are placed on social media</p>
<p>is, their view is we either have it or we'll find it or we'll find a way to get it so whether it is something they've found in their cupboards at home that belong to their parents or they have an older sibling, or older friends who they can say look can you just go out and get us some drinks and their family or friends agree or I have heard some people have even um they've just find someone sort of around the shops and go 'hey do you mind just going in and grabbing us some drinks" and they hand them the money and they go do it so (P5/16/F)</p>	<p>Alcohol is easily accessible to adolescents and there are a variety of means with which they access it.</p>
<p>yeah, I think, I think, if it were less available to them it definitely wouldn't be as common an occurrence as it seems to be (P5/16/F)</p>	<p>Accessibility of alcohol influences drinking</p>
<p>um but because it is so accessible in whatever method they choose to access the alcohol, they just think again like oh this is something we can do, it's fun and who cares like, it's that that um sort of, I've lost the word I am looking for, but it's the idea of we're young and this is fun (P5/16/F)</p>	<p>Adolescence implies a permissiveness to drink alcohol and have fun</p>
<p>yeah so if you're in front of parents, I know some, some parents are, like my parents aren't strict but some parents are very loose and casual about it I suppose (P5/16/F)</p>	<p>A loose and casual parenting style can influence drinking</p>
<p>um there I feel like the adolescent would sort of be a lot more mature about it and maybe have just maybe a glass or two or something that won't get them quite so intoxicated whereas if they are taking a bottle to a friend's house then you are just surrounded by a bunch people you are around all the time you all tell each other your funny stories from whatever it is and so it's all a lot more casual and <i>free</i> I suppose and if you get absolutely drunk then and you are not going to get scolded for it, it will sort of more likely be praised I think (P5/16/F)</p>	<ol style="list-style-type: none"> 1. Parenting styles will influence the amount an adolescent drinks 2. Permissive parents will not scold their children for drinking but commend them for it instead

<p>is sort of the place where they find so there's no supervision here so now we can get wasted (P5/16/F)</p>	<p>Lack of parental supervision means adolescents can drink more</p>
<p>I haven't been um to any particular big parties and I particularly don't trust um beach parties cos that seems all the more dangerous to me to be by the ocean (P5/16/F)</p>	<p>Assessing danger of a social venue is important to a non-drinker</p>
<p>oh, definitely yep I feel like it's all, it's a lot safer to not drink than it is to drink particularly in some of the locations and the fact that there is no adult supervision anywhere so a lot of the teenagers I know if all of them a drunk and someone gets badly hurt, they're not going to know what to do at all (P5/16/F)</p>	<p>Not drinking is a safer option when socialising</p>

Data Extract	Coded for
<p>yeah, ok so you think they kind of took it from their parent's supply without actually telling them (P6/14/F)</p>	<p>1. young adolescents will secure alcohol to drink secretly</p>
<p>oh I wasn't really uncomfortable, I kind of expected it because I know what they are kind of like but I didn't, I didn't really think when I got there they would bring it but how did I feel um, I felt fine, I didn't really talk to them, we asked them a few questions like why, why did you guys bring this but people from Iggies were like nah that's not cool but we really didn't like socialise with them, they were just doing their own thing (P6/14/F)</p>	<p>1. Adolescents expect other adolescents to consume alcohol at social events</p> <p>2. Adolescent abstainers will avoid drinkers at social events.</p> <p>3. Abstainers feel fine with their choice while thinking it is not a cool thing to do</p>
<p>yeah, they got a bit drunk and one of them I heard got home and they were vomiting ...</p> <p>yeah so it wasn't good (giggles a little) (P6/14/F)</p>	<p>Negative consequences associated with drinking are not deemed to be good to a non-drinking adolescent</p>
<p>well it just makes me want to stay away from alcohol I guess (P6/14/F)</p>	<p>The experience of drinkers motivates an abstainer</p>
<p>oh yeah when I got back to school I told them all or most of them and the girls that do drink but not that often, they just kind of um, they didn't really say much, they were just like what's the point of us telling, what's the point of you telling us like kind of thing because that's like normal for them (P6/14/F)</p>	<p>Adolescents who do consume alcohol expect to experience negative consequences</p>
<p>well if someone feels good about themselves and what they are doing and if like someone out of nowhere just goes drink this they'll, they'll just say no because they think might think that it's wrong (P6/14/F)</p>	<p>Self-esteem is a factor that enables adolescents to avoid drinking alcohol</p>

<p>um they then say yeah because its peer pressure and when you get offered like a drink it's usually in front of a lot of other people and you have to say yes. I don't really know of anyone who has stood up for themselves and have said like "no I don't want to." (P6/14/F)</p>	<ol style="list-style-type: none"> 1. Peer pressure is a factor for drinking 2. Volume of people at an event add to the pressure for drinking
<p>maybe not, (pause) if it was somewhere maybe more small...</p> <p>and if it was with people like you felt comfortable with then you would be able to say like; "nah I don't want to" kind of thing (P6/14/F)</p>	<ol style="list-style-type: none"> 1. Volume of people at an event add to the pressure for drinking 2. Feeling comfortable in the presence of peers enables adolescents to resist drinking
<p>but sometimes when it does a few people say, "oh yeah we've drank and it's not a big deal" so yeah (P6/14/F)</p>	<p>Younger adolescents think drinking is no big deal</p>
<p>yeah um I think drinking alcohol does affect their health and I think that's a big reason why we choose not to drink (P6/14/F)</p>	<p>Understanding that drinking affects health enables adolescents to choose not to drink</p>
<p>yep this year and we've, it's even came up in year 6 a few times. I don't remember just what we spoke about, it's just I known for a long time that alcohol is just not good for you until like you are 18 (P6/14/F)</p>	<p>Young adolescents have been exposed to education about drinking alcohol</p>
<p>um yes in a way um like when my friends sometimes when we're like talking on social media they'll just send photos of like them drinking but it doesn't make me think "oh yeah should I or should I not?" but I just like know that that's them and just don't drink (P6/14/F)</p>	<ol style="list-style-type: none"> 1. Exposure to drinking alcohol occurs across social media 2. adolescents add images of themselves consuming alcohol
<p>yeah, I think it, yeah, I think it would (more resolutely) because you might come home and see your brother um like drunk and like all</p>	<p>Role modelling of older siblings normalises drinking</p>

<p>vomiting in the toilet or something and you and it just clicks like oh yeah, you've been drinking, and you might think it's ok (P6/14/F)</p>	
<p>um to not start drinking, yep they do, um even when my dad drinks like sometimes at the dinner table, like he rarely does it, like my parents rarely drink and when I've gone and sometimes asked for a few sips of my dad's wine before, my mum will go "like Leon stop" and my dad will go "it's fine, it's only a few sips" my parents have taught me we don't have full on like lectures about it like how you don't drink, I've just known for a while and they've have um, yeah they have taught me yeah don't drink I guess (P6/14/F)</p>	<ol style="list-style-type: none"> 1. Adolescents understand their parents' attitudes to alcohol in subtle ways 2. Parents attitudes can influence adolescents' choices to not consume alcohol 3. Some parents think introducing small amounts of alcohol is fine
<p>sure, like if you knew the person and um like you saw a photo of them drinking you might think aw yeah alright like I'm good friends with them and maybe if it's a person you like, like as in that way, like you could do that to impress him or her (P6/14/F)</p>	<p>Younger adolescents are more likely to take notice of alcohol advertising or consume alcohol to impress their peers</p>
<p>and people like generally like him so like they would listen to what he has to say (P6/14/F)</p>	<p>Younger adolescents are more like to take notice of celebrities advertising alcohol</p>
<p>yeah, like because like the parents just keep it in like a cabinet thingy and you could like...</p> <p>like even when they go to sleep, you could just even go and just get some or you could just go and put a little bit in cup and like keep it in your room and then just drink it whenever you want, yeah it is...</p> <p>yeah, they do do that but some but some um they've like stolen a few times, stolen it from what's it called um Dan Dan Murphy's or something I don't know I yeah because yeah that's it... (P6/14/F)</p>	<ol style="list-style-type: none"> 1. Alcohol is accessible to adolescents 2. alcohol is attained in a number of different ways

<p>so, it just like wrong ... in so many ways (P6/14/F)</p>	<p>Accessing alcohol is wrong</p>
<p>oh look, I've known them for ages it's just a thing that they do I'm like um like I'm honestly fine with it but it's just not something I would do (P6/14/F)</p>	<ol style="list-style-type: none"> 1. Non-drinkers will not judge the choices of adolescents who drink 2. it is a choice to not drink alcohol
<p>um I've heard that it kind of makes you feel good but I don't see how it benefits you in any way to drink, I don't, well when I have asked to my friends "why do you do it?" they just say; "because yeah it like tastes good, oh yeah it makes you feel nice and it helps you go to sleep easy or something" (P6/14/F)</p>	<p>Younger adolescents think drinking alcohol makes you feel good, it tastes good and helps you to sleep</p>

Data Extract	Coded for
<p>um I wasn't too fussed because I knew before I went I wasn't going to drink. Um, there was one other person I knew they weren't drinking for the same sort of reasons, they just didn't drink, and another person drove there, so they couldn't drink from restrictions for driving so, yeah that was pretty much it, I guess yeah, I was pretty un-phased by it because cos of who I am... (P7/18/F)</p>	<ol style="list-style-type: none"> 1. Not fussed to be socialising with other adolescents who drink 2. Expected alcohol to be present 3. Un-phased about not drinking because of who they are
<p>yeah um adults were there but they didn't really mind what was going on or anything, they just kind of stayed inside (P7/18/F)</p>	<p>Despite parental supervision, parents isolated themselves from the adolescents</p>
<p>um, not to sure, it's (pause thinking) yeah, I guess, it's it's a bit strange, you get used to it but like people, most people don't really question too much, like if you're not drinking, they just like, they understand that it's what you decide and... (P7/18/F)</p>	<ol style="list-style-type: none"> 1. Being a non-drinker socially can be a bit strange 2. Drinking adolescents will not question the choices of non-drinkers
<p>everyone has their own reasons for it, so people don't really question it or anything, but it's just yeah, you're one of the few sober ones so that's about it. (P7/18/F)</p>	<p>Most adolescents will be drinking at social events involving alcohol</p>
<p>a little bit but like, they don't, they're not really fussed by it too much like they'll ask why out of curiosity sometimes, but that's about it, then they just, yeah, they just figure it doesn't really bother them whether I drink or don't drink so... yeah... (P7/18/F)</p>	<p>Adolescents who drink are curious as to why some do not</p>
<p>because I think they're really, for them drinking is normal so they don't understand why I wouldn't drink, so they're just curious as to like 'oh what's going on there?' because the attitude is that most people my age would drink, like so like yeah, most people I know they go to a party they would drink so I guess they're curious because it is different (P7/18/F)</p>	<ol style="list-style-type: none"> 1. Drinking during adolescence is a normal activity 2. Deviance from a normal activity invokes curiosity

	3. Adolescents are expected to drink
um, depends how the question comes across, usually it's "just I don't, I don't see the point of it" or something like that, um but then um usually I am driving anyway so they won't be fussed by it (P7/18/F)	<ol style="list-style-type: none"> 1. Drinking is a pointless activity to a non-drinker 2. adopts an activity that negates drinking
yep, so um I guess a lower self-esteem and I guess lower like ummm maybe strength or capacity to hold onto like your opinion... about something um, if if that was lower then there's definitely higher tendency to drink I would say just like from also what I see around um cos there's the whole idea of being left out and the whole idea of being drunk and or just like not, being sober as being less fun than being drunk (P7/18/F)	<ol style="list-style-type: none"> 1. Non-drinkers think drinkers have lower self-esteem 2. Lower self-esteem means they are more likely to succumb to drinking 3. not drinking means they will be left out 4. Drinking is associated with fun, not drinking is not
with other people so I think that has, the idea of being in a crowd has to do with that (P7/18/F)	Volume of people socialising influences drinking
I'd say probably more because they keep going (P7/18/F)	Adolescents are drinking large quantities
that's just one factor I'd say but yeah, I think a lot of the time it just goes over the top (P7/18/F)	Lower self-esteem influences adolescents to consume large quantities of alcohol
and yeah like more drinking than they probably intended, or they need to um I guess to be at the fun level or whatever (P7/18/F)	1. Adolescents may not limit the amount of alcohol they drink

	<p>2. Aim to reach a fun level, whatever that is</p>
<p>yeah, I think so, that's another factor to do with it um or in my opinion because the more, I guess the more resilient they are, if they have a belief not to drink alcohol or an opinion they don't want to for whatever reasons, the more resilient, the more likely they are to stick to that...(P7/18/F)</p> <p>and not be swayed so much when other people question them or even are just curious about it (P7/18/F)</p>	<ol style="list-style-type: none"> 1. Resilience helps adolescents stick with not drinking 2. resilience helps non-drinkers to resist questioning and curiosity of drinkers
<p>in general, just from the people I do know that drink, it's just normal for them, perfectly normal and it's not, not to sound like stereotypical, or anything like that, it's it's just popular and cool in a sense that's a really bad way of putting it because it is stereotypical but um yeah it's just, it's just a big attitude towards it where they really don't care what effect it has on anything else as long as it affect that, them positively or what they think is positively in that specific point in time whether you're out having fun or whatever (P7/18/F)</p>	<ol style="list-style-type: none"> 1. Drinking during adolescence is a normal activity 2. drinking is a popular and cool activity amongst adolescents 3. Adolescents drink to have fun and this is a positive effect
<p>people just like our age, I don't think they're inclined to worry about that right now, they just, people joke about it all the time the effects of alcohol, "oh yeah I gonna get this" and they have a good laugh about it, but they keep drinking (P7/18/F)</p>	<ol style="list-style-type: none"> 1. Adolescents are not concerned with the adverse effects of drinking alcohol 2. adolescents joke about the long-term effects 3. Adolescents have an awareness of the long-term effects of alcohol
<p>um (pause) I think it's just something that is passed on. In my opinion like it's never really stopped the attitude, like there has never been a time I think where no one or barely anyone my age drank...</p>	<p>Culture of drinking amongst adolescents is self-perpetuating</p>

<p>so, because of that it just keeps getting passed on like through like even in age gaps of like all age um proportions of a couple of years, it just keeps getting passed on because the attitude was cool then, or it was just normal then its normal now (P7/18/F)</p>	
<p>I feel like most of the time, they would be more inclined to choose alcohol but then it depends on like um the yeah, the personality I think whether they resort to alcohol or they go completely away from it...</p> <p>like I think they would be the two extremes of what would happen (P7/18/F)</p>	<p>Mental health issues in adolescence will either promote or negate drinking</p>
<p>not just whatever is wrong with them, they kind of say to them themselves “oh yeah” well they’re obviously thinking about recovering or whatever is going on with them so I think they would be less inclined to drink cos they kind of understand the consequences maybe a little bit more or what the potential has to change maybe their life or wellbeing (P7/18/F)</p>	<p>Physical health as a threat to wellbeing is more likely to deter drinking in adolescents.</p>
<p>ah ha so for me um my parents never told me to drink like they didn’t, they never really got drunk or anything like that, but they weren’t against drinking, they still drank here and there like it just like yeah kind of like a leisurely thing (P7/18/F)</p>	<p>Parents role model behaviours that are noted by their children</p>
<p>so, but I was always like exposed to it I guess, um alcohol was not like hidden or anything it was just I guess there whatever and even even when I turned 18 my parents kind of just guessed that I wasn’t going to drink and like it never really came up. They just said like even when we went out for dinner or something “don’t, don’t feel um like you you need to drink” and I’m like “yeah I know that” yeah so that’s my point of view but there’s like external influences I guess like other family members and that who are just like oh offer you and drink and you’re just like “na” and they’re pretty like they’re don’t really mind they don’t really bother them (P7/18/F)</p>	<ol style="list-style-type: none"> 1. Parents did not shield their child from alcohol growing up 2. Parents enabled their child to make their own decisions about drinking 3. Other family members will accept an adolescent’s decisions

<p>so that's just my personal experience in just like would what I've observed so I know people whose parents um really don't mind so if they have people over they'll bring out alcohol for anyone who's there (P7/18/F)</p>	<p>Some parents offer alcohol to anyone who is there and socialising</p>
<p>yep I've yeah, a friend of mine um grew up with like one of his parents a pretty heavy drinker, so he just doesn't drink he doesn't like that, he doesn't get involved in anything like that</p> <p>um I know there's like just bad experiences, he, he sees what the consequences are, in the lifestyle of a heavy drinker, not just now like but how it can impact later on and like even an addiction to it so he just, he'd rather not get involved in that. So, I think when there's such a strong influence, when someone's experienced firsthand what the consequences can be they're more inclined to actually think about themselves in the future and the consequences it could have on them their family (P7/18/F)</p>	<ol style="list-style-type: none"> 1. Parents role modelling influences the decisions of adolescents to consume alcohol 2. Parent's experiences with alcohol can influence an adolescent to abstain.
<p>um I think they do have an influence just from like so my friends outside of school we influence each other probably not to drink (P7/18/F)</p>	<p>Adolescents can influence each other not to drink</p>
<p>I mean it kind of just like all of us start off that way anyway but we kind of just yeah; it's just the normal thing so none of us really drink (P7/18/F)</p>	<p>Abstinence can be a normal experience too</p>
<p>if it's like whether it's available like readily available or not, I think they're just more inclined to drink (P7/18/F)</p>	<p>Adolescents who drink will access alcohol anyway</p>
<p>I guess when younger I guess there is more of like, it seems more exclusive to them if they do drink (P7/18/F)</p>	<p>Younger adolescents are encouraged to drink because of the exclusivity associated with alcohol use</p>

<p>if they wanted alcohol they would go through someone else a friend, um maybe another family member probably anyone but parents (P7/18/F)</p>	<p>Adolescents access alcohol more likely from friends or other family members</p>
<p>um being um being at a home I think, people would be more inclined to drink cos it just um people that they know there um everyone's kind of drinking and just like they're only being focussed on that atmosphere there</p> <p>so, once they're in that atmosphere they're probably more inclined to be a part of it and drink whereas if it was somewhere else, there's probably more likely, there's a higher chance of people being who aren't drinking because you've got I guess just other influences with that whereas like wherever it is there's going to be like no one else who isn't drinking or drinking is the sole reason or the sole thing that is going on there (P7/18/F)</p>	<p>1. Drinking can be promoted in a familiar environment</p> <p>2. the venue determines the vibe and the vibe determines the drinking</p>
<p>yeah, because I think if that was the case, it would more influence younger people in what they drink (P7/18/F)</p>	<p>Advertising affects choice of drink rather than drinking</p>
<p>So, because just from what I know young people aren't really fussed what they drink as long as it gets them drunk (P7/18/F)</p>	<p>Adolescents drink to get drunk</p>
<p>like they're not able to to to see something and at that point, at that moment in time when I am one of those 3 people who's not drunk I, in a way, not more superior but like I feel like they're just oh I don't know how to explain it, without - not that they are lower down but like they're missing something or I, I just think about why they are drinking (P7/18/F)</p>	<p>Non-drinkers feel superior to drinkers</p>
<p>and what reasons they'd be drinking and most of the time to me that's pointless, like I just don't understand those reasons um... (P7/18/F)</p>	<p>1. Drinking is a pointless activity</p> <p>2. non-drinkers don't understand why other adolescents would drink until they are drunk</p>

<p>so, that's, that's a lot of it as well, and like if for them, if they're involved in one of those stories, whether it's good or bad, they're still involved, and people still know that they they were drunk, and they were fun to be around and that sort of stuff at that time</p> <p>(P7/18/F)</p>	<ol style="list-style-type: none"> 1. Drinking enables adolescents to be involved socially 2.. drinking is deemed to be a fun activity
<p>I find that pointless and um so I am Christian as well so I just find it pointless and yeah don't really need it and then, as well as so there's there's the whole idea of just drinking not not necessarily to get drunk but I find that pointless cos like if you're just drinking because it tastes good there's other things that you can drink as well that aren't alcoholic so yeah for me I just find it pointless, not really a reason to it like yeah. For me the reasons people go to drink and to drink alcohol, there's other ways to fix that or other ways to address the problem (P7/18/F)</p>	<ol style="list-style-type: none"> 1. Drinking to get drunk is pointless
<p>yeah I think it's permissiveness to be careless about themselves, and about what they do want like they feel, so especially like the age group that I am in in the moment, people who are either on the verge of being 18 or just turned 18, the last year, 2 years, they still feel like they're in the first little bit where you can kind of get freedom without responsibility (P7/18/F)</p>	<ol style="list-style-type: none"> A1. adolescence implies a permissiveness to be careless about behaviours and decisions. 2. Freedom without responsibility

Data Extract	Coded for
<p>yeah, yeah, I was hanging out, they were they were drinking, I was drinking squash. That's usually what I drink um, yeah, I was, we were just at the pub, so I was, they were just all hanging out, hanging out but I wasn't drinking, not that I had to drive or anything like we were away</p> <p>(P8/19/M)</p>	<p>Not drinking is a choice not motivated by necessity</p>
<p>um, it's a bit weird, it's a bit uncomfortable. Um, especially cos like being 19-year-old boys, everyone's like getting heaps drunk, they're, they're drinking to get drunk, they're not drinking to socialise really</p> <p>(P8/19/M)</p>	<ol style="list-style-type: none"> 1. Not-drinking can be an uncomfortable experience when others are drinking 2. Adolescents drink to get drunk
<p>um they're all just getting heaps drunk and I'm a bit like "oh well", so I don't drink um, how do I explain? Um, I don't know, it's a bit weird, it's a bit weird and they're like always "why don't you drink?"</p> <p>(P8/19/M)</p>	<ol style="list-style-type: none"> 1. Not drinking can be weird 2. Drinkers are curious as to why adolescents don't join in on drinking
<p>yeah, a lot of the time. Yeah um, a lot of the time they do. Some, some mates like more than others. Some are good about it and some are just like "why aren't you drinking, drink" even though I haven't drank for almost like 2 years, yeah (P8/19/M)</p>	<ol style="list-style-type: none"> 1. Close friends support non-drinking choices 2. Drinkers challenge non-drinking choices
<p>yeah they, yeah they kind of like "why don't you drink?" and I'm just like "I just don't drink, don't like drinking, it can it can become a problem" um yeah they to pretty much, like a lot of the time, especially like if they're more people drinking, the more I just cop it, like if that makes sense (P8/19/M)</p>	<p>Non-drinkers do not like to drink because it can become problematic</p>
<p>yeah well, it's like a combination of things, like it's not really worth it, like it's expensive, um you end up feeling, like I used to drink heaps and you just end up writing off your whole week. Monday, Tuesday...you're just a wreck...um and like you just can't like do anything you just , I found like if you don't drink you are much more productive and stuff...you see in the end I'd be, "I don't like</p>	<ol style="list-style-type: none"> 1. The ill effects associated with drinking influence the non-drinking choice

<p>drinking”, like who wants, no one wants to hear a huge spiel, (P8/19/M)</p>	<p>2. Non-drinkers prefer to feel good</p>
<p>pretty much like I’d be useless at work, I’d just feel like shit, I’d be sad and like mope around, (P8/19/M)</p>	<p>Experience with excess alcohol is not recalled positively</p>
<p>um yeah maybe, like I don’t know, it is, it is like a social thing, so maybe they would, they’d prefer it, I don’t know, but I am still like hanging out with them so (P8/19/M)</p>	<p>1. drinking is associated with socialising</p> <p>2. Being abstinent does not mean an adolescent is necessarily excluded from social activity</p>
<p>so, like half the time, they’ll invite me, it depends like if they’re just hanging out, if they’re just getting smashed um yeah, I’d say they just like, like definitely, not exclude me as much but like just, don’t bother (P8/19/M)</p>	<p>An abstinent adolescent may be excluded from social activity if the vibe is for drinking</p>
<p>um probably I, like I was pretty like anxious about doing it, it’s like what would people think, but then um, I don’t know, I just kind of thought if they’re, if they’re like my actual mates they’ll still want to be mates with me, so I don’t really care um (P8/19/M)</p>	<p>Making the choice to abstain can be anxiety provoking</p>
<p>yeah, I’d say so definitely um, yeah, I’d say it’s improved um like cos now I’m definitely more productive now and that in itself just like and on weekends just do more stuff, get out more instead of sitting around inside Sunday, all Sunday (P8/19/M)</p>	<p>Improved self-esteem is a product of deciding to be a non-drinker</p>
<p>um yeah so, it’s good. I do enjoy like when everyone’s hungover and I’m not (P8/19/M)</p>	<p>Non-drinkers do not enjoy the feeling of being hungover</p>
<p>um yeah, I’d say so like you’ve got to be pretty resilient to put up with all your mates pressuring you to drink all the time um yeah, I’d say it’s gotten better too, the more I say no, the easier it is (P8/19/M)</p>	<p>1. Resilience is helpful to resist the pressure</p>

	2. Resilience builds over time
yeah definitely, otherwise you are just going to cave and people and if people are like...I think half the people that drink are just drinking because everyone else does and like (P8/19/M)	<p>1. Resilience also enables adolescents to resist conforming to drinking alcohol</p> <p>2. Conformity promotes drinking</p>
a few people actually when I stopped drinking like a few people that I know have cut down heaps and like been like “yeah I am over it too” and people tell like “yeah you don’t drink so um” so they’ve pretty much just stopped drinking or cut down (P8/19/M)	<p>1. Non-drinkers can be positive role models</p> <p>2. Drinking can be tedious</p>
um yeah definitely cos like my attitude has definitely changed because I used to be like all for it um but now, but now I am against it and it makes it easier like, not against drinking, like people can drink if they want (P8/19/M)	<p>1. Non-drinkers will not judge the choice of others</p> <p>2. Non-drinking makes life less complex</p>
I guess not really, they’re all, they’re all still children but like (P8/19/M)	Being an adult is more than just age
a few mates like of mine, it becomes a problem and they’re drinking like ridiculous amounts every weekend and that’s the way I could see myself kind of going and like they are just drinking heaps (P8/19/M)	The experience of drinkers can influence the actions of non-drinkers
the doctor said “drinking is not helping you obviously” and I was like “yeah it would be better for my mental health overall” and then I used to get anxious too when I drank um like not, sometimes when I was drunk but most of the time when I was hangover, it’s weird but the doctor was like “yeah you should probably stop drinking, like alcohol is a depressant” (P8/19/M)	Mental health problems can be exacerbated by drinking

<p>and I was like, yeah and I actually found that he that he was right, like I felt much better when I stopped drinking, after a while, like obviously I missed drinking at first but I was like yeah I am better in myself um and physically obviously you feel much better if you're not hungover not to mention like all the damage you do to your body like to your liver (P8/19/M)</p>	<ol style="list-style-type: none"> 1. Physical health is improved by abstinence 2. Non-drinking adolescents acknowledge the ill effects of drinking
<p>He, he drinks a litre of Jim Bean every night, it's like 25 standard drinks or something (P8/19/M)</p>	<p>Non-drinkers have alcohol-specific knowledge</p>
<p>um, er, well like if anything, my dad's been an alcoholic all his life since he was, since he was 14...so that definitely, when I saw myself going down that path (P8/19/M)</p>	<p>The experience of drinkers can influence the choice of non-drinkers</p>
<p>yeah um so I have seen it go both ways so some people, I've got another mate and he just ends up drinking with his dad every day (P8/19/M)</p>	<p>The experience of drinkers especially if intimately related, can influence drinking</p>
<p>oh yeah definitely. Um yeah definitely, a lot a lot of people are easily convinced to do things like socially, so I reckon definitely um yeah especially like if they're, if you've got nothing to do and someone says come and drink and you're like I'm going "yeah all right" yeah um definitely I reckon friends definitely influence like drinking um...</p> <p>yeah, I'd say so, well I reckon I would because when I hang out with my mates, they don't drink because I don't drink I think like... (P8/19/M)</p>	<ol style="list-style-type: none"> 1. Friends can influence drinking easily 2. Friends can influence not drinking
<p>yeah, na, I'd definitely say so um how old? I was, when I was 16 I had a fake ID and that's when I started drinking heaps as it was so easy to get and um I could just get the alcohol so easily um it's the same, it's the same as drugs like if you can get it, you'll do it um I've found and like people with older brothers and stuff it's easier for them to drink, so they're drinking. Um there was always like one kid who had an older brother and...(P8/19/M)</p>	<ol style="list-style-type: none"> 1. Alcohol is accessible 2. Ease of access promotes drinking

<p>yeah definitely like if it's, it's like the whole vibe of the place, like if you're at a party you feel like you should be drinking, same like if you're at a pub or I guess if like at a nightclub or anywhere like, where there's like drinking culture is there, like I feel like you should be drinking...</p> <p>but if I am at home or doing something, something like I don't know some activity yeah, I don't know, then like drinking is not like usually there, then it's like, then it's like, um well then like you don't feel the need to drink because it's not like a drinking activity, do you know what I mean? (P8/19/M)</p>	<p>Social activities for adolescents can have a drinking vibe</p>
<p>um but it is pretty common, like it's, they smash it, like it's um they definitely um put it out there quite a bit yeah um, I don't know I don't really know like I'd say I am against advertising it personally (P8/19/M)</p>	<p>Exposure to alcohol advertisements is extensive</p>
<p>it's a huge thing in sports, that's got a huge drinking culture about it (P8/19/M)</p>	<p>Sport is associated with a drinking culture</p>

Data Extract	Coded for
<p>I've never really wanted to drink because I am so young so...(P9/14/F)</p>	<p>Age is a factor that influences not drinking</p>
<p>um I don't feel too weird about it, it's just kind of normal and I guess expected not to drink at my age I guess, I don't really think too much about it (P9/14/F)</p>	<p>It is not weird to not be drinking when you are younger</p>
<p>um, they made it seem pretty cool, like "oh yeah, I was drinking the other weekend", they seem to kind of make it seem cool, I guess, yes (P9/14/F)</p>	<p>Drinking is a cool activity</p>
<p>it made me ok. yeah, I didn't really feel that weird about it because they can do what they want to do, and I can do what I want to do I guess, we're all free to make our own choices (P9/14/F)</p>	<ol style="list-style-type: none"> 1. Drinking is a matter of choice 2. Non-drinkers do not judge the choices of others
<p>yeah, I guess I have heard lots of bad things on the news as well, like um yeah, I guess social media stuff has also influenced me to not drink because I have heard lots of bad things as well from that</p> <p>um most of them are just rape stories, because lots of young girls go and get drunk and then they're defenceless against other people that do those sorts of thing I guess (P9/14/F)</p>	<ol style="list-style-type: none"> 1. Non-drinkers are aware of the negative consequences associated with drinking 2. Non-drinkers pay attention to the negative consequences associated with drinking
<p>Yeah, I guess its just personal safety really because I don't want to get hurt because of um bad choices (P9/14/F)</p>	<p>Personal safety is important to a non-drinker</p>
<p>yeah, I think so, because I guess they might be like afraid of it maybe and that sort of thing and not braver in a sense but sort of more reckless (P9/14/F)</p>	<p>Less resilience can lead to greater recklessness</p>

<p>yeah, I think it has, um, and also the way I was raised as well (P9/14/F)</p>	<p>Upbringing has influenced an adolescent's non-drinking choice</p>
<p>Yeah, I think so because they have always told me that drinking is sort of, drinking a lot is a bad thing and that you should sort of control yourself and drink safely if you ever do and that sort of thing (P9/14/F)</p>	<p>Parents of non-drinkers discuss drinking in reference to doing so safely or at low-risk levels</p>
<p>I think they'll sort of let me figure it out on my own because, they're not going, I don't think they're the kind of parents that will say "oh you're 18 now you can go and drink so..." (P9/14/F)</p>	<p>Parents facilitate children to make their own choices about drinking</p>
<p>oh definitely yeah, cos there's some parents that do drink a lot and I have talked to one of my close friends actually and I was talking to her and I said I have never seen my parents drunk and she seemed so surprised by that, and I was like "oh wow", maybe a lot or people have seen their parents drunk before, but that's never really happened (P9/14/F)</p>	<p>Parental role modelling is important for their children.</p>
<p>um no she's not but um but this same friend that I talked to about drunk parents, she said that her parents will allow her to drink a little bit before like the legal age just to get used to it and I was sort of confused by that because my parents would never let me do that (P9/14/F)</p>	<p>Trialling alcohol before legal age is confusing for an adolescent who has chosen abstinence</p>
<p>I think it really just depends on the person and how like ready they are for it - like you might get forced into into drinking but you might not like be mentally ready to drink, I guess, like, I don't know like at some point you're like "ok, I think I can drink now" but the some people are bit ready for that before others I guess (P9/14/F)</p>	<p>Preparedness to consume alcohol is more than being 18</p>
<p>um yeah I think so um I think that if someone is sad or they're not like necessarily depressed but just a sadder person, or maybe get easily aggravated that can also lead to drinking but if you're er in a happy place I guess then are a happy healthy person with good mental health, I don't think that you'd necessarily need to drink</p>	<p>Mental health problems may be a motivator for drinking</p>

<p>cos a lot of the time, people drink to escape the problem and things like that (P9/14/F)</p>	
<p>um, I don't really think so because I think I am quite a strong, stubborn person and I guess I don't really like other people telling me what I should be doing. So, I prefer to make my own decisions and I don't let other people make them for me so um, I am not the kind of person to succumb to peer pressure, so I don't really think that really affects me too much (P9/14/F)</p>	<ol style="list-style-type: none"> 1. Feels strong and capable of making personal decisions about not drinking 2. Will not let others persuade her choices
<p>um yeah because if it's easy to get then its um more desirable I guess cos like it's something really, it's also the other way around, if it's harder to get then it's more desirable but then if it's easy then it's just easy to get then people go oh it's right there and I might as well have some because most parents like store it in the house and it's easy to obtain and then I guess easy to drink yeah (P9/14/F)</p>	<ol style="list-style-type: none"> 1. ease of access enables adolescent drinking 2. more difficult access increases the desirability of adolescents to drink
<p>I think their um parents were kind of just cool with it because I don't think they drank a lot of it (P9/14/F)</p>	<ol style="list-style-type: none"> 1. Parents supply small amounts of alcohol to their kids 2. Some parents have permissive attitudes towards alcohol
<p>um, yeah, I think it could depending on like where it is, like if it's a beach um, I wouldn't recommend drinking because there is the possibility of drowning, if it was a house party, I think it would be a little bit more safe, because it is enclosed, but if it was in a public area, drinking probably wouldn't be a good idea either because anybody could just kind of turn up (P9/14/F)</p>	<p>Non-drinkers consider the safety of the drinking venue</p>
<p>yeah, cos safety is really important cos I don't know once you mess up your life, you can't really go back and so you have to think carefully about what you do before you do it just in case something happens I guess. (P9/14/F)</p>	<p>Safety is an important consideration</p>

<p>but I think they kind of do glorify alcohol in the ads because they want to sell it so they kind of go “oh alcohol is awesome, you should try some of it” and I guess it can influence other people’s decisions because they can see a bunch of people having fun and drinking and kind of want that for themselves (P9/14/F)</p>	<ol style="list-style-type: none"> 1. Adolescents believe alcohol advertisements glorify drinking 2. Drinking is portrayed as a fun activity 3. Adolescents want to be involved in the fun
<p>I guess I try not to let the media sway my decisions or the exposure I have, at one point I was like “yeah I could probably drink’ but I thought about the consequences of drinking a lot and thought “oh maybe it is not such a good idea” (P9/14/F)</p>	<ol style="list-style-type: none"> 1. Non-drinkers resist the messages portrayed in the media 2. Non-drinkers consider the negative consequences associated with drinking
<p>um, I guess making rash decisions, because you don’t really have control of your mind when you’re drunk. Um yeah you just have bad hangovers as well and then sometimes just people do really immature and irresponsible things that affect others as well as themselves (P9/14/F)</p>	<p>Non-drinkers have an awareness of the negative consequences of drinking</p>
<p>oh, and YouTube videos and stuff like that, there are lots of like drinking videos thinking that would be cool to try but I never really thought about doing it a lot (P9/14/F)</p>	<ol style="list-style-type: none"> 1. Drinking is often portrayed as a cool activity on social media 2. Non-drinkers resist what they are exposed to
<p>um, yeah, its mostly just my parents really, they’ve always just sort of always bin, not against drinking, but they’ve never really been for drinking a lot and they never really have drunken a lot so yeah so, they’re probably the biggest thing. (P9/14/F)</p>	<p>Role modelling is important</p>

Data Extract	Coded for
<p>um because I just, I just didn't want to drink the alcohol but there are um, I I haven't seen it myself because most of my friends don't associate with those people but I think there may have been 2 or 3 um parties that I have been to where the um other kids may have been drinking and bought their own alcohol into to the house where we were but um I was never one of those people and if I if I were around those people I would have um I would have rejected it so (P10/16/F)</p>	<ol style="list-style-type: none"> 1. non-drinkers hang out together 2. Non-drinkers resist drinking alcohol at social events
<p>um not like within the families that I was within, like because my parents would have killed me if I were to drink alcohol (P10/16/F)</p>	<p>Parents can influence their children's behaviours</p>
<p>they've kind of sort of said kind of I feel I don't have strong morals in that sense whereas like I would rather I I if I had the option to I would go without it because it just, well first of all it's not me and I think, it's like irresponsible and others, when I see other people around my age doing it, I sort of kind of just feel disappointed and I feel like like in that specific area I might like one level above if that makes sense, just like I made the conscious decision not to do this whereas you're you know you did I sort of just feel like I, it sounds, it sounds arrogant, but I feel like I might be in that just specific like topic of drinking</p> <p>I feel like I might superior to people who will who drink than people who don't if that makes sense (P10/16/F)</p>	<ol style="list-style-type: none"> 1. Non-drinkers think drinking is irresponsible 2. feel disappointed in their drinking peers 3. Non-drinkers feel superior to drinkers
<p>and from what I've tasted, it doesn't taste like anything I would like to put in my mouth (P10/16/F)</p>	<p>Taste of alcohol influences not-drinking</p>
<p>(laughing too) that's one thing, I have talked to my friends who have had drinks there are certain drinks that I would like if I don't want to just taste the the straight like alcohol taste and I am like "ok that's fine, I'll taste that when I'm old enough" um, part of it also comes from the, I'm not sure how true this is or like whether I am missing parts of the information but growing up people always said you know don't drink before it is legal to because you're brain development can like slow down so that like um another reason I don't want to mess up my brain's development and so it's safe for me to you know intake alcohol and not have it do anything drastic</p>	<ol style="list-style-type: none"> 1. prepared to wait until older 2. aware of the negative consequences associated with drinking

<p>to my brain and the other part of it is like the irresponsibility and stuff because being (pause) well I mean being human like when drinking too much alcohol can do serious damage and I don't think I would get that far even if I could. There's also like you know I wouldn't be able to drive, I wouldn't be able to (sl pause) like legally have consent, I am not sure if XXX and stuff like that but there's also the dangers that come with being drunk at night you know if I had to walk home by myself I could go, someone could like I could get kidnapped, I could get murdered and there's all that kind of stuff</p>	
<p>I don't think it's that bad if you're careful about it and in moderation, I personally wouldn't do it but if you're if your being careful and just like yeah if you're being careful and you're not going absolutely insane sure" like if you say if I, like if I was invited to go maybe like a 17th or something, say like if I was invited to go with my friends or to go drink I would if I found a drink that I liked I would probably have one or a maybe half of one but I wouldn't get to the point of actually being drunk , like I would make sure that I didn't go over my any of my limits, that I would not even get close to them, like does that make... (P10/16/F)</p>	<ol style="list-style-type: none"> 1. if drinking, intake would be limited 2. Drinking but not to get drunk
<p>that's what, that's what she was telling me about like when was telling me about like how she used to go with her dad and sometimes that would have a beer and I was like "I mean personally I would never do that but as long as you are not like hurting yourself or making yourself sick or anything, I don't think there's too much of a problem with it" (P10/16/F)</p>	<p>Non-drinkers think drinking safely is ok</p>
<p>um I mean I am not sure if everybody has like self-esteem issues in different areas, but when it comes to taking care of myself, and making sure I don't do stuff like drinking or drugs, I think it's very important for me to, like I I think that I am healthy and I've got strong morals and I want to keep that where it is, like I don't want to have, (sl pause) it also, it also comes down to oh like reputation like you get, like I feel like if you no matter how good at anything you are, if someone finds out that you've been, you've been drunk before, or that you do drugs and you're not of legal age to do so I guess then people could get like disappointed in you and I've, people have been disappointed in me if different areas and when it comes to that I want to be seen as responsible because like maybe she's does this and that but at least she doesn't do this and that,</p>	<ol style="list-style-type: none"> 1. Non-drinkers deem themselves healthy and maintaining health is important 2. drinking can adversely affect your reputation and how others see you 3. want to be seen as responsible individuals

<p>like she's responsible. Does that, does that make sense? (P10/16/F)</p>	
<p>but I've had to wait until I was old enough so like I have my willpowers, one day it's going to happen you just, you know that this is wrong until this certain point just have to, like you'll get there, sort of like that, like stay on this track and don't let anything get you off this track because this track is going to lead you to that thing eventually (P10/16/F)</p>	<p>Patience is important</p>
<p>like if my friends were saying to me "oh yeah you know sometimes I do drink" I'd be like ok well you are still XXX with your life I personally don't approve of it but I can't stop you just do it in moderation, don't get incredibly drunk anytime you can you know space it out please um, my my attitude towards alcohol as of now is no, it has a lot to do with the fact that I don't like the taste and that it isn't, it isn't just like safe or healthy for somebody of my age to do that, um but it's like anything in moderation I guess is ok (P10/16/F)</p>	<ol style="list-style-type: none"> 1. Wants to encourage drinkers to drink safely – moderation is ok 2. Disapproves of drinking during adolescence
<p>but um like for some people like if they have something is like really bothering them they might like just um drink the pain away whatever like if someone (slight pause) is going through (sl pause) like if someone had some sort of really bad traumatic experience if they (v sl pause) if they had access to alcohol, then they probably would because that sort of numbs it a bit. (P10/16/F)</p>	<p>Mental health problems can motivate drinking</p>
<p>Like it is different for every person but for me personally for my for every way I could be healthy I want to be healthy and if that's means you know my friends calling me lame for you know not having alcohol then I guess that's going to have to happen. (P10/16/F)</p>	<p>Non-drinkers choose health despite the response of their peers</p>
<p>but it's like um because I think once you start drinking a lot you get to see the kind of dangers it brings to other people and if that, if you continue to go with it, then that's what you probably need some help and you realise the dangers it's going to bring you if you don't stop is that, I guess that's why a lot of people choose to quit, I am probably rambling, (P10/16/F)</p>	<p>Drinking is associated with adverse consequences</p>

<p>I know a lot of people are relative, like they can be naïve when it comes to what their friends think, ... (P10/16/F)</p>	<p>Some friends can be naïve when it comes to their friends' views about drinking</p>
<p>but when it something I strongly believe in I don't, I wouldn't let my friends change that. Like I've always think, like I, you know, I am a Christian. I do, I do, I do believe in God and stuff and no matter how much my friends told me He wasn't real, it would, it would end up being my decision whether or not He is even if, if I was at a party and my friends were like "have" you know "Darcie have one, you've been so good," in the end it is my decision to decide whether or not I get to and I know that's not the case for everybody (P10/16/F)</p>	<p>Non-drinkers can resist the pressure from friends and peers when they decide to not drink alcohol</p>
<p>cos a lot a lot of people would fall under that pressure and then they'd, they'd end up regretting the next day but I've, I (sl pause) I would rather be (sl pause) embarrassed and be called lame be embarrassed with myself the next day if that makes sense like I wouldn't I wouldn't (v sl pause) let friends influence me on something that ends up being my decision and my decision only (P10/16/F)</p>	<ol style="list-style-type: none"> 1. A lot of adolescents succumb to the pressure to drink 2. An abstainer would rather be seen as lame or embarrassed by their choice than succumb to peer pressure
<p>I have never seen my mum consume alcohol ever and I don't think she ever has in her life maybe she's tried it and she was like, "nah I'm good", I keep asking her and she's like "I'm not a drinker, no way". So she um, she's never had it, she's um, I think she's the main reason because of like as much as, as much as I'm different from her like I do think that she's like something that I do she thinks are irresponsible I think that's one thing that um I don't know, I guess it just like neither of my parents have really drunk around me so it's never been something that I've thought of like er I really want to do because I've never because I know you get a lot of sense of what is right and what is wrong parents and neither of my parents have really done that in front of me and a few times my dad has done that when we've been out at dinner or something but it wasn't at a point that is was noticeable that he was actually really drunk ...</p> <p>so, I guess it's never really affected me or my parents, they haven't really (sl pause) given me a like what it would be like to actually</p>	<ol style="list-style-type: none"> 1. Parent's role modelling influences adolescent to not consume alcohol 2. Parents would be disappointed if child was drinking alcohol

drink alcohol, so it's never really crossed my mind and I've always tried to stay away from it and stuff, it something that my parents have never really showed me

cos like, I think, like I've told her about it before and after my friend and I had the conversation about drinking in moderation. Like I asked her about and she said um "no" and like I know, if I were to do something like that she'd be very disappointed in me. So, I don't. I know she would not want me to. I know my dad doesn't want me to um and I have never really seen them do it ever (P10/16/F)

I know a lot of kids might have a way around that like take some of their parents' or someone has like someone's brother or a sister, buy them some but um I can't, I can't speak for everyone, but I do know that I would like to think that the lazy kids or some of the kids that have been like second guessing themselves once they realised that they would be more than a few steps to get it to have that legal block there and be like "ok yeah whatever I guess we won't" but that's not the case for a lot of people (P10/16/F)

1. Alcohol is accessible to adolescents
2. Parents and siblings supply alcohol to adolescents
3. Making accessibility harder may hamper some adolescent's drinking

um I feel like a lot of people if there was a lot of drinking happening a lot of people would you know sort of allow themselves to drink um I know that, well I mean I don't know because I haven't been to too many parties and again I am not entirely sure if the ones I have been to do include alcohol, I but I feel like if it was the beach or something like in a public place if there was the scare of the police, there would be a lot less because then everyone is getting into trouble (P10/16/F)

1. Some adolescents drink because others are drinking
2. Venue that poses risks in term of getting into trouble means less adolescents will drink

um (sl pause) well I mean the way that it is marketed is towards adults so I guess it's a pretty big sign that anyone who's not an adult shouldn't do that but, there's also the um like the way that it makes it like if you're watching an AFL game or something, a lot of the ads have like oh yeah here is someone drinking alcohol and they are smiling'...and they're like oh yeah that's a good thing so we should probably do that but it always, I notice that it's always an adult in those commercials someone you can tell is a legal adult so we halve the drinking age that's like probably the biggest clue like if you're not an adult, then don't do this (P10/16/F)

1. Non-drinker does not feel the advertisements for alcohol is targeting them
2. Adults are used in advertisements and this should be a sign that drinking is for adults

<p>I mean probably yes a lot of kids would probably be like “I want to do this” and I’m like my friends are; if it looks like it is something fun they’ll want to do their not, like no one tells them the negative for of the commercial, no one says take their time, don’t do this, don’t do that, they’re just like look at what we have, come try this so everyone goes, oh yeah cool this isn’t going to hurt me much, let’s try that (P10/16/F)</p>	<ol style="list-style-type: none"> 1. Some adolescents will engage with drinking because they are persuaded by the advertisements and because it is fun or cool 2. Advertisements don’t convey the negative consequences of drinking
<p>but its I guess it’s different in every culture in the US they really when I lived there too there was really don’t you know like why the hell would you do this? Why would you underage drink, these are all the reasons you don’t, don’t do that guys so but here I don’t think they really give us that message they have like a different lesson or at least not from what I’ve experienced because I have only done school here, school here like this is my second year of doing schooling here (P10/16/F)</p>	<ol style="list-style-type: none"> 1. Abstinence is the message in the US for drinking during adolescence 2. Alcohol education in the US is different to here
<p>they haven’t really said anything here about don’t drink... (P10/16/F)</p>	<p>Alcohol education is different here</p>
<p>I didn’t um, I was sort of, I was kind of shocked and disappointed cos I was like “oh come on your guys like surely you would know better than that” because one of them is um one of them is like the poster girl for good grades you know (P10/16/F)</p>	<p>Non-drinkers can be disappointed by the actions of their drinking peers</p>
<p>like I she’s like, she’s like a student leader and stuff but hearing that I kind of felt like “oh come on you’re smart enough to know that that is not good for you “like we had a conversation about that and I think you could tell that I was awfully disappointed in her and she was like “I’m sorry I can’t explain don’t be disappointed in me” (P10/16/F)</p>	<p>Drinkers don’t want others to be disappointed in their actions</p>

Data Extract	Coded for
<p>that's what is seemed like for most of the people,</p> <p>once I'd turned up just away, um and it seemed like everyone had been drinking before they'd turned up. (P11/16/F)</p>	<ol style="list-style-type: none"> 1. Most adolescents have access to alcohol before they attend social functions 2. they appear to have been drinking before hand
<p>um, well I didn't, it really didn't make much difference to me personally, I didn't feel. I just thought sometimes it's quite funny because some people would just say some things that were quite humorous like one girl started to speak to me in French, and it was just, yeah, I thought I found it quite amusing but there wasn't any problems with it so I personally didn't really mind (P11/16/F)</p>	<p>Non-drinkers are indifferent to adolescent drinkers at parties as long as there are no problems</p>
<p>um, yes, I think there a quite a few people um and I know there are quite a few people as well who when they go to parties and stuff they don't get drunk but they do have permission from their parents to have maybe one or two drinks just to so they can you know blend in a little bit um but it's always safe and they don't go too over the top (P11/16/F)</p>	<ol style="list-style-type: none"> 1. Drinking is deemed a normal activity when socialising 2. Drinking is endorsed by parents, so their children blend in
<p>I think just because I have made a personal decision and I think I don't really want to drink just because of all the effects it could have on my brain and stuff and they always talk about yeah because teenagers' brains are still kind of develop and I just figure I'm at the stage where I don't really want to put myself at any risk, that could one, potentially hurt my brain but also just the fact where I wouldn't be in complete control of myself and I just figure there are, there are people around me normally it's a, it is a genuinely safe environment and there's nobody who's trying to kind of force me to do anything but I think just because it's a decision that I have made by myself, I figure it is something I am going to stand by and um, yeah, I think, it's just important to me to stick with my decisions I have made (P11/16/F)</p>	<ol style="list-style-type: none"> 1. Non-drinkers are aware of the negative consequences of drinking 2. Non-drinkers are influenced by the negative consequences associated with drinking 3. safety is an important consideration 4. Non-drinkers want to remain in control of their situation at all times 5. make a personal decision about abstinence

	and are prepared to stand by their decision
where um, and they've always been talking at school about, showing videos and stuff and saying like the effect it has on our brains, and most people ignore that, they don't really care, I think I've kind of always thought I am generally kind of someone who doesn't want to break the rules, I don't go around and see that there the rules so I must to break it (P11/16/F)	<ol style="list-style-type: none"> 1. abstainers do not ignore the negative effects associated with drinking 2. Abstainers will confirm with rules of alcohol consumption
um but I think even by then I'd already decided, I never thought I was going to start drinking early but it kind of just made me think not, it didn't scare me, but it just thought, I made me think it was quite stupid and I don't understand why anybody would do it (P11/16/F)	Abstainers do not understand why young people drink to get drunk
which I think is part of the reason why some people feel like they want to make their own decisions and go off and drink (P11/16/F)	Boundaries may lead to drinking
which I think is more important and so if it's something I have decided on myself I want to stick to it (P11/16/F)	Personal decisions about not drinking are easier to stick to
I mean I just know that I'm yeah, I've never been someone who wants to try and fit in and do what's cool, (P11/16/F)	<ol style="list-style-type: none"> 1. Non-drinkers do not feel like they have to conform 2. Drinking is deemed a cool activity
I am always someone who like goes along with whatever I feel is right for me and I think	1. Personal decisions are made on what feels right to an individual non-drinker
it's also the group of people I surround myself with (P11/16/F)	2. Non-drinkers seek surround themselves with

	other non-drinkers socially
they've never pressured me into doing anything and they are completely understanding and so they wouldn't I think because they wouldn't push me into doing anything. I've kind of just grown up in an environment where I'm happy to just do my own thing and there's been no pressure to fit in with anyone else (P11/16/F)	<ol style="list-style-type: none"> 1. Non-drinkers do not pressure other adolescents to drink 2. grown up in an environment where can make and live by personal decisions
um, well, I am someone who, I just think, yeah, I don't completely understand why people, I get why some people might want to have just one or two drinks, but I don't really understand the fun of why people would get drunk all the time (P11/16/F)	Non-drinker cannot understand why other adolescents drink to get drunk
and but I am not someone who thinks it's a sin and completely hates it. I just think I've made my own decisions and I'm happy for everyone else to make their own decisions as well um, I'm not going to judge people and I don't care if other people decide to drink (P11/16/F)	Non-drinkers will not judge the decisions of other adolescents
it's just that I have made my own decision and I am happy for them to do whatever they want and whatever they feel is best for them as long as it's, as long as they're being safe (P11/16/F)	Judgement is based on drinkers' safety not being compromised.
like the kids who are, um the people who are ghost-riders the popular kids, they're the ones who always seem to be drinking and getting really drunk (P11/16/F)	Drinking and getting drunk is a social activity for the cool kids
and I think people who are in that friendship group, would probably feel a bit pressured to and it also depends on yeah, the type of people that you're friends with. If you are trying to fit in all the time, then you might have the constant pressure to be doing things to keep up with them which might mean you start drinking. (P11/16/F)	Trying to fit into a cool group could be the pressure that leads to drinking – conforming behaviour

<p>whereas other friendship groups like mine, um there's no pressure to try and keep up and fit in with everyone because you're kind of all equal and it doesn't really matter, we don't need to try and fit in because we just XXX ourselves and it doesn't really matter and nobody, yeah, we don't feel the pressure to kind of keep up (P11/16/F)</p>	<ol style="list-style-type: none"> 1. No hierarchy in the social group of non-drinkers 2. Equality means there is no pressure to conform to drinking behaviour
<p>in terms of just what I would think it would be is quite a bit lower because it seems like they're constantly trying to fit in – it's like they don't get enough appreciation for who they are in the first place (P11/16/F)</p>	<ol style="list-style-type: none"> 1. Non-drinkers believe drinkers have lower self-esteem than drinkers 2. drinkers are not accepted for who they truly are in their social group and it lessens their self-esteem.
<p>people obviously have the freedom of just going around and doing whatever they want. But then also if they're too strict, which they sometimes, it also depends on the fact that sometimes they feel like they are being restrained and they want to just break the rules of the parents and show that they can</p> <p>go and do it, and so I think parents need to have the right balance where they kind of just um, I think what's really good with my parents is that they don't say to me "you're allowed to do this, don't do that "</p> <p>they, they talk about an issue and have a bit of a discussion, so we can come to a mutual understanding, which does make a big difference because it means you're able to express your own opinion and you don't feel like anyone is forcing you to do anything (P11/16/F)</p>	<p>Parenting style can influence adolescents' drinking</p>
<p>just because of how many people um do um do drink (P11/16/F)</p>	<p>Impression is that many adolescents do drink</p>

<p>their older siblings will go out and buy alcohol for them (P11/16/F)</p>	<p>Older siblings will purchase alcohol for adolescents</p>
<p>um and um sometimes I think people might even like if their parents have kept wine or something stashed away then they might find that or something and have a bit of a drink (P11/16/F)</p>	<p>Adolescents will resort to taking their parent's alcohol</p>
<p>um other times I think people just find a lot of ways around it and most of the times, it's just through connections of other people (P11/16/F)</p>	<p>Drinkers will use a variety of ways to access alcohol</p>
<p>um, I don't think, it doesn't really make a difference, (pause) yep (P11/16/F)</p>	<p>Accessibility does not influence an adolescent's decision to not drink</p>
<p>um have a drink. So, I think there are some people who would do everything in their power to try and get their hands on some whereas there'd the other people who aren't too fussed but if it's there they figure why not they may as well have a drink</p> <p>so, I think if it wasn't as easy to access there probably wouldn't be as many people drinking, but I think there still would be some people who would find a way, to find a way around it. (P11/16/F)</p>	<p>Alcohol is accessible, and it does influence drinking</p>
<p>they might just figure they can try a little bit cos they think it might not make much of a difference as there is nobody there watching then they won't get in trouble (P11/16/F)</p>	<p>Venues that lack supervision only influences the choices for drinkers not non-drinkers</p>
<p>um I don't think so, like I can see why sometimes why the marketing, especially in terms of the sporting events and the footy and just the amount of ads and yeah, the amount of advertisements that come on the TV, mainly promoting beers and all those types of things that er you know that have now become part of the culture</p>	<ol style="list-style-type: none"> 1. Marketing of alcohol at events like sport enable it to become part of the drinking culture 2. Drinking is normalised because of the exposure it attracts

<p>it seems like it's more of a natural thing um and so I think sometimes that could make a bit of a difference because s it is seen around everywhere and so it just kind of, yeah it seems more natural for when people decide to start drinking. Um yeah (P11/16/F)</p>	
<p>I think just because it's like I think the advertising and stuff has been around for so long that I haven't really taken that much notice of it, I've just got used to it. Um but it hasn't, I don't think is made much of difference for me</p>	<p>Non-drinkers don't take notice of the advertising</p>
<p>alcohol? Um, no there doesn't really seem to be, like sometimes you'll just see pictures form my year level who like sometimes they'll post pictures of them drinking (P11/16/F)</p>	<p>Adolescents use social media to post pictures of themselves drinking</p>
<p>um yes, I think so because it seems that most of the time um I think the reason why people decide to drink is just for a bit of fun and so when they're at parties and stuff they just drink as much, because they, I think it puts them at ease and they enjoy themselves more (P11/16/F)</p>	<ol style="list-style-type: none"> 1. drinking alcohol is associated with fun 2. drinking enables adolescents to be at ease and enjoy themselves more when socialising
<p>I don't really understand it but I do think that its viewed as a form of enjoyment and it seems people are a lot more happier and stuff although I don't think it lasts very long, um so I think they do generally they do tend to go together and people think yeah when they think of alcohol, they think of enjoyment and its having a good time. (P11/16/F)</p>	<ol style="list-style-type: none"> 1. Adolescents see drinking as a form of enjoyment 2. Non-drinkers do not understand how drinking is associated with fun and having a good time
<p>yeah, well I don't really I think for some people they think it makes it more enjoyable but I don't, I just don't really understand that and so it is kind of put together but um I don't, it's kind of strange because I do actually kind of think of them together but kind of not for me because when I do go to places where there'll be alcohol around, it just not something that I can that I can chose (P11/16/F)</p>	<p>Despite the association of drinking alcohol with fun, non-drinkers</p>

<p>and I figure it doesn't make much of a difference for me because I am still going to go and talk to people have a laugh have a bit of a dance... and I don't really need any alcohol in me to still have fun... I figure I am having fun in the first place; I don't really need anything else to make it better (P11/16/F)</p>	<ol style="list-style-type: none"> 1. Non-drinkers will still be able to engage in activities when they socialise 2. Non-drinkers do not require alcohol when socialising
<p>um (pause) that's a good question because it's not like um, the people who, well I think often we're pictured the people in society who are quite unhappy and might have a few mental health problems are the ones who end up drinking more... and so sometimes that might happen the people who are um yeah who are more unhappy will drink more but there are quite a few people who don't seem like they have any um mental health issues or anything who do drink quite a lot so I think it does, you do have to have some a fair bit of like mental strength to be able to just decide that you don't want to drink anything so it does take a bit of I don't know willpower and strength...to make that decision (P11/16/F)</p>	<ol style="list-style-type: none"> 1. Mental health issues is not always a reason why adolescents drink 2. Willpower and strength are useful when deciding to be a non-drinker
<p>but I don't think that its necessarily people who have got bad um who aren't very strong mentally or physically who decide to drink because there's, it's just, there's so many different people who decide to drink and I think um, yeah quite a lot of people they, they'll just drink with their friends which they normally don't, which means that yeah, they normally wouldn't have any mental problems because they just they're just having a drink with their friends but sometimes I think if people get into the habit where they start drinking alone, I think that's where um might into some problems because they start getting, they'd become an addict (P11/16/F)</p>	<ol style="list-style-type: none"> 1. Friends influence others to drink 2. drinking can be habit forming until an addiction develops
<p>but then there are quite a lot of people who don't fit into that category...but still decide to drink for a bit of fun (P11/16/F)</p>	<p>Adolescents drink for fun</p>
<p>though quite a lot of it does depend on the person and um the decisions in terms of the decisions that they make and um yeah, I think people who have lower self-esteem are probably more likely to drink (P11/16/F)</p>	<p>Adolescents with lower self-esteem are likely to be drinkers</p>

Data Extract	Coded for
<p>ah there's a large variety, and it also depends on the party but there are quite a few people who do drink a lot (P12/17/M)</p>	<p>Adolescents drink large quantities of alcohol at parties</p>
<p>um not too bad, I think there, quite a few of my friends drink and quite a few of my friends don't drink so um, its, there's not as not as much of a pressure to drink as I would have expected (P12/17/M)</p>	<p>Has not felt the pressure to drink when socialising</p>
<p>um I think in, I think parties are generally controlled environments and its so most kids who are underage will not be drinking...</p> <p>and I think that means there's a larger proportion of people who are sober which makes it less enticing to drink (P12/17/M)</p>	<ol style="list-style-type: none"> 1. Most adolescents younger than 18 will not drink at controlled parties 2. at parties, large numbers of non-drinkers will encourage others to not drink
<p>ah yes, some of them have um but generally yeah, I will, I'll say no because ah I'm underage so...</p> <p>ah yes and my parents do not approve (P12/17/M)</p>	<p>Age and parents' approval important motivators for not drinking</p>
<p>um, I think if you are comfortable with the way people see you and comfortable that your own decisions won't impact on how you are viewed by others and your less likely to succumb to um drinking at a younger age because I feel like most people who drink at a young age are trying to look cool, or fit in or whatever they feel like and that could be um due to a low self-esteem (P12/17/M)</p>	<ol style="list-style-type: none"> 1. Being comfortable with decisions enables abstinence 2. Adolescent drinkers are motivated to drink to fit in or look cool 3. Adolescent drinkers have lower self-esteem
<p>um not overly because a lot of my friends don't drink so, ah didn't drink when they were 17 and have recently turned 18 and so I didn't feel the need to, I didn't feel that (pause) being a drinker would</p>	<ol style="list-style-type: none"> 1. Non-drinkers hang together and therefore

<p>make me cool even if it was anything like that but I don't think that's self-esteem and more just lack of peer pressure (P12/17/M)</p>	<p>there is no pressure to drink</p> <p>2. Non-drinkers don't believe drinking will make them appear cool</p>
<p>um (pause) um yes, I think that if you have stronger resilience you'll less, you're going to be more confident in yourself because there are people with low self-esteem that are more likely to give up easier because they don't trust that they can ah do what they're trying to do (P12/17/M)</p>	<p>Resilience and self-esteem are important factors when it comes to not drinking</p>
<p>um because I think that if you, you do have to keep um, making, sticking with not drinking, you do have, even though other people do, and you see it happening around you and you have to not like give in to the like drinking culture that is around you (P12/17/M)</p>	<p>Resilience is an important factor for not drinking</p>
<p>um, I think a lot of people will go out with friends or go out with um will go out um partying and either they have their parent's approval which um lets them drink (P12/17/M)</p>	<p>Parents permissiveness facilitates drinking</p>
<p>ok um people go out a bit more and they either have their parents' consent to drink at stuff like parties or they can have their 18-year-old friends buy alcohol for them because when you're 17 you have more 18-year-old friends than when you're of a younger age...(P12/17/M)</p>	
<p>um, I think a lot of people think that alcohol will make an event more fun and more enjoyable. I think a lot of people believe that by getting drunk, it will mean they enjoy themselves more (P12/17/M)</p>	<p>1. Drinking is associated with having fun</p> <p>2. adolescents enjoy themselves more when drinking</p>
<p>um that depends very much so on the person, I think a lot of people will um keep doing it and not really care about the um consequences and then a lot of people will think er ok this is how much um if I</p>	<p>1. Adolescents drink to get drunk</p> <p>2. drinkers do not consider the</p>

<p>drink this much this will cause problems, so I need to make sure I drink less. (P12/17/M)</p>	<p>consequences associated with drinking</p>
<p>um, er, someone I knew, not someone I was, someone I knew not someone I'm close with...passed out while drinking...that kind of made me a little more reluctant to drink (P12/17/M)</p>	<p>The negative experiences of others influence abstinence</p>
<p>ah I just think that it's just not a very like good look to be...um it's not (pause) it's not a healthy and it's not a good look socially...passing out (P12/17/M)</p>	<p>The way others perceive your actions can influence abstinence</p>
<p>I think mental health does definitely, I think people, especially sufferers from depression and anxiety are more likely to drink from the people that I know... um because I think they feel it will, temporarily um negate their um their, their whatever they're suffering from (P12/17/M)</p>	<p>Mental health influences drinking</p>
<p>um, I think if people have parents who are heavy drinkers and there's a strong alcohol culture within their families, they're more likely to drink at younger age and drink in larger amounts but if you have parents who are either non-drinkers or who don't or might drink just like one glass of wine with dinner or something (P12/17/M)</p>	<p>The role modelling of parents is an important factor for alcohol</p>
<p>I think it's less the disapproval but more that they, I think, I think it's not that they'd be upset, but more that they'd say not to do it, so I am less inclined to do it (P12/17/M)</p>	<p>Abstainers are more likely to obey parents who counsel their children not to drink</p>
<p>um yes I think because that they just figure um that I am um underage...better to wait until you're 18 and even though I am very close to being um 18 now...I still wouldn't be able to drink now cos especially not in year 12 that's also another big point, drinking during important school um important school year it's probably not the best decision (P12/17/M)</p>	<p>Age and stage of life are important factors for not drinking</p>
<p>ah very high I think if you have, I think if all your friends drink then, um unless you have very strong willpower um then you're most</p>	<p>1. Drinkers influence drinking</p>

likely going to end up drinking especially if its prevalent at um all your friends get-togethers and stuff like that but so and I think just in general if um you don't have those around you who are also not drinking then you are going to end up drinking (P12/17/M)	2. Strong willpower is required to resist drinking
well yeah, I think like we get offered drinks less and we get, alcohol isn't as prevalent in our social lives as it is in other people's because most are like, not most but a good proportion of us don't drink (P12/17/M)	Alcohol is less prevalent in the social lives of non-drinkers
um yes I think, I think if you're in an area that just supervised by adults then you're more likely to be a non-drinker but if you're out with friends and there's no like there's no one really enforcing that whether you can drink or not or whether um yeah if there's if there's less people enforcing it you're more likely to um drink (P12/17/M)	Supervision at parties negates drinking
yes, usually because they have their parent's approval (P12/17/M)	Parents' approval promotes the drinking of large quantities of alcohol
um, I think I think it's easy if you are about 17, (P12/17/M)	Alcohol is accessible to adolescents
um, yes, I think it's more alcohol present, more alcohol around, you're more likely to drink (P12/17/M)	Accessibility promotes drinking
I think more so with television ads...ads during sport especially when you know the young audience (P12/17/M)	Alcohol is advertised at times when a young audience is viewing
ah, I don't think so (P12/17/M)	Advertising does not influence the decisions of a non-drinker

<p>I think it starts to give off the vibe that drinking is what, (pause), it's, its what men go out to do when they're with their friends, that what men do when, it's just a very, its, it I think it gives a large vibe if you're a man you should be drinking (P12/17/M)</p>	<p>Advertising during sporting events provides a sexist view of male activities</p>
<p>but I don't think that really, that might influence other people, but it doesn't influence um my decision very much because I think it's more like, it does promote it as if like for adults sort of thing which I am not sure how that resonates with other people though (P12/17/M)</p>	<p>Advertising does not influence a non-drinker because it does not resonate with the age</p>
<p>ah because I think a lot of people who, a lot of people drink to try and fit in or try to be cool and I think there is a strong association between um being cool and drinking alcohol (P12/17/M)</p>	<ol style="list-style-type: none"> 1. Drinking enables adolescents to fit in and be cool 2. There is a strong association between being cool and drinking alcohol
<p>I don't think it really matters (P12/17/M)</p>	<p>Being cool doesn't matter to an abstainer</p>