How to best support young people who are concerned about their drinking

Youth2000 Survey Series

Research report commissioned by the Health Promotion Agency

Adolescent Health Research Group, the University of Auckland

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The HPA commission was managed by Sarah Helm (Youth Manager), Njela Sharrock (Youth Manager) and Dr Sarah Wright (Researcher).

The Youth’07: Young People and Alcohol report (2011) commissioned by the Alcohol Advisory Council of New Zealand (ALAC) found that there were a number of students who were worried about their drinking practices and that some of these had tried to cut back or give up. Concerned to learn more and to understand how to best support these young people ALAC (now HPA) commissioned the Adolescent Health Research Group (AHRG) to explore the Youth’07 survey data further. A qualitative study was also undertaken to canvas young people’s experiences of what assists them and what doesn’t in managing their alcohol consumption.

This report presents the findings of the two studies which will be highly valuable to policy makers and practitioners who work with young people with alcohol issues. It identifies who, among young people, are most likely to be concerned about their drinking and why. The report also finds that there are a number of social, cultural and contextual factors in young people’s lives that contribute to successful alcohol management.

REVIEW:

Reviewed internally at HPA by Dr Sarah Wright, Researcher; Rebecca Gray, Researcher

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The research team members who implemented the survey in participating schools. Their names are listed under ‘Our Team’ at www.youthresearch.auckland.ac.nz
The Youth07 team, led by Simon Denny, and the Youth2000 team, led by Peter Watson.

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Executive Summary

Introduction
This is the final report associated with a study conducted by the Adolescent Health Research Group at The University of Auckland of young people who expressed concern about their own, or a friend’s, alcohol consumption and/or who had tried to cut down or abstain from drinking alcohol. The study was commissioned by the Health Promotion Authority (HPA).

Background
The origins of the study lie in the report, *Youth’07: The Health and Wellbeing of Secondary School Students in New Zealand: Young People and Alcohol* (2011) commissioned by the Alcohol Advisory Council of New Zealand (ALAC), which highlighted that 10.7% of students who were current drinkers were worried ‘sometimes’ or ‘a lot’ about how much they drank and 12.3% had tried to cut down or give up.

ALAC, now the HPA, sought further understanding of young people who are concerned about their drinking and how best to support them to cut down or give up. This involved further interrogation of the survey data and a qualitative study designed to complement the survey findings and to gain young people’s insights into barriers and facilitators to managing alcohol consumption. It is anticipated that such information will be useful in informing the design and delivery of effective programmes and the development of appropriate policy.

Project Purpose and Aims
The purpose of the current project was to further understand the group of young people represented in the *Youth’07 Young People and Alcohol report* who identified as either being concerned about their drinking and/or who had tried to cut down or give up drinking alcohol (Adolescent Health Research Group, 2008).

The specific aims were to:
1. Gain further insight and information about youth who may be ready for, or are actively seeking, interventions that will support them to successfully reduce or quit their drinking.
2. Gather data that will assist in the development of targeted interventions and programmes for this group of young people, as well as informing relevant policy work.

Methods used
A mixed methods research design involving both qualitative and quantitative approaches was utilised to meet the aims of the project. The quantitative arm of the study involved further interrogation of the Youth’07 data focusing on contextual factors associated with wanting to reduce and/or give up drinking. The qualitative arm of the research project involved interviews and focus groups with young people who were currently concerned or had been in the past, about their own or a friend’s drinking and/or had attempted to cut down or give up drinking.

This phase of the study was specifically designed to understand:

- Why young people were concerned about their drinking
- The personal characteristics and motivations of those who had succeeded in making changes to their drinking behaviours
- The barriers and facilitators to reducing or giving up alcohol use
- What aided young people’s ability to maintain behavioural and attitudinal changes towards alcohol consumption.
The Quantitative Phase

The original analyses from the Youth’07 survey found that, depending on the definition under consideration, 29% of students who were current drinkers reported being worried about their drinking or attempting to cut down or give up drinking (Adolescent Health Research Group, 2008b). In this study, the analyses focused on describing and exploring the significance of demographic and contextual characteristics associated with self-reported concerns about their use of alcohol by current drinkers in the Youth’07 survey.

Characteristics of the sample

Sixty one percent (n=5,018) of all students responding to the Youth’07 survey indicated that they currently drink alcohol. There was no significant difference in the proportion of males (60.8%) and females (60.3%) who reported being current drinkers. The proportion of students who were current drinkers increased across the age range, from 37.5% at age 13 or less, to double that, 75.9%, at age 17 or older. Higher proportions of students in low and medium deprivation neighbourhoods (i.e. more privileged students with regard to their socioeconomic status) were current drinkers compared with those in higher deprivation neighbourhoods. Asian and Pacific students were least likely to be current drinkers and Māori and NZ European students most likely to be so. Of those students identifying as current drinkers, 24.2% reported being worried about their own drinking and 12.3% had attempted to cut down or give up drinking. Acknowledging that these two categories do not overlap completely, the collective responses to these two aspects indicate that 29.0% of students were concerned about their drinking.

Key findings

The main findings of the quantitative phase found that the groups who were worried about their drinking or attempting to cut back on their drinking (collectively, those ‘concerned about their drinking’) had the following characteristics:

- There was no significant variation by gender or age.
- There were significant variations by ethnicity and socioeconomic status. The patterns of responses to these questions suggested that among current drinkers, NZ European and Other students were least likely to report being concerned about their drinking while Pacific and Māori students were most likely to be worried.
- Young people living in neighbourhoods of high deprivation (NZDep8–10) were more likely than their counterparts in less deprived (i.e. socioeconomically wealthier) neighbourhoods to report being concerned about their drinking.
- Almost a third (31.9%) of current drinkers who worried about how much they drink reported having tried to cut down or stop drinking, while a considerably smaller proportion (6.1%) of those who were not worried had also attempted to cut down their drinking.
- Most of the current drinkers indicated that they drank alcohol to enjoy parties. Drinking to relax, to get drunk, to forget about things, because their friends did, to enjoy parties, and to make them feel more confident, was reported more commonly by students who were concerned about their drinking, than those who were not.
- Among current drinkers, those who were concerned about their drinking were significantly more likely to have reported having other alcohol-related problems in the previous 12 months (such as doing things that would get them into trouble, having their school performance affected, being injured, drink driving, and having unwanted and unsafe sex) than those who were not concerned.
- Controlling for individual demographic factors including age, gender, ethnicity and socioeconomic status, the odds of being concerned about their drinking was higher among current drinkers who reported binge drinking or having suicidal thoughts.
- Positive connections to school, spiritual beliefs and having plans for after school were also associated with increased odds of being concerned about drinking.
- Young people who were concerned about their drinking were significantly more likely to report experiencing difficulties accessing care from health professionals in the previous 12 months and having difficulty getting help with alcohol or drug problems.
The Qualitative Phase

Focus group discussions and face-to-face interviews were conducted with 99 young people from seven large urban Auckland secondary schools that ranged in decile from 3 to 10. All participants were 16 years or older and in Years 12 or 13. Almost an equal number of males and females participated.

The sample was ethnically diverse with ‘Pacific Island’, ‘Indian’, ‘Pākehā/NZ European’ making up almost two thirds of the sample (64%). Māori constituted 7% of the sample.

Key findings

• Young people identified a variety of concerns around drinking. These fell into three main categories: social, cultural and contextual influences; health-related consequences of drinking; and other negative consequences.

• Peer pressure and pressure to be part of the group were major influences on young people’s drinking habits.

• According to the young people, those who had successfully managed their drinking were able to learn from experience (their own or others) and resist peer pressure. They possessed maturity, self-confidence, insight, mental strength and determination.

• The existence of a culture in which drinking excessively is seen as acceptable was seen to have a negative impact on how young people were drinking.

• Although young people were aware of some health risks associated with drinking and other negative consequences, they did not believe adequate information was available to fully inform them of all the risks.

• Peer and family support was seen as central to reducing or quitting alcohol consumption. With regard to the latter, positive parent-child relationships were considered key to managing one’s drinking successfully.

• Strategies that had proved helpful for young people included substituting alternative activities in place of drinking or taking up activities that were not conducive to drinking, such as engaging in sport.

• Awareness of incidents involving alcohol that shocked young people had an influence on their alcohol consumption, reducing the amount that they drank for a time.

• Potential facilitators identified included the provision of information on the risks and consequences of drinking, the provision of speakers or media campaigns to provide such information, the provision of alternative activities such as alcohol-free events, support services and alcohol restriction.

• Supports to assist maintenance of alcohol reduction included providing ongoing peer support and encouragement to participate in alternative activities.
Summary and Implications

This study adopted a mixed methods approach in order to better understand young people who are concerned about their consumption of alcohol and to explore attitudes and beliefs about the sources of, and solutions to, problem drinking. A strength of the study, which speaks to the validity of the findings, is the concurrence between the samples for the two arms of the study. Voices of the groups identified in the quantitative study as being concerned about their drinking were represented in the focus groups and interviews.

The findings of the study suggest a need to focus our efforts in five areas: managing social/peer pressure; provision of appropriate education on alcohol use; addressing the pervasive messages around alcohol and its accessibility; facilitating family support; and access to appropriate support services.

Managing social/peer pressure

Data from both arms of the study point to the urgent need for specific interventions to cope with social pressure to consume alcohol, often to excess. It is not surprising that the survey showed that young people concerned about their drinking were doing that drinking with friends, given the weight of peer pressure experienced by the young people in the focus groups and interviews. Repeatedly, young people gave examples of instances where they felt pressured to drink, often to excess, or risked being socially excluded. Young people in the study did put forward some ideas that could be expected to help combat pressure to drink. These included the provision of alcohol-free activities such as concerts, youth groups and peer support groups for those trying to cut down or quit. A specific form of social pressure identified by the young people was that of the pervasive presence of alcohol in society. They also described the incongruence apparent in some of the television advertisements specifically aimed at reducing drinking where, at the same time as a serious anti-drink message is being conveyed in the foreground, there are people in the background drinking and having a good time.

Appropriate education on alcohol use

A comparative lack of opportunity to learn about the health risks associated with alcohol use, possibly due to the ‘normalisation’ of alcohol use by society, was highlighted by participants. Consulting young people about their information needs and how they would like this information delivered could be a relatively simple and low cost step in supporting young people concerned about their drinking. In addition, positive connections to school and having goals for the future were associated with increased odds of worrying about alcohol consumption. This suggests that in addition to providing health promoting messages, schools that provide supportive and caring relationships with a focus on academic achievement may be important catalysts for supporting young people to quit or cut down their alcohol use. Moving the focus toward youth development approaches that focus on competence, achievement and positive environments seems to be a preferred approach for alcohol education among young people.

Addressing the pervasive messages around alcohol and its accessibility

Young people expressed firm opinions about the content and form of messages they believed would impact on them with respect to drinking, which suggests that consulting young people about further campaigns could be beneficial to their ultimate success. Similarly, young people believed that ease of accessibility was a big factor in their ability to control their drinking. In every focus group, young people spoke of their concern at the number of liquor outlets in their neighbourhoods, the affordability of alcohol and how easy it was to procure even if you were underage. Such findings point to the need for intervention at a political level, i.e. local and national government.

Facilitating family support

Young people believed strongly that both a laissez-faire attitude and a highly restrictive parental attitude towards drinking were counterproductive. Positive connections to family/whānau, spiritual beliefs and having future plans were also associated with increased odds of being concerned about drinking. While parenting programmes for parents of adolescents are comparatively rare, these findings suggest that access to programmes that offer parents guidance on how best to support their young people to manage their drinking behaviour, engage in education and have future long-term goals would seem important.
Access to appropriate support services

Students who were concerned about their drinking were significantly more likely to report experiencing difficulties accessing care from health professionals in the previous 12 months and having difficulty getting help with alcohol or drug problems. Students’ ambivalence towards drug and alcohol services was evident, with a preference for getting support from peers and family. Health professionals and alcohol treatment services must engage peers and families to facilitate access to care and education. These findings, alongside the higher levels of self-reported concerns about drinking expressed by several disadvantaged groups (e.g. Māori and Pacific students, and those in more socioeconomically deprived situations), suggest important unmet needs for services and intervention strategies that require particular attention.

In conclusion, this study sought to provide a better understanding of those young people who are concerned about their drinking and who are trying to cut down or quit. This study has uncovered a wealth of information about both the challenges and possible ways to intervene and support the efforts of young people to cut down or quit their alcohol use. Importantly, these insights have come from the young people themselves, have given them voice and the opportunity to identify their issues and propose the solutions themselves.
Introduction

This is the final report associated with a study conducted by the Adolescent Health Research Group at The University of Auckland of young people who expressed concern about their own or a friend’s alcohol consumption and/or who had tried to cut down or abstain from drinking alcohol. The study was commissioned by the Health Promotion Agency (HPA).

Background

The origins of the study lie in the report, *Youth’07: The Health and Wellbeing of Secondary School Students in New Zealand: Young People and Alcohol* (2011) commissioned by the Alcohol Advisory Council of New Zealand (ALAC), which highlighted that 10.7% of students who were current drinkers were worried sometimes or a lot about how much they drank and 12.3% had tried to cut down or give up. While there is acknowledgement that there have been positive trends towards non-drinking since the youth survey in 2001, there is strong evidence to back more direct approaches to support and limit the individual and collective damage associated with alcohol consumption amongst NZ youth (Adolescent Health Research Group, 2004).

ALAC, now the HPA, sought further understanding of young people who are concerned about their drinking and how best to support them to cut down or give up. This involved further interrogation of the survey data and a qualitative study designed to complement the survey findings to gain young people’s insights into barriers and facilitators to managing alcohol consumption. It is anticipated that such information will be useful in informing the design and delivery of effective programmes and the development of appropriate policy.

Project Purpose and Aims

Project purpose

The original analyses of the Youth’07 data found that, depending on the demographic under consideration, up to 29% of students who were current drinkers reported being worried about their drinking or had or were attempting to cut down or give up drinking (Adolescent Health Research Group, 2008b). This was reported more commonly by students who identified as being of Māori or Pacific ethnicity and those living in more deprived neighbourhoods. This preliminary finding was considered of particular interest in light of a range of public health approaches that ALAC was engaged in or advocating. Thus, the purpose of the current project was to further understand the group of young people represented in the *Youth’07 Young People and Alcohol* report who identified as either being concerned about their drinking and/or who had tried to cut down or give up drinking alcohol (Adolescent Health Research Group, 2008b).

Aims

The specific aims were to:

1. Gain further insight and information about youth who may be ready for, or are actively seeking, interventions that will support them to successfully reduce or quit their drinking

2. Gather data that will assist in the development of targeted interventions and programmes for this group of young people, as well as informing relevant policy work.
Methods Used

A mixed methods research design involving both qualitative and quantitative approaches was utilised to meet the aims of the project. The quantitative arm of the study involved further interrogation of the Youth’07 data focusing on contextual factors associated with wanting to reduce and/or give up drinking. The qualitative arm of the research project involved interviews and focus groups with young people who were currently concerned, or had been in the past, about their own or a friend’s drinking and/or had attempted to cut down or give up drinking. This phase of the study was specifically designed to understand:

• Why young people were concerned about their drinking
• The personal characteristics and motivations of those who had succeeded in making changes to their drinking behaviours
• The barriers and facilitators to reducing or giving up alcohol use
• What aided young people’s ability to maintain behavioural and attitudinal changes towards alcohol consumption.

The report presents the details and results of both phases of the study in separate chapters. This is followed by a discussion chapter in which the findings from both phases are synthesised and conclusions and implications drawn.
The Quantitative Phase

Introduction

The original analyses of the Youth’07 survey found that, depending on the definition under consideration, 29% of students who were current drinkers reported being worried about their drinking or attempting to cut down or give up drinking (Adolescent Health Research Group, 2008b). This was reported more commonly by students who identified as being of Māori or Pacific ethnicity and those living in more deprived neighbourhoods. This preliminary finding was considered of particular interest for the range of public health approaches that the Alcohol Advisory Council (ALAC) was engaged in or advocating.

It became evident that Youth’07 provided a valuable opportunity to explore the extent to which socio-demographic characteristics, drinking patterns, alcohol-related problems and a variety of potential risk and protective factors could increase (or decrease) the likelihood of self-reported concerns regarding drinking in a nationally representative survey of secondary school students in New Zealand. ALAC subsequently commissioned a more detailed analysis of the survey to investigate these relationships, alongside a broader and more in-depth qualitative analysis that complements this analysis.

This section of the report represents the quantitative component focusing on the respondents to the Youth’07 survey.

The Youth’07 survey

Youth’07 was the second in the Youth2000 series of national secondary school student surveys in New Zealand conducted by the Adolescent Health Research Group from The University of Auckland. The large cross-sectional survey was designed to explore the health and wellbeing of young people aged approximately 13 to 18 years attending mainstream schools and was conducted between March and September in 2007. The New Zealand Ministry of Education database was used as the sampling frame to obtain a representative sample of secondary school students. Of the 115 randomly selected secondary schools, 96 (83.5%) agreed to take part in the survey. From each participating school, 18% of students were randomly selected and invited to participate in the survey. In schools where this proportion would result in small numbers of participants, 30 students were randomly selected to participate, to avoid identification of students. Of the 12,549 students invited, 9,107 (72%) participated in the survey, representing 3.4% of the total New Zealand secondary school roll. Further details pertaining to the conduct of the Youth’07 survey are described in previous reports (see Adolescent Health Research Group, 2008b).

Definitions, key terms and analysis variables

In this study, the analyses focus on describing and exploring the significance of demographic and contextual characteristics associated with self-reported concerns about use of alcohol by current drinkers in the Youth’07 survey.

Current drinkers were defined as students who noted:

(a) they had drunk alcohol at some point in their lives and

(b) in a subsequent key indicator (‘During the past 4 weeks, about how often did you drink alcohol?’), did not respond, ‘I don’t drink alcohol now’.

Students screened as current drinkers were asked questions about whether they worried about how much they drank, or had ever tried to cut down or give up drinking alcohol. Those who responded affirmatively to either of these questions were defined as students who were ‘concerned about their drinking’.

Key definitions used in this report are summarised below.

1. Current drinkers: students who continue to drink (at the time of the survey), beyond their first experiences with alcohol.

2. Concerned about their drinking: students who worried about how much they drank, or had ever tried to cut down or give up drinking alcohol during the previous 12 months.

3. Binge drinking: having five or more standard alcoholic drinks in one session (within 4 hours).

A detailed list of the variables, the wording of the question items and the manner in which these were categorised in analyses are provided in the Appendix, Table 1.
Statistical terms and analyses

Percentages with 95% confidence intervals were used to describe the students who were worried about their drinking or had tried to cut down, stratified by their demographic characteristics, other alcohol-related variables and a variety of contextual factors that could be associated with self-reported concerns regarding alcohol use.

‘N’ in the tables is the number of students screened as current drinkers who answered a particular question, whereas ‘n’ is the number choosing a particular option. Where the numbers of students in a sub group choosing a particular option were too small to provide a meaningful estimate, the figures in these cells have been suppressed. For similar reasons, not all variables are presented by age, gender, deprivation and ethnicity.

Multiple logistic regressions were used to examine the associations between concerns about drinking and other alcohol-related variables (e.g. binge drinking, having at least one specific alcohol-related problem in the previous 12 months, parents’ use of alcohol, friends’ use of alcohol, belief that it is ‘ok’ for peers their age to drink regularly), emotional health issues (e.g. depressive symptoms as assessed by the Reynolds Adolescent Depression Survey or suicidal thoughts) and experiencing bullying on a weekly basis or more often.

Subsequently, multiple and linear regressions were employed to investigate the associations between concerns about drinking and a series of contextual factors which were postulated as likely to increase or reduce the likelihood that current drinkers among the secondary school students would be concerned about their drinking. These factors included: an estimate of family connectedness used in previous outputs from the Youth’07 survey (Clark, 2002; 2007), feeling that the school cares about them, parents/guardians consider the student’s school attendance to be important, student considers school attendance to be important, parents know who the student’s friends are, parents know where they (students) are after school, the importance of spiritual or religious beliefs to the student, weekly attendance at a place of worship by the student and having specific plans for what they plan to do after leaving school. The variables considered here were selected based on the literature (McGee, Valentine, Schulte, & Brown, 2011; McLennan, Shaw, Shema, Gardner, & Kelleher, 1998; Stevens, McGeehan & Kelleher, 2010; Vik, Cellucci, & Ivers, 2003; Vik, Culbertson, & Sellers, 2000) and discussions with stakeholders including the funder, youth health practitioners and other attendees at meetings convened by the Adolescent Health Research Group, Alcohol Healthwatch and community groups.

All regressions were undertaken as individual associations with ‘concern about drinking’ (combination of the variables about worried about drinking and having tried to cut down or stop drinking) as the dependent variable. Each model was adjusted for age, sex, ethnicity (Ministry of Health, 2004) and socio-economic status (SES) variables. The measures of socio-economic status comprised of data from the NZ deprivation index 2006 (Salmond, Crampton, & Atkinson, 2007) and two additional individual level questions: ‘Do your parents, or the people who act as your parents, ever worry about not having enough money to buy food?’ and ‘In the past year, how many times have you moved homes?’ Of the three SES categories, students in the ‘high’ deprivation groups experienced greater hardships with respect to indicators of poverty or lived in poorer areas as determined by the NZ deprivation index. Students in the ‘low’ deprivation group were more privileged with regard to their socioeconomic status.

In all analyses, the data were weighted by the inverse probability of selection and the variance of estimates adjusted to allow for correlated data from the same schools. Odds ratios (or beta coefficients for linear regressions) with 95% confidence intervals together with p values from these analyses are presented. All analyses were carried out using SAS software using the survey procedures.

The report provides descriptions of the important epidemiological patterns, taking account of estimates of statistical significance, such as the 95% confidence intervals of proportions and odds ratios and their associated p values. Most of the results are presented as figures and/or tables.

Characteristics of the sample

Sixty one percent (n=5,018) of all students responding to the Youth’07 survey indicated that they currently drink alcohol. There was no significant difference in the proportion of males (60.8%) and females (60.3%) who reported being current drinkers, but there were
significant differences associated with age, socioeconomic deprivation and ethnicity. The proportion of students who were current drinkers increased across the age range, from 37.5% at age 13 or less, to double that, 75.9%, at age 17 or older. Higher proportions of students in low and medium deprivation neighbourhoods (i.e. more privileged students with regard to their socioeconomic status) were current drinkers compared with those in higher deprivation neighbourhoods (i.e. neighbourhoods that were more deprived) (low, 62.6%; medium, 61.3%; high, 56.2%). Asian and Pacific students were least likely to be current drinkers, and Māori and NZ European students most likely to be so (Māori, 73.4%; Pacific, 42.6%; Asian, 35.1%; NZ European, 66.2%; Other, 52.2%).

Of those students identifying as current drinkers, 24.2% reported being worried about their own drinking and 12.3% had attempted to cut down or give up drinking (Table 2). Acknowledging that these two categories do not overlap completely, the collective responses to these two aspects indicate that 29.0% of students were concerned about their drinking.

Findings

Gender, age, ethnicity and socioeconomic deprivation

Considering the groups who were worried about their drinking or attempting to cut back on their drinking collectively as those concerned about their drinking (Table 2, Figures 1 & 2), there was no significant variation by gender or age (p=0.24 and 0.12, respectively).

However, there were significant variations by ethnicity (p<0.0001) and socioeconomic status (p<0.0001). The patterns of responses to these questions suggested that among current drinkers, NZ European and Other students were least likely to report being concerned about their drinking, while Pacific and Māori students were most likely to be worried (Table 2 & Figure 3). This pattern was evident for the aspect of being worried as well as efforts to cut down drinking.

Figure 1. Proportions of current drinkers concerned about their drinking by gender

Figure 2. Proportions of current drinkers concerned about their drinking by age

Figure 3. Proportions of current drinkers concerned about their drinking by ethnicity
The significant variability relating to socioeconomic status indicated that students living in neighbourhoods of high deprivation (NZDep8–10) were more likely than their counterparts in less deprived (i.e. socio-economically wealthier) neighbourhoods to report being concerned about their drinking (Table 2 & Figure 4). As with the ethnic variation, this pattern was evident among those being worried and those attempting to cut down their drinking.

Table 2. Probability of current drinkers being concerned about their drinking

<table>
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<tr>
<th></th>
<th>Worried at all about how much alcohol they drink</th>
<th>Tried to cut down or give up drinking</th>
<th>Worried at all and/or Tried to cut down (combined)</th>
<th>OR (95% CI)*</th>
<th>p-value</th>
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<tr>
<td></td>
<td>n/N % (95% CI)</td>
<td>n/N % (95% CI)</td>
<td>n/N % (95% CI)</td>
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<tr>
<td>Total</td>
<td>1197/4939 24.2 (22.4 – 26.0)</td>
<td>603/4911 12.3 (10.7–13.9)</td>
<td>1426/4917 29.0 (27.0-31.0)</td>
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<td>291/2610 11.1 (9.5–12.8)</td>
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<td>312/2301 13.7 (11.4–15.9)</td>
<td>659/2307 28.6 (25.8–31.5)</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 or less</td>
<td>155/610 25.5 (21.7 – 29.3)</td>
<td>99/599 16.7 (12.5–20.9)</td>
<td>199/604 33 (28.5 – 37.5)</td>
<td>1.0 (0.7-1.2)</td>
<td>0.12</td>
</tr>
<tr>
<td>14</td>
<td>246/991 24.8 (21.4 – 28.2)</td>
<td>104/986 10.6 (7.9–13.3)</td>
<td>289/986 29.3 (25.5 – 33.1)</td>
<td>0.9 (0.7-1.1)</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>263/1173 22.4 (19.7 – 25.0)</td>
<td>123/1168 10.5 (8.6–12.4)</td>
<td>306/1168 26.1 (23.6 – 28.7)</td>
<td>0.8 (0.7-0.9)</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>283/1162 24.4 (21.8 – 27.0)</td>
<td>136/1158 11.8 (9.6–14.0)</td>
<td>330/1159 28.5 (25.5–31.6)</td>
<td>0.9 (0.8-1.1)</td>
<td></td>
</tr>
<tr>
<td>17 or older</td>
<td>250/1003 24.9 (21.8 – 28.0)</td>
<td>141/1000 14.1 (11.6–16.6)</td>
<td>302/1000 30.2 (27.3 – 33.2)</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Māori</td>
<td>366/1089 33.6 (30.3 – 36.9)</td>
<td>196/1087 18.2 (15.6–20.7)</td>
<td>440/1086 40.5 (34.1 – 43.9)</td>
<td>2.0 (1.7-2.4)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Pacific</td>
<td>131/317 41.4 (33.8 – 49.1)</td>
<td>88/313 28.2 (21.0–35.5)</td>
<td>153/313 49.0 (41.0 – 57.1)</td>
<td>2.6 (1.9-3.6)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Asian</td>
<td>112/357 31.3 (27.1 – 35.5)</td>
<td>50/359 14.0 (10.5–17.5)</td>
<td>126/358 35.2 (30.7 – 39.7)</td>
<td>1.8 (1.4-2.2)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>56/246 22.6 (17.8 – 27.3)</td>
<td>29/242 12.0 (7.9–16.1)</td>
<td>69/246 27.9 (22.9 – 32.9)</td>
<td>1.3 (1.0-1.7)</td>
<td></td>
</tr>
<tr>
<td>European</td>
<td>532/2929 18.2 (16.4 – 19.8)</td>
<td>240/2909 8.2 (7.1–9.4)</td>
<td>638/293 21.9 (20.2 – 23.6)</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Deprivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Low (1-3)</td>
<td>379/1885 20.2 (18.4 – 21.9)</td>
<td>158/1878 8.4 (7.1–9.8)</td>
<td>437/1879 23.3 (21.6–25.1)</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Mid (4-7)</td>
<td>425/1919 22.2 (19.8–24.6)</td>
<td>222/1907 11.7 (9.7–13.6)</td>
<td>511/1910 26.8 (24.2–29.4)</td>
<td>1.0 (0.9-1.2)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>High (8-10)</td>
<td>376/1093 34.3 (30.5 – 38.2)</td>
<td>217/1085 20.2 (17.1–23.3)</td>
<td>459/1086 42.3 (38.5 – 46.1)</td>
<td>1.6 (1.3-2.0)</td>
<td></td>
</tr>
</tbody>
</table>

*All regressions relate to odds of being worried or having tried to cut down (i.e. the combined variable in the main column to the left), with models adjusted
Worry about drinking and tried to cut down or stop drinking

Almost a third (31.9%) of current drinkers who worried about how much they drink reported having tried to cut down or stop drinking, while a considerably smaller proportion (6.1%) of those who were not worried had also attempted to cut down their drinking (Table 3). Conversely, two-thirds (68.1%) of students who were worried and most students who were not worried (93.9%) had not attempted to cut down or give up drinking.

Drinking patterns

The survey asked those students who were current drinkers more detailed questions about their drinking patterns, including frequency of weekly drinking and binge drinking (usually in the previous four weeks). Drinking the equivalent of 5 or more standard alcoholic drinks within a 4-hour period was defined as binge drinking. This information was analysed according to whether students were worried about their drinking, had attempted to cut back or give up drinking, or an affirmative response to either one of these aspects – collectively referred to as being ‘concerned about their drinking’ (Table 4).

Table 3. Relationship between cutting down/ giving up drinking and worrying about how much they drink

<table>
<thead>
<tr>
<th></th>
<th>Tried to cut down or give up drinking alcohol</th>
<th>Did not try to cut down or give up drinking alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n/N (%)</td>
<td>n/N (%)</td>
</tr>
<tr>
<td>Worry about how much alcohol they drink</td>
<td>374/1178 (31.9) (28.2–35.5)</td>
<td>804/1178 (68.1) (64.5–71.8)</td>
</tr>
<tr>
<td>Not worry about how much alcohol they drink</td>
<td>226/3717 (6.1) (5.2–7.0)</td>
<td>3491/3717 (93.9) (93.0–94.8)</td>
</tr>
</tbody>
</table>

Test for association between cutting down and worrying about how much they drink p<.0001

Table 4(a–c). Alcohol consumption by presence and absence of concern about their drinking

<table>
<thead>
<tr>
<th></th>
<th>n/N</th>
<th>% (95% CI)</th>
<th>OR (95% CI)</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Binge drinking (at least once in past 4 weeks)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not worried about how much alcohol they drink</td>
<td>1988/3717</td>
<td>53.5 (51.1–56.0)</td>
<td>1.0</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Worried about how much alcohol they drink</td>
<td>811/1185</td>
<td>68.4 (65.9–71.0)</td>
<td>1.8 (1.5–2.1)</td>
<td>0.07</td>
</tr>
<tr>
<td>Not tried to cut down</td>
<td>2408/4284</td>
<td>56.2 (54.0–58.5)</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Tried to cut down</td>
<td>383/597</td>
<td>64.4 (60.2–68.5)</td>
<td>1.2 (1.0–1.4)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Not worried about how much alcohol they drink nor tried to cut down</td>
<td>1868/3476</td>
<td>53.8 (51.3–56.3)</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Worried about how much alcohol they drink and/or tried to cut down</td>
<td>925/1411</td>
<td>65.6 (63.0–68.2)</td>
<td>1.5 (1.3–1.8)</td>
<td></td>
</tr>
</tbody>
</table>

*All regressions include demographics and SES variables, separate regressions for each of concerns
b. Drink alcohol at least weekly

<table>
<thead>
<tr>
<th></th>
<th>n /N</th>
<th>%</th>
<th>OR</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not worried about how much alcohol</td>
<td>328/3742</td>
<td>8.8</td>
<td>1.0</td>
<td>0.14</td>
</tr>
<tr>
<td>they drink</td>
<td></td>
<td>(7.5–10.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worried about how much alcohol</td>
<td>137/1197</td>
<td>11.4</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>they drink</td>
<td></td>
<td>(9.3–13.5)</td>
<td>(0.9 -1.6)</td>
<td>0.87</td>
</tr>
<tr>
<td>Not tried to cut down</td>
<td>395/4308</td>
<td>9.2</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(8.0–10.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tried to cut down</td>
<td>67/603</td>
<td>11.1</td>
<td>1.0</td>
<td>0.18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(8.5–13.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not worried about how much alcohol</td>
<td>305/3491</td>
<td>8.8</td>
<td>1.0</td>
<td>0.36</td>
</tr>
<tr>
<td>they drink nor tried to cut down</td>
<td></td>
<td>(7.5–10.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worried about how much alcohol</td>
<td>158/1426</td>
<td>11.0</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>they drink and/or tried to cut down</td>
<td></td>
<td>(9.2 –12.9)</td>
<td>(0.9-1.5)</td>
<td>0.11</td>
</tr>
</tbody>
</table>

*All regressions include demographics and SES variables, separate regressions for each of concerns

<table>
<thead>
<tr>
<th></th>
<th>n /N</th>
<th>%</th>
<th>OR</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not worried about how much alcohol</td>
<td>1656/3718</td>
<td>44.6</td>
<td>1.0</td>
<td>0.36</td>
</tr>
<tr>
<td>they drink</td>
<td></td>
<td>(41.8–47.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worried about how much alcohol</td>
<td>597/1189</td>
<td>50.2</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>they drink</td>
<td></td>
<td>(46.9–53.6)</td>
<td>(0.9-1.3)</td>
<td>0.38</td>
</tr>
<tr>
<td>Not tried to cut down</td>
<td>1935/4278</td>
<td>45.3</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(42.7–47.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tried to cut down</td>
<td>313/601</td>
<td>52.1</td>
<td>1.1</td>
<td>0.11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(48.1–56.2)</td>
<td>(0.9 -1.3)</td>
<td></td>
</tr>
<tr>
<td>Not worried about how much alcohol</td>
<td>1531/3469</td>
<td>44.2</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>they drink nor tried to cut down</td>
<td></td>
<td>(41.4–47.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worried about how much alcohol</td>
<td>714/1417</td>
<td>50.4</td>
<td>1.1</td>
<td>0.01</td>
</tr>
<tr>
<td>they drink and/or tried to cut down</td>
<td></td>
<td>(47.3–53.6)</td>
<td>(1.0 -1.3)</td>
<td></td>
</tr>
</tbody>
</table>

*All regressions include demographics and SES variables, separate regressions for each of concerns

**Frequency of alcohol consumption**

The proportion of students who drank alcohol at least weekly did not vary significantly between those who were worried about their drinking and those who were not (11.4% versus 8.8%; p=0.14); those who had tried to cut down or give up and those who had not (11.1% versus 9.2%; p=0.87); and those who were concerned about their drinking (using either of the measures above) and those who were not concerned (11.0% versus 8.8%; p=0.18) (see Table 4).

**Amount of alcohol consumed per usual session**

The proportion of students who reported usually drinking five or more drinks per session also did not vary significantly between those who were and were not worried about their drinking (50.2% versus 44.6%; p=0.36), had and had not made efforts to cut back (52.1% versus 45.3%; p=0.38), were and were not concerned about their drinking, and/or had and had not tried to cut down (50.4% versus 44.2%; p=0.11) (see Table 4).
Binge drinking in the previous four weeks
Binge drinking in the previous four weeks was reported significantly more commonly by students who were worried about their drinking compared with those who were not worried (68.4% versus 53.5%; p<0.0001), and by those who were concerned about their drinking and/or had tried to cut down compared with those who were not, and/or had not tried to cut down (65.6% versus 53.8%; p<0.0001) (see Table 4).

Drinking context
The survey asked current drinkers to indicate where they obtained their alcohol, their reasons for drinking and with whom they drank. This information was analysed in relation to whether they also reported being concerned about their drinking (i.e. being worried about their drinking or having attempted to cut back or give up drinking).

Sources of alcohol
Students who were current drinkers were asked, ‘When you drink alcohol, how do you usually get it?’, with the possible sources being: ‘buying it themselves’, ‘friends’, ‘brothers and sisters’, ‘parents’, ‘taking it from home’, ‘another adult’, ‘someone else buying it’, ‘pinching it’, or ‘none of these’. Students were allowed to indicate more than one source if relevant. The most common sources of alcohol identified by current drinkers overall were parents, friends and someone else buying it for them. In this analysis, we examined if any of these sources of alcohol was reported more commonly by students who were concerned about their drinking (compared with those who were not). Getting alcohol from friends or brothers and sisters was reported significantly more commonly by current drinkers who were concerned about their drinking (compared with those who were not concerned). Getting alcohol from their parents was reported significantly less commonly by current drinkers who were concerned about their drinking (Figure 5 & Table 5).

Figure 5. Source of alcohol by presence or absence of concern about their drinking
Table 5. Source of alcohol by presence or absence of concern about their drinking

<table>
<thead>
<tr>
<th></th>
<th>Worried at all and/or Tried to cut down</th>
<th>Not worried at all and/or Not tried to cut down</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n/N</td>
<td>% (95% CI)</td>
</tr>
<tr>
<td>I buy it myself</td>
<td>235/1414</td>
<td>16.7 (14.1–19.2)</td>
</tr>
<tr>
<td>Friends give it to me</td>
<td>819/1414</td>
<td>58 (55.0–60.9)</td>
</tr>
<tr>
<td>Brothers and sisters give it to me</td>
<td>366/1414</td>
<td>25.9 (23.6–28.3)</td>
</tr>
<tr>
<td>Parents give it to me</td>
<td>645/1414</td>
<td>45.7 (42.1–49.2)</td>
</tr>
<tr>
<td>I take it from home</td>
<td>243/1414</td>
<td>17.1 (15.1–19.1)</td>
</tr>
<tr>
<td>Another adult gives it to me</td>
<td>304/1414</td>
<td>21.5 (19.2–23.8)</td>
</tr>
<tr>
<td>I get someone else to buy it for me</td>
<td>546/1414</td>
<td>38.7 (35.6–41.7)</td>
</tr>
<tr>
<td>I pinch it</td>
<td>92/1414</td>
<td>6.5 (5.2–7.8)</td>
</tr>
<tr>
<td>None of these</td>
<td>102/3477</td>
<td>2.9 (2.3–3.6)</td>
</tr>
</tbody>
</table>

Who students drink with

Current drinkers were asked who they usually drink with and could choose as many as they wished among the possible responses: ‘friends’, ‘family’, ‘other people’, or ‘by themselves’. The majority of current drinkers indicated they usually drank with friends. Drinking with friends, with other people, or by themselves was reported more commonly by students who were concerned about their drinking than those who were not (Figure 6 & Table 6).

Figure 6. Who students drink with by presence or absence of concern about their drinking

Table 6. Who students drink with by presence or absence of concern about their drinking

<table>
<thead>
<tr>
<th></th>
<th>Worried at all and/or Tried to cut down</th>
<th>Not worried at all and/or Not tried to cut down</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n/N</td>
<td>% (95% CI)</td>
</tr>
<tr>
<td>By my self</td>
<td>129/1418</td>
<td>9.1 (7.1–11.2)</td>
</tr>
<tr>
<td>With other people</td>
<td>433/1418</td>
<td>30.4 (27.3–33.6)</td>
</tr>
<tr>
<td>With family</td>
<td>702/1418</td>
<td>49.6 (46.4–52.8)</td>
</tr>
<tr>
<td>With friends</td>
<td>1269/1418</td>
<td>89.6 (87.7–91.5)</td>
</tr>
</tbody>
</table>
Reasons students drink

Students who were current drinkers were asked, ‘Why do you choose to drink alcohol?’ They could indicate as many reasons as they wished from eight response options: ‘because I am bored’, ‘to make me more confident’, ‘to enjoy parties’, ‘because my friends do’, ‘to forget about things’, ‘to have fun’, ‘to get drunk’, and ‘to relax’. Most of the current drinkers indicated that they drank to enjoy parties. Drinking to relax, to get drunk, to forget about things, because their friends do, to enjoy parties, and to make them feel more confident, were the reasons reported more commonly by students who were concerned about their drinking than by those who were not (Figure 7 & Table 7).

Figure 7. Reasons for drinking by presence or absence of concern about their drinking

Table 7. Reasons for drinking by presence or absence of concern about their drinking

<table>
<thead>
<tr>
<th>Reason</th>
<th>Worried at all and/or Not tried to cut down</th>
<th>Not worried at all and/or Not tried to cut down</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n/N</td>
<td>% (95% CI)</td>
</tr>
<tr>
<td>Because I am bored</td>
<td>338/1415</td>
<td>23.8 (21.1–26.5)</td>
</tr>
<tr>
<td>To make me more confident</td>
<td>378/1415</td>
<td>26.7 (24.0–29.5)</td>
</tr>
<tr>
<td>To enjoy parties</td>
<td>882/1415</td>
<td>62.4 (59.2–65.6)</td>
</tr>
<tr>
<td>Because my friends do</td>
<td>355/1415</td>
<td>25.1 (22.7–27.5)</td>
</tr>
<tr>
<td>To forget about things</td>
<td>417/1415</td>
<td>29.4 (26.6–32.3)</td>
</tr>
<tr>
<td>To have fun</td>
<td>290/1125</td>
<td>20.3 (18.2–22.4)</td>
</tr>
<tr>
<td>To get drunk</td>
<td>642/1415</td>
<td>45.4 (42.7–48.1)</td>
</tr>
<tr>
<td>To relax</td>
<td>581/1415</td>
<td>41.1 (38.4–43.8)</td>
</tr>
</tbody>
</table>
Where students would go for help with alcohol

Current drinkers who were concerned about their drinking were asked more detailed questions on who they would go to for help with alcohol/drug problems. Students could indicate as many as they wished of nine response options: ‘school guidance counsellor’, ‘friends’, ‘teachers’, ‘parents’, ‘school nurse’, ‘family doctor’, ‘drug and alcohol service’, ‘other’, or ‘would not look for help’. Using multiple regression analyses adjusting for demographic and socio-economic status variables, we investigated if the probability of being concerned about their drinking was greater among students who reported they would seek help from an identified source (as noted above).

As shown in Table 8, those who reported that they would seek help from a school guidance counsellor, friend, teacher, parent, school nurse, family doctor or drug and alcohol service were not significantly more likely to be concerned about their drinking (compared with those not indicating these as sources they would seek help from). However, students who reported that they would seek help from an ‘other’ source (compared with those who did not report this) were significantly more likely to be concerned about their drinking (32.7% versus 28.0%; adjusted odds ratio 1.2; 95% CI: 1.0–1.4; p=0.03). Students who reported that they would not look for help were significantly less likely to be concerned about their drinking (21.9% versus 29.4%; adjusted odds ratio 0.6; 95% CI: 0.4–0.7; p<0.0001).

Table 8. The relationships between where students would go for help and concerns about their drinking

<table>
<thead>
<tr>
<th>Source</th>
<th>Worried at all and/or Tried to cut down</th>
<th>OR (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n/N</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>School guidance counsellor</td>
<td>No</td>
<td>787/2794</td>
<td>28.2 (26.6-30.3)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>599/2032</td>
<td>29.5 (26.6-32.3)</td>
</tr>
<tr>
<td>Friends</td>
<td>No</td>
<td>389/1352</td>
<td>28.8 (25.5-32.1)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>997/3474</td>
<td>28.7 (26.7-30.8)</td>
</tr>
<tr>
<td>Teachers</td>
<td>No</td>
<td>1165/4149</td>
<td>28.1 (26.2-30.1)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>221/677</td>
<td>32.6 (27.8-37.3)</td>
</tr>
<tr>
<td>Parents</td>
<td>No</td>
<td>621/2178</td>
<td>28.5 (26.2-30.9)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>765/2648</td>
<td>28.9 (26.6-31.3)</td>
</tr>
<tr>
<td>School Nurse</td>
<td>No</td>
<td>1118/3930</td>
<td>28.5 (26.6-30.5)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>268/896</td>
<td>29.8 (26.2-33.4)</td>
</tr>
<tr>
<td>Family Doctor</td>
<td>No</td>
<td>920/3213</td>
<td>28.7 (26.5-30.9)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>466/1613</td>
<td>28.8 (26.2-31.5)</td>
</tr>
<tr>
<td>Drug and Alcohol Service</td>
<td>No</td>
<td>927/3248</td>
<td>28.6 (26.2-31.0)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>459/1578</td>
<td>29.0 (26.6-31.5)</td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td>1132/4052</td>
<td>28.0 (26.1-29.9)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>254/774</td>
<td>32.7 (28.8-36.6)</td>
</tr>
<tr>
<td>Student would not look for help</td>
<td>No</td>
<td>1301/4439</td>
<td>29.4 (27.3-31.4)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>85/387</td>
<td>21.9 (17.6-26.2)</td>
</tr>
</tbody>
</table>

*All regressions include demographics and SES variables, separate regressions for each of concerns.
Healthcare access

The survey asked those students who were current drinkers more detailed questions on whether they had difficulty in accessing health professionals in the last 12 months and whether they had any difficulty getting help with stopping drug or alcohol use in the past 12 months. This information was analysed according to whether students were concerned about their drinking or not (i.e. either being worried about their drinking or having made efforts to cut back or give up drinking).

As presented in Table 9, a significantly higher proportion of students who were concerned about their drinking reported having difficulty in getting access to a health professional in the last 12 months compared with those who were not concerned (22.8% compared with 17.3%; p=0.005). The associated odds ratio was 1.6 (95% CI: 1.2-2.3). Similarly, a significantly higher proportion of students who were concerned about their drinking reported difficulties getting help with alcohol or drug problems compared with those who were not concerned (5.8% versus 2.7%; p=0.01). The associated odds ratio was 1.3 (95% CI: 1.1-1.5). Variation between the presence and absence of concern about their drinking and access to health care is graphically represented in Figure 8.

Table 9. The relationships between access to healthcare and concerns about their drinking

<table>
<thead>
<tr>
<th>Have had difficulty getting access to health professional in last 12 months</th>
<th>Have had difficulty getting help with drugs and alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>n / N</td>
<td>% (95% CI)</td>
</tr>
<tr>
<td>Not concerned about their drinking</td>
<td>605/3486</td>
</tr>
<tr>
<td>Concerned about their drinking</td>
<td>323/1423</td>
</tr>
</tbody>
</table>

Figure 8. Access to healthcare by presence or absence of concern about their drinking

Experience of alcohol-related problems

Students who were current drinkers were asked to indicate how many times in the previous 12 months they had experienced a range of problems associated with their drinking. These included: ‘having been driven in a car with a passenger who had drunk more than two glasses of alcohol in the two hours before driving’, ‘had a car crash’, ‘injuring someone else’, ‘experiencing an injury requiring treatment’, ‘done things that got them into serious trouble’, ‘had unwanted sex’, ‘had unsafe sex’, and had their ‘performance at school or work affected’. Students were also asked to report if friends or family had told them to cut down their drinking. Students could select as many issues as were relevant. This analysis examined the relationships between current drinkers who reported each of these problems and the self-reported concern about their drinking. This information is presented graphically and in tabular form (Figure 9 & Table 10). Students who reported an alcohol-related issue in each of these areas (compared with those who did not) were significantly more likely to also report being concerned about their drinking.
Figure 9. Proportions (%) of current drinkers who are concerned about their drinking by their experience (or not) of alcohol-related issues in the past 12 months.
Table 10. The relationships between alcohol-related problems in the past 12 months and concerns about drinking

<table>
<thead>
<tr>
<th>Condition</th>
<th>Worried at all and/or Tried to cut down</th>
<th>n/N</th>
<th>% (95% CI)</th>
<th>OR (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driven in car with passenger who had drunk more than two glasses of alcohol in last two hours</td>
<td></td>
<td>No 896/3304</td>
<td>27.1 (25.1–29.0)</td>
<td>1.0</td>
<td>0.0861</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 435/1354</td>
<td>32.1 (29.6–34.6)</td>
<td>1.1 (1.0–1.3)</td>
<td></td>
</tr>
<tr>
<td>Had a car crash</td>
<td></td>
<td>No 60/3455</td>
<td>1.7 (1.2–2.3)</td>
<td>1.0</td>
<td>0.0279</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 47/1376</td>
<td>3.4 (2.2–4.5)</td>
<td>1.8 (1.1–2.9)</td>
<td></td>
</tr>
<tr>
<td>Injured someone else</td>
<td></td>
<td>No 238/3455</td>
<td>6.9 (5.9–7.9)</td>
<td>1.0</td>
<td>0.005</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 162/1378</td>
<td>11.6 (10.0–13.3)</td>
<td>1.4 (1.1–1.7)</td>
<td></td>
</tr>
<tr>
<td>Been injured and required treatment</td>
<td></td>
<td>No 101/3456</td>
<td>2.9 (2.2–3.7)</td>
<td>1.0</td>
<td>0.0005</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 79/1380</td>
<td>5.7 (4.2–7.2)</td>
<td>1.9 (1.3–2.7)</td>
<td></td>
</tr>
<tr>
<td>Been injured</td>
<td></td>
<td>No 673/3459</td>
<td>19.5 (18.0–21.0)</td>
<td>1.0</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 374/1383</td>
<td>27.1 (24.4–29.8)</td>
<td>1.6 (1.3–1.9)</td>
<td></td>
</tr>
<tr>
<td>Done things - get into serious trouble</td>
<td></td>
<td>No 611/3451</td>
<td>17.7 (16.0–19.4)</td>
<td>1.0</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 344/1369</td>
<td>25 (22.5–27.6)</td>
<td>1.4 (1.2–1.6)</td>
<td></td>
</tr>
<tr>
<td>Had unwanted sex</td>
<td></td>
<td>No 180/3455</td>
<td>5.2 (4.3–6.1)</td>
<td>1.0</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 150/1373</td>
<td>10.8 (9.0–12.6)</td>
<td>2 (1.5–2.6)</td>
<td></td>
</tr>
<tr>
<td>Had unsafe sex</td>
<td></td>
<td>No 415/3453</td>
<td>12 (10.5–13.6)</td>
<td>1.0</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 276/1373</td>
<td>20 (17.2–22.7)</td>
<td>1.5 (1.3–1.8)</td>
<td></td>
</tr>
<tr>
<td>Had performance at school or work affected</td>
<td></td>
<td>No 261/3457</td>
<td>7.6 (6.6–8.6)</td>
<td>1.0</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 209/1375</td>
<td>15.2 (13.1–17.3)</td>
<td>2 (1.6–2.4)</td>
<td></td>
</tr>
<tr>
<td>Had friends or family tell you to cut down</td>
<td></td>
<td>No 371/3459</td>
<td>10.7 (9.5–11.8)</td>
<td>1.0</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes 403/1379</td>
<td>29.2 (26.6–31.8)</td>
<td>3.2 (2.6–3.9)</td>
<td></td>
</tr>
</tbody>
</table>
Concerns about drinking and potential risk factors

Separate regression analyses explored if the likelihood of students being concerned about their drinking was associated with binge drinking, experiencing at least one alcohol-related problem (apart from parents or friends being concerned), having parents or friends who drink, being bullied, or having depressive thoughts or suicidal ideation. Each of these analyses was adjusted for demographic and socioeconomic status variables. The findings reveal that students who had engaged in binge drinking at least once in the past 4 weeks (p<0.0001), have at least one specified alcohol-related problem (p<0.0001), or have suicidal thoughts (p=0.002) are significantly more likely to be concerned about their drinking than those not in these categories (Table 11).

<table>
<thead>
<tr>
<th></th>
<th>Worried at all and/or Tried to cut down</th>
<th>OR (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Binge drinking at least once in past 4 weeks</strong></td>
<td>n/N</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>486/2094</td>
<td>23.2 (21.0-25.5)</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>925/2793</td>
<td>33.1 (30.7-35.6)</td>
<td>1.5 (1.3-1.8)</td>
</tr>
<tr>
<td><strong>Usually binge drink (≥ 5 drinks in a session)</strong></td>
<td>n/N</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>703/2641</td>
<td>26.6 (24.2-29.1)</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>714/2245</td>
<td>31.8 (29.5-34.3)</td>
<td>1.1 (0.97 – 1.3)</td>
</tr>
<tr>
<td><strong>Have at least one specified alcohol-related problem (other than parent or friend being concerned)</strong></td>
<td>n/N</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>712/2965</td>
<td>24.1 (21.8–26.3)</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>679/1895</td>
<td>35.8 (33.2–38.3)</td>
<td>1.6 (1.4–1.9)</td>
</tr>
<tr>
<td><strong>Parents drink</strong></td>
<td>n/N</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>399/1185</td>
<td>33.7 (30.0–37.5)</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>1021/3714</td>
<td>27.5 (25.5–29.5)</td>
<td>0.9 (0.7 – 1.1)</td>
</tr>
<tr>
<td><strong>Friends drink</strong></td>
<td>n/N</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>210/795</td>
<td>26.3 (22.7–29.9)</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>1208/4110</td>
<td>29.4 (27.4–31.5)</td>
<td>1.1 (0.9 – 1.3)</td>
</tr>
<tr>
<td><strong>Ok for peers to drink regularly</strong></td>
<td>n/N</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>685/2293</td>
<td>29.9 (27.2–32.7)</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>730/2609</td>
<td>28.0 (26.0–30.0)</td>
<td>0.9 (0.8 – 1.0)</td>
</tr>
<tr>
<td><strong>Bullied weekly</strong></td>
<td>n/N</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1344/4642</td>
<td>29.0 (27.0–31.0)</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>81/273</td>
<td>29.0 (23.7–34.4)</td>
<td>1.1 (0.8 – 1.4)</td>
</tr>
<tr>
<td><strong>Depressive symptoms</strong></td>
<td>n/N</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1203/4231</td>
<td>28.5 (26.3–30.6)</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>187/602</td>
<td>30.8 (26.4–35.3)</td>
<td>1.1 (0.8–1.3)</td>
</tr>
<tr>
<td><strong>Suicidal thoughts</strong></td>
<td>n/N</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1122/4049</td>
<td>27.7 (25.6–29.9)</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>287/840</td>
<td>34.2 (31.0–37.5)</td>
<td>1.3 (1.1–1.5)</td>
</tr>
</tbody>
</table>

*All regressions include demographics and SES variables, separate regressions for each of concerns

Concerns about drinking and potential protective factors

Respondents in the Youth’07 survey were asked a range of questions related to potential protective factors in their lives. This set of regression analyses focusing on current drinkers examined if the likelihood of students being concerned about their drinking was associated with feeling connected to their whānau/family; their parents/guardians considering it important that they attend school; students considering it important to attend school; parents knowing who the students’ friends are, where students are after school and where they go at night; the student considering spiritual beliefs as important, or attending a place of worship at least weekly; and students having plans for after leaving school. Each of these analyses was adjusted for demographic and socioeconomic status variables.

The findings (Table 12) indicated that some of these factors were significantly associated with current drinkers being concerned about their drinking. Specifically, students who reported ‘people at school care’ about them (p<0.0001), ‘parents/guardians consider it important that the student attends school every day’ (p=0.0003), the
student considers it ‘somewhat important or very important to attend school every day’ (p<0.0001), ‘spiritual beliefs or religious faith is important’ to them (p=0.0067), they ‘attend a place of worship at least once a week’ (p=0.038), and they ‘have plans (training/education or work/get a job) after leaving school’ (p=0.002) were factors associated with significantly increased odds of being concerned about their drinking.

Students who reported their parents knew (a lot) about where they (the students) are after school (p=0.029) and where they go at night (p=0.006) were factors significantly associated with reduced odds of current drinkers being concerned about their drinking. It is important to note that this particular analysis does not distinguish between current drinkers’ patterns of drinking or the students’ experience of alcohol-related harms.

An additional linear regression was conducted to investigate if a previously developed 10-item whānau/family connection scale (Clark, 2002; 2007) was associated with the risk of current drinkers being concerned about their drinking. There was no significant association between the family connectedness score and the likelihood of current drinkers being concerned about their drinking (Beta coefficient = -0.03; 95% CI, -0.43–0.37; p=0.90).

Table 12: The relationships between potential protective factors and concerns about drinking

<table>
<thead>
<tr>
<th>Factor</th>
<th>Worried at all and/or tried to cut down</th>
<th>OR (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel that people at school care about student</td>
<td>No</td>
<td>1.0</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1.7 (1.4 – 2.2)</td>
<td></td>
</tr>
<tr>
<td>Parents/guardians consider it important or very important that student attends school every day</td>
<td>No</td>
<td>1.0</td>
<td>0.003</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>2.8 (1.6 – 4.9)</td>
<td></td>
</tr>
<tr>
<td>Student considers it somewhat important or very important to attend school every day</td>
<td>No</td>
<td>1.0</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1.8 (1.4 – 2.3)</td>
<td></td>
</tr>
<tr>
<td>Parents know (a lot) who the student’s friends are</td>
<td>No</td>
<td>1.0</td>
<td>0.82</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1.0 (0.9 – 1.2)</td>
<td></td>
</tr>
<tr>
<td>Parents know (a lot) where student is after school</td>
<td>No</td>
<td>1.0</td>
<td>0.029</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>0.8 (0.7 – 1.0)</td>
<td></td>
</tr>
<tr>
<td>Parents know (a lot) where student goes at night</td>
<td>No</td>
<td>1.0</td>
<td>0.0058</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>0.8 (0.7 – 0.9)</td>
<td></td>
</tr>
<tr>
<td>Spiritual beliefs or religious faith is very important to student</td>
<td>No</td>
<td>1.0</td>
<td>0.0067</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1.4 (1.1 – 1.7)</td>
<td></td>
</tr>
<tr>
<td>Attends place of worship at least once a week</td>
<td>No</td>
<td>1.0</td>
<td>0.038</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1.2 (1.0 – 1.5)</td>
<td></td>
</tr>
<tr>
<td>Student’s plans after leaving school</td>
<td>Training or education</td>
<td>1.5 (1.1 – 1.9)</td>
<td>0.0020</td>
</tr>
<tr>
<td></td>
<td>Work or get a job</td>
<td>1.6 (1.2 – 2.0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Start family, do nothing, no plans</td>
<td>1.0</td>
<td></td>
</tr>
</tbody>
</table>

*All regressions include demographics and SES variables, separate regressions for each of concerns
Interpretation and summary

When interpreting these findings, it is important to acknowledge that the Youth’07 survey is a cross-sectional study and, as such, the direction of associations examined does not imply causal relationships. In some cases, it is possible that the experience of alcohol-related problems resulted in the concern about drinking (e.g. worry about drinking, or attempts to give up or cut back), while in others, concerns about drinking could have resulted in alcohol-related problems (e.g. depressive ideation or suicidal thoughts). It is also important to note that this survey involved students attending mainstream secondary schools. Those not at school (including those more likely to be absent from school) may have considerably higher levels of alcohol-related problems and associated worries and concerns. It should also be borne in mind that the putative risk and protective factors examined in the final set of analyses related to current drinkers who were concerned about their drinking – regardless of their specific patterns of drinking or whether these students were experiencing specific harms.

Acknowledging the above, the relationships identified provide important information that is relevant for alcohol harm-minimisation strategies and engagement of young people in the approaches involved. It is important to recognise that among young people who are current drinkers, there are significant ethnic and socio-economic disparities evident. In particular, the proportions of Māori and Pacific young people who are current drinkers who are concerned about their drinking are higher than the equivalent among European students. Similarly, the proportion of current drinkers who are concerned about their drinking is higher among students living in high deprivation (poorer) neighbourhoods than those in low deprivation (or wealthier) areas.

Among current drinkers, students who reported alcohol-related problems in the previous 12 months (e.g. doing things that would get them into trouble, having their school performance affected, being injured, drink driving, and having unwanted and unsafe sex) were significantly more likely to report being concerned about their drinking. Controlling for individual demographic factors including age, gender, ethnicity and socio-economic status, the odds of being concerned about their drinking was higher among current drinkers who reported binge drinking or having suicidal thoughts. Positive connections to school, spiritual beliefs and having plans for after school were also associated with increased odds of being concerned about drinking.

While the study populations and research objectives are not comparable, the findings in this analysis are broadly consistent with data from many studies conducted elsewhere on factors associated with self-reported concerns regarding drinking.

A study of 3,395 adolescents conducted by McLennon et al. (1998) found that negative social experiences (e.g. problems with peers, school, parents or police) were associated with greater awareness of a drinking problem. However, these authors found that recent health care contact, parental drinking, peer drinking, perceived parental acceptance of drinking and perceived peer acceptance of drinking were not associated with this self-insight regarding a drinking problem.

McGee et al. (2011) found that students who self-selected into a school-based intervention designed to reduce their alcohol use were more likely to report experiencing alcohol-related problems, bullying or peer victimisation, to be male, and to be in the 10th grade in the US (compared to those who did not self-select to the intervention).

In a US study undertaken in an urban primary care setting, Stevens et al. (2010) found that among the 168 students who screened positive for substance use, those who reported depressive symptoms and suicidal ideation were also more likely to report being in the ‘action’ or ‘contemplation’ stages of the ‘readiness to change’ scale. That is, the youth expressing explicit emotional health problems appeared to be more aware and inclined to act on their awareness of self-perceived problems with substance use.

A cross-sectional study of college students conducted by Vik and colleagues (2003) found that being married and church attendance was associated with a greater probability of self-reported concerns about binge drinking and reductions in drinking, while the expectation that drinking will help manage social occasions had the opposite effect. In another study by this research group (Vik et al., 2000), college students were more likely to report being at the ‘contemplation’ phase of the ‘stages of change’ scale if they drank more frequently, consumed more alcohol, reported
more heavy drinking episodes, and experienced more alcohol-related problems. However, two-thirds of heavy drinking college students did not indicate an interest in reducing their alcohol use despite evidence of negative consequences from their drinking.

Previous research has indicated that adolescents’ responses on who they may seek help from could also be associated with varying levels of problems with substance use. For example, Windle et al. (1991) found that problem behaviours (with regard to substance use) were highest among US adolescents who reported they would seek help only from friends or would not seek help from anyone (a group that the authors refer to as ‘social isolates’). Males, black and Hispanic youth were over-represented among the ‘social isolates’. While the present analysis based on Youth’07 survey data had a different focus (self-reported concerns about drinking among current drinkers), it is interesting to note that current drinkers who reported they would not seek help from anyone were significantly less likely to be concerned about their drinking.

Of note, however, this analysis found that students who were concerned about their drinking were significantly more likely to report experiencing difficulties accessing care from health professionals in the previous 12 months and having difficulty getting help with alcohol or drug problems. These findings, alongside the higher levels of self-reported concerns about drinking expressed by several disadvantaged groups (e.g. Māori and Pacific students, and those in more socioeconomically deprived situations), suggest important unmet needs for services and intervention strategies that require particular attention.
The Qualitative Phase

This section addresses the qualitative phase of the study that involved interviews and focus groups with young people who were concerned about their own or a friend’s drinking. It outlines the recruitment strategies employed to identify the sample, the procedures used to collect and analyse the data, and finally, provides a presentation of the findings.

Recruitment

Initially, it was proposed to recruit young people who identified as having concerns about their drinking and/or who had attempted to cut down or cease their consumption of alcohol. To this end, we employed a variety of strategies to recruit young people to take part in the proposed focus group discussions. The recruitment strategies employed included:

- Requesting school counsellors known to the researchers to put up recruitment posters (see Qualitative Document 1 in the Appendix) at their respective schools
- Utilisation of contacts to put up posters in secondary schools with which they are associated
- Utilisation of contacts to promote the research with the school nurses network
- Utilisation of contacts in a youth mentoring programme in South Auckland to recruit young people involved in their youth mentoring programmes who fit the profile
- Advertising the research on radio stations
- Creating a Facebook page and a Facebook event about the focus groups with contact details for young people to register their interest in participating.

With all of these recruitment strategies, several different means were provided by which young people interested in participating in a focus group could contact the researchers including by text message, phone, email or Facebook message.

Given the breadth of the recruitment strategies employed, it was disappointing that these resulted in the recruitment of just five participants. Feedback from young people suggested that individuals might be reluctant to identify as being concerned about themselves, but were more likely to come forward if we opened the invitation to include those young people who were concerned about a friend’s drinking, but not necessarily their own drinking. These teens are often directly exposed to the problems associated with teen drinking and we believed they would have insights to share as to, for example, what works for such young people, motivations behind decisions to make changes to drinking behaviours, and barriers and facilitators to reducing or giving up alcohol use.

Further, we believed that young people with concerns about their own drinking might feel more inclined to participate if they could do so under the guise of being a concerned friend. On this premise, we applied for, and were granted, ethics permission to recruit any young person between 16 and 18 years who was currently, or had been in the past, concerned about their own or a friend’s drinking. To this end, we approached the 13 school counsellors who, from initial recruitment efforts, we knew were interested in the study and requested that, with the permission of the school principal, they issue the invitation to participate in the study and assist in organising a time and place where focus groups could be conducted.

<table>
<thead>
<tr>
<th>Recruitment Strategy</th>
<th>Requested assistance to advertise focus groups</th>
<th>Confirmed advertising of focus groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Other Groups/Community Organisations</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Radio Stations</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>18</td>
</tr>
</tbody>
</table>
Participants

In total, 99 young people from seven urban secondary schools participated. This included students from four large co-educational schools, one single-sex boys school and one single-sex girls school. Geographically, the schools covered a wide area of Auckland including South, East, West and Central areas of the city, and represented a range of deciles (3 to 10), with the majority of the schools representing the lower deciles*.

In addition, one school, while situated in a high decile neighbourhood, drew the majority of its students from areas of high deprivation. All participants were 16 years or older and in Years 12 or 13. The sample was ethnically diverse with ‘Pacific Island’, ‘Indian’ and ‘Pākehā/NZ European are making up almost two thirds of the sample (64%). However, Māori constituted only 7% of sample. Almost equal numbers of boys and girls participated. Characteristics of participants and composition of the focus groups are summarised in Table 14 opposite.

Table 14. Characteristics of participants and composition of focus groups and interviews.

<table>
<thead>
<tr>
<th>Description</th>
<th>No. of focus groups</th>
<th>No. of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of participants</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Participated in a focus group</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>Participated in an interview (2 people max per interview)</td>
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<td></td>
</tr>
<tr>
<td>Gender of participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Island (Including Samoan, Tongan and other Pacific Island groups)</td>
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<td></td>
</tr>
<tr>
<td>Indian (Including Fijian Indian)</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Pākehā/NZ European</td>
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<tr>
<td>Unknown</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>11</td>
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</tr>
<tr>
<td>Māori</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td></td>
</tr>
</tbody>
</table>

Composition of focus groups and interviews

<table>
<thead>
<tr>
<th>Description</th>
<th>No. of focus groups</th>
<th>No. of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>All female participants</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>All male participants</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Female AND male participants</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>3</td>
</tr>
</tbody>
</table>

* School decile ratings are based on community socioeconomic variables from the NZ census (Ministry of Education, 2001). It should be noted that the school decile rating runs in the opposite direction to the NZDep Index decile. Thus if a school is within a socioeconomically disadvantaged community (i.e. has a high level of deprivation and NZDep decile), the school will have a low school decile rating.
Instruments

An interview schedule and focus group discussion guide were developed by the researchers based on the specific goals of the study (See Qualitative Document 2 and Qualitative Document 3 in the Appendix). These were used to guide discussion and ensure that, in the course of the interview or focus group, all questions/areas of interest were covered.

Procedure

Interviews

Given the logistics of physically bringing together the five people who responded to our original attempts to recruit young people to take part in the study, it was decided to ask them if they would be prepared to take part in a face-to-face interview. All agreed and, to this end, three face-to-face interviews were conducted with five participants. In two instances, the young person brought a friend with them to the interview. In both cases, the friend participated in the interview. In the first instance, participants contacted the research team via a text message. A participant information sheet and consent form (Qualitative Document 4 & 5 in the Appendix), which the young person was asked to complete and return to the researcher, was emailed to them and a time and place to conduct the interview, which was convenient to the young people, was established.

A senior member of the research team and a research assistant conducted the interviews which were audiotaped, with the permission of the participants. Interviews took approximately one hour to complete and the researchers provided refreshments. In addition, the participants were offered a koha in the form of a movie pass.

Focus groups

On gaining permission from school principals to conduct the study in their schools, a research assistant addressed the senior assembly at each school, informing students of the purpose of the study and distributing participant information sheets and consent forms (Qualitative Documents 6 & 7 in the Appendix). Students who wished to participate returned signed consent forms in the following days. Approximately one week later, focus groups were held at the school during lunchtime or form period. In most instances, two focus groups were run concurrently, each facilitated by a senior member of the research team with the help of a research assistant who took notes. Focus group discussions were audio-taped with the permission of participants. Lunch was provided, i.e. pizza and juice, and at the end of the discussions, which took between 60 and 90 minutes, students were offered a koha in the form of a movie pass.

Data analysis

Recordings of the interviews and focus group discussions were transcribed verbatim and were imported into QSR NVivo (Version 10), a qualitative data analysis tool. Following the general inductive approach (Thomas, 2006), thematic analysis was applied to the qualitative interview data. The general inductive approach allows for dominant and significant themes to emerge. The trustworthiness and reliability of the general inductive approach was tested by an independent researcher re-coding and re-categorising a section, ensuring a similar and consistent assignment from the raw text to each code and category.
Findings
The findings from analysis of the focus group and interview data are grouped according to the main research questions, under the following headings: Concerns about drinking, Individual characteristics associated with reduction/quitting, Strategies and supports, Barriers, Other potential strategies and Maintenance supports.

When reporting data/quotes from the interviews in the results, we report whether the data from was from an individual interview (Int) or focus group (Fg), what number the focus group/interview was (e.g. Focus group 2 = Fg 2), alongside the gender of the participants (e.g. Interview 2, with male participant = Int 2, Male).

Concerns about drinking
Young people’s concerns about drinking were manifold. These fell into three main categories: social, cultural and contextual influences; health-related consequences; and other negative consequences.

Social, cultural, contextual influences
A variety of social, cultural and context-related influences associated with alcohol were identified by young people as problematic.

Alcohol availability
The availability of alcohol was recognised as a problem that impacted on young people. It was clear that underage youth have no difficulty in accessing alcohol, as attested to by the following quotes:

“Despite what the government thinks, alcohol is very readily available to teenagers if they want it.” (Fg 4. Females).

“Yeah, I mean if you want to find alcohol you can easily find it, it’s not hard to find.” (Fg 4. Females).

One source of access to alcohol is through parents, older siblings, other family members and friends.

“Cause you can get like your parents to get it, or your older siblings or like adults to get them for you.” (Fg 4. Females).

Liquor outlet patrons were another means by which underage drinkers purchased alcohol. Young people wait outside liquor outlets and ask patrons entering a store to purchase alcohol on their behalf.

“Kids just walk around asking people, like, ‘Oh, can you buy my alcohol please?’ and some people, like when I was younger, they used to buy me alcohol.” (Fg 11. Males).

“Yeah, I mean if there is someone walking into the store you just say can you buy for me, I’ll give you the money, like on top of the drinks and they are like ‘Ok sweet’.” (Fg 12. Mixed).

In some instances, liquor retailers knowingly supply alcohol to underage drinkers according to young people.

“Yeah and half the time, I am not naming names, but some of the kids can go to liquor stores and they know that they are under age and they still supply them with alcohol.” (Fg 12. Mixed).

“Like when I was younger I went into a liquor store trying to buy alcohol and they asked me for ID and I only had my one that said that I was 17 and I showed it to them and they said ok.” (Fg 8. Females).

Some of the participants identified the high number of liquor outlets in some areas as contributing to the accessibility of alcohol.

“In some places there are too many (liquor stores) for the area, um and in the other areas there are like none and then in some there are like so many for the area that it’s in.” (Fg 10. Males).

They also noted the associated advertising of low cost alcohol at these outlets that they believed encourages young people to drink.

“Like cause when students walk past they are like, ‘Oh yeah, this box is like cheaper now, let’s go buy that’.” (Fg 10. Males).

Drinking culture
Participants reported that, among young people, drinking excessively is seen as acceptable and, amongst some youth, as ‘cool’. Indeed, ‘going hard out’ is seen by some young people as contributing to popularity.
“You should see her when she’s drunk... she’s like the party, everyone just watches her and they’re like, ‘Oh, cool.’” (Int 3, Females).

“This is the mentality of most of my mates; unless you wake up in hospital then your drinking isn’t that bad.” (Int 2, Male).

“It’s just like in our society...yeah, and I think it’s like a really bad culture that we’ve got in New Zealand.” (Fg 8. Females).

Social pressure and social inclusion
An associated concern is the social pressure experienced by young people to drink in order to fit in with their peers. Drinking alcohol was recognised as a common social activity among youth, and a way of reducing anxiety in social situations. But it was also recognised that there is a good deal of pressure to drink in order to be included in the social group. This often results in young people drinking when they didn’t want to or drinking more than they had intended. The following quotes exemplify these issues.

“Only drink to be social...cause you go out and it’s the best way to connect with someone else drinking and you drink as well.” (Fg 13. Mixed).

“Some people can get pressured into drinking... Well like if you’re like with a group of friends and like they all drink and like you’re like the only one that’s like doesn’t drink and then you feel like the loner person in the group and then like yeah, and then you just want to be cool like them so you just drink.” (Fg 6. Females).

“A lot of girls, um, it’s like a confidence thing, you know there are girls that are very, um, shy and quite ... self-conscious, like then when they drink they’re just on the other side of the spectrum... Because drinking reduces your inhibitions.” (Fg 7. Females).

“Someone offered me (shots) and I was like ‘Ok, what the hell, let’s do it.’ (It’s hard to say no) especially with shots like ... if everyone is doing a shot like you have to do a shot kind of thing... people don’t look at you if you don’t do it...but if you do it you are like a champion.” (Fg 8. Females).

“I think they are influenced by the people around them...and they are wanting to fit in...and so they drink to fit in...and they think that if they drink they will get into the cool group.” (Fg 4. Females).

This social pressure is experienced in early adolescence according to young people, who identified ‘drinking too young’ as a concern. As one respondent described it:

“Ten year olds are drinking these days too, excessive amounts.” (Fg 13. Mixed).

Lack of understanding of risks
A lack of awareness of the risks associated with drinking alcohol was seen as a concern and a reason why excessive alcohol consumption is common. Young people are told not to drink but they are not informed as to why, according to some young people.

“I just think it needs to be advertised more, ‘cause nobody really knows, like you know everyone’s doing it, but you don’t know the consequences.” (Fg 5. Mixed).

Stress
Alcohol is used by young people as a way of coping with stress associated with school and other life pressures, although it was recognised that this provided only momentary relief.

“School pushes you into drinking...cause it’s difficult as. All the work is just so hard and you just want to like get pissed and everything, and you wait to the weekend and you’re like ‘Oh I hate my life’. “ (Fg 6. Females).

“They think that alcohol is the answer to stress so that’s why they become drinkers.” (Fg 14. Males).

Health-related consequences
Young people identified some health consequences of concern associated with drinking alcohol. In particular, ‘liver problems’ resulting from long term use of alcohol was identified as a concern. ‘Brain damage’, ‘alcohol poisoning’, alcohol dependency and ‘alcoholism’, mental health problems, especially ‘depression’, and ‘passing out or fainting’ were other health problems of concern.

Other negative consequences
A range of other negative factors were associated with drinking. Among these were safety risks (e.g. “I ended up just being like so drunk that I had to go to sleep and I slept on her bed and I woke up and this guy was next to me and I did not remember what happened”) and violence such as ‘getting into fights’, ‘drink driving’, ‘teen pregnancies’ and ‘death’.
Other negative consequences associated with alcohol of concern to young people were: negative impact on learning, education and one’s future, (e.g. “We’re young people, we are at school, we are learning. Alcohol could come in to affect that”, “(Drinking) can affect their future”); parental disapproval/worry, (e.g. “It has like worried our parents quite a bit…(I got drunk and) my Mum stayed awake all night and she woke me every hour to make sure that nothing (happened)”; physical punishment, (e.g. “they’re scared of what their parents will think… Like with (some) families, like usually get a hiding if you’re like drinking under age”); financial problems, (e.g. “Financial issues…Spending all your money on like drinks and stuff”); and having to take responsibility for one’s drunk peers (e.g. “As friends, you have to look after them because you are actually worried about them yourself”). Poor decision-making while under the influence of alcohol was a salient theme among young people too, (e.g., “Just doing stupid stuff”), which included engagement in bad behaviour (e.g. “Getting out of control... and turning into like crazy person” or “shaming and embarrassing”); a tendency to ignore consequences of one’s actions (e.g. “Friends who get drunk are just like ‘Oh, we don’t care,’ and then they do it again”); lack of awareness of when to stop (e.g. “It’s the line between like, tipsy and then drunk. Like, I find that I go, like, I drink and then I don’t feel anything and then all of a sudden and I’m, like, asleep and I can’t see properly”); and a loss of perspective (e.g. “Didn’t think about the implications at the time”).

For some, the learning only occurred after a very serious event.

“(They) don’t give in to peer pressure.” (Fg 4. Females).

Individual characteristics associated with reducing/quitting

Young people identified a range of characteristics that they believed were associated with those who had successfully reduced or quit drinking alcohol. Foremost among these were the ability to learn from experience.

Ability to learn from experience

Individuals who had successfully reduced or quit drinking were identified as being able to learn from experience. This might be done through observing or learning from the experiences of others or more often learning from their own experience. The quotes below provide some examples of this.

“For me it’s easy (to say no), but I guess that’s just cause of my upbringing and cause I’ve seen a whole lot of things happen to my friends and family and stuff and I don’t want to go through that.” (Fg 5. Mixed).

“I had a bad experience... people actually told me the next day what happened, and I was like, ‘Oh God, that wasn’t a good idea’, and then I was like, ‘Oh ok, I should stop’ and then like a month later I ended up in a similar situation again... but now I’m pretty sure I’ve learnt my lesson and I’m definitely going to. I definitely want to change... just the fact like you know what happened last time so you’re like, ‘Oh I don’t want to end up in the same situation again,’ that’s kind of motivation enough.” (Fg 8. Females).

“(They) don’t give in to peer pressure.” (Fg 4. Females).

Ability to resist peer pressure

Although social pressure was a common theme, as indicated above, that young people found difficult to resist, individuals who had reduced or quit drinking were those who could withstand peer pressure.

“(They) don’t give in to peer pressure.” (Fg 4. Females).
“For some people it is easy (to say no) but for some people it is hard to say no to friends and stuff.” (Fg 5. Mixed).

“You know like you could walk into a party and you can have like one drink and that’s it. And then you’re kind of like, no matter how much people bag you, you can have one and that’s it.” (Fg 4. Females).

For some, this ability was learned from past experiences with alcohol:

“Well with me, my friends don’t peer pressure me, it’s my choice. And usually if I do drink it’s like just to have fun, and then in the morning I realise that I wasn’t having fun so I don’t drink to get drunk, I just drink to have fun, ‘cause I don’t have a good buzz on alcohol, I don’t think I could ever get addicted to it because I just don’t really like it and because I’ve experienced my Mum.” (Fg 4. Females).

**Maturity, self-confidence, insight, mental strength and determination**

Those who successfully reduced or quit drinking were described as possessing maturity, self-confidence, insight, mental strength, determination and motivation as exemplified in the following quotes.

“I think it’s maturity a lot. I really do think and confidence…Yeah, because you have to have confidence…You have to have confidence in yourself.” (Fg 9. Females).

“I think it’s sort of confidence…going out there and going to have a good time without having to drink.” (Fg 9. Females).

“The ability to realise what’s important and what’s not…Like what’s the difference between what’s right and what’s wrong. Yeah, so they’ve either been through it the hard way and figured it out that, that is not the way they want to go…So they snap out of it, like, ‘Oh I don’t like that’, ‘I’m not that sort of person’. “ (Fg 3. Mixed).

“They themselves want to change completely, like they want to do it for themselves. Like this other person was only doing it for others, but deep down they don’t really want to change and come out of it, but um those that um really want to stop drinking and put all their efforts into trying to stop they will actually have the most success.” (Fg 13. Mixed).

“Yeah they’re strong and determined; they’re just, inside, legends.” (Fg 2. Females).

“Just the fact that they, their own personal determination and how strong their will power is in order for them to quit.” (Fg 12. Mixed).

These were considered to be key characteristics of young people who resisted social pressure and had successfully changed their drinking habits.

**Strategies and supports**

A number of factors were identified that have helped young people to reduce or quit drinking. The most salient themes to emerge regarding factors that had supported young people to reduce or quit drinking were peer and family support and engaging in alternative activities.

**Peer support**

Peer support was purportedly a leading factor associated with successfully reducing or quitting alcohol. While peers were identified as contributing to alcohol consumption, so too were they seen as a key solution to the problem. This took two forms, direct assistance to reduce/quit drinking and indirect assistance through role modelling of moderate drinking or abstinence.

“Your friends that keep you away from the crowd that drink…They just try and stop (you) from making bad decisions. If they know that you are going to go back to that, they’ll like pull you back or something.” (Fg 2. Females).

“Like I had a friend who told me that she realised that I had been drinking quite a bit and ‘cause I’d come and tell her, or tell people the stories about what I’d do when I was drunk and stuff and she was just like, ‘You know, I really think that you should take a hard look’ and it kind of took someone else saying it to make me realise that what I was doing was probably not appropriate.” (Fg 8. Females).
“Having a friend that doesn’t drink and doesn’t rely on alcohol to have a good time.” (Fg 3. Mixed).

“I don’t know how she still puts, wants to be my friend, but yeah, that’s a lot of help...some people like when they keep abusing like a person, like abusing their help, people give up on that person, when it’s like, when they need them the most but like she never does.” (Int 1, Females)

“You need a friend that quits with you, like you do it together...you still have someone to hang out with on the weekends or like if yous [sic] go to a party together, you know... make sure each other doesn’t drink.” (Fg 5. Mixed).

To this end, an important factor in quitting or reducing alcohol was to choose one’s social group wisely and ensure one was surrounded with likeminded, supportive friends.

“Hanging out with the right friends.” (Fg 9. Females).

“I think it depends on your friends and like what parties you are going to because like if you’re really comfortable with your friends and stuff then sometimes just being like, ‘I don’t want to drink tonight’, and like, if I said that all my friends would respect it but I can see people who would like going out to a party and like if they were like, ‘I don’t want to drink’ then people, I can imagine in different situations might be like, ‘Oh well you’re a loser ‘and stuff’”. (Fg 9. Females).

“It does have to do with friends, like I think, ‘cause if you feel like peer pressure amongst your friends, I actually think you’re not, it’s not the right group for you... If you feel like every single time you go out and you don’t want to drink then they’re making you drink and you feel like you have to drink around them you kind of need to step back and look at your friends and be like, ‘Why are you needing to impress them?’” (Fg 9. Females).

“I think it depends on who you surround yourself around and if the people you surround yourself around are like true friends and they support what you’re doing, and they are not just laughing and saying, “oh, that will never happen... people that will help you make an effort or like keep it up.” (Int 1, Females).

Family support

Family/whānau were identified as another key support that had assisted young people to reduce or quit drinking. Important aspects in this regard appeared to be family connectedness and a positive parent-child relationship which involved caring and trust, where parents were aware of their adolescent’s activities and provided boundaries, yet ceded some responsibility to the adolescent.

“Family support, like if, when your parents were younger and they drunk, and then they can, then they know first-hand what it can do to you, so they care about you enough to influence you to stop.” (Fg 2. Females).

“But it’s having a family that you can spend time with, and get involved with rather than being like disconnected with them ‘cause you’re out drinking or whatever.” (Fg 3. Mixed).

“(Mum) kind of talked it through with (my brother) and helped him to like deal with what he was like trying to deal with... So it was kind of like talking it out and getting help with the problem reduced... his drinking...Having supportive people around you is so important.” (Fg 7. Females).

“I think parents have quite a big influence on it, like if some parents are like find (excessive drinking) acceptable then you, you don’t really find the need to change but if your parents are noticing that you’re getting into a pattern and that you’re doing this kind of stuff they’ll like act, “Can you seriously look at what you’re doing and stop?” (Fg 8. Females).

“I talk to my Mum about it, like she’d give me drinks, like she knows where we go to parties and stuff and she’d just trust me not to drink too much.” (Fg 9. Females).

“If you have a good relationship with your parents... if they respect you and you respect them...you know when there are boundaries and you don’t want to ruin that family name or whatever, then you’ll drink a little bit less...You’ll be more conscious...My parents are like that. Like, they let me drink, but my Mum is always warning me, like don’t drink too much, don’t do anything stupid and it like makes me think like I’m not going to drink heaps and heaps until I pass out but I will drink a little bit to have some fun. And I see some
other people that I know whose parents are just like ‘Don’t do that’ and they end up on the floor.” (Fg 15. Mixed).

“With parents who don’t have a good relationship with you, you’re always going to want to go behind their back and do stuff but if they do have a good relationship with you then you’ll respect what they give you.” (Int 1, Females).

Parents also helped by providing positive role models:

“It all starts at home. Parents are just the parents so um if they drink then the kids will drink.” (Fg 10. Males).

Allowing young people to make some decisions around alcohol and not prohibiting alcohol use entirely was considered to be an effective parental strategy overall. By contrast, banning alcohol consumption had the opposite effect on adolescent behaviour, according to respondents.

“I think because it depends on your parents, ‘cause some parents are quite, ‘No you can’t do this,’ so then the kid does it more...rebels even more.” (Fg 9. Females).

“I was always raised to be careful around alcohol; just my family’s attitude towards it has always been, it’s fine but don’t go crazy, and because of that I never felt the need to go out drinking or because it was always permitted it was never this forbidden thing for me.” (Fg 7. Females).

“It doesn’t really help if (parents) are like strict... the more they are strict, like, the more naughtier [sic] (the children) are. It more makes them want to do it (drink)!” (Fg 1. Females).

“Rebellion - strict parents... can make you drink more.” (Fg 15. Mixed).

**Alternative activities**

Engaging in alternative activities and keeping oneself busy with other activities was a strategy used by young people to avoid situations that involved drinking. In particular, engaging in sporting activity was found to be a useful way of reducing drinking as it is not conducive with drinking.

“They had other things to do in the weekend. Like my brother he joined a sport, he did rugby, so he spent his Saturdays instead of drinking he had a rugby game.” (Fg 6. Females).

“I think that sport is really good. Like when I was rowing I never drunk, as it probably, it also made me really light weight so that’s another reason why, but I just felt really unfit when I drank like the next morning you know, when I went for a row I just didn’t feel as good. I felt like the positive endorphins that physical exercise gives you makes me feel better than a night out in town. Like, I feel better about myself as well.” (Fg 8. Females).

“One time when there was drinks and I was actually at my boyfriend’s house at the time, I worked out and I just went crazy like fitness all night and I didn’t drink at all.” (Int 1, Females).

“They play sport so then they keep their mind off the alcohol and then they get active.” (Fg 14. Males).

I’m too into my sport to let it, let my drinking affect it...I like sports too much to - ‘cause I know if I came to school drunk and went played basketball or had a game I’d probably get kicked off the team.” (Int 3, Females).

Having other interests and activities, such as a job, were also helpful in reducing or quitting drinking.

“I find hobbies and interests actually helps you through it ‘cause then you, when you drink you don’t feel good.” (Fg 9. Females).

“Sport usually and going to work, ‘cause if you have a job then you can’t go hung over.” (Fg 10. Males).

“Just keeping busy, it helps. It helps heaps. ‘Cause then like you’ll get home and you’ll be tired so you want to go sleep. It’s how most of the people that I know that don’t drink do it.” (Fg 3. Mixed).

**Shock and awe**

Young people identified events involving alcohol that shocked them as being a deterrent to drinking. Both individual experiences and the experiences of others, including high profile media reports of alcohol poisoning have contributed to reduced drinking.

“I think a lot of people got scared when they heard about (James Webster)...and they kind of reduced drinking or like...they just stopped for a while...they thought about how much they drank and what they drank. And they wanted to know what he drank so that they could not, what happened to him wouldn’t happen to them.” (Fg 1. Females).
“I think that when something bad happens that’s when it changes...like it has to hit you pretty hard for somebody to try and stop all together...Like my brother he drank and drove twice and crashed his cars...and then his friend died drunk driving and then that’s what stopped him from like doing it.” (Fg 5. Mixed).

“One time in Year 10 I had a really bad experience and I was throwing up and ah, my Mum came and got me and took, even though, I was fine but I was throwing up she took me to the hospital and asked them to pump my stomach and all this stuff like just to scare me so I’d never do it again...I was so scared after that, I like didn’t drink for a good six months.” (Fg 9. Females).

Have a plan
A strategy that young people had found helpful in reducing or quitting drinking in social situations was to have a plan. This was important to avoid falling into the trap of bowing to peer pressure or engaging in ‘spur of the moment’ drinking. Planning to be the sober driver provided an acceptable excuse for not drinking, not taking so much alcohol or leaving one’s money at home to avoid the chance of purchasing additional alcohol were strategies used by young people to resist drinking in social situations.

“So when I offer to be a sober driver I kind of feel better about saying no because I know it’s not just me it’s other people that I worry about as well so it kind of makes it easier to say no.” (Fg 8. Females).

“You could buy like a four-pack or something instead of buying big boxes. Yeah, and leave your wallet at home.” (Fg 11. Males).

“Just don’t buy as much... and people are asking if you want like a shot of bourbon or a shot of vodka you’re just like ‘Nah’, just like, ‘Have a quieter one’...or you like set an amount of money for taking out like 15 bucks to buy like 6 Coronas or something, rather than bringing out like 30, 40 bucks to like, which is easy enough to buy a 40-ounce plus like beers and stuff.” (Int 2, Male).

Barriers
Factors that created barriers to young people reducing or quitting drinking were wide ranging, including social pressure, lack of self-confidence, normalization of drinking, the pervasiveness of alcohol in society, lack of family support, emotional problems and depression, alcohol addiction and lack of alternative social activities.

Social pressure
Social pressure was the most salient barrier to reducing or quitting drinking for young people. In particular, peer pressure and social inclusion pressure were identified as key barriers. The following quotes typify this barrier.

“It’s just hard when like, everybody is happy and in the mood and like, ‘Come on and join me’, like and then everyone’s like, ‘(Name), you’re so much fun when you’re drunk’, like you know, ‘Chill out’.” (Int 1, Females).

“You just get persuaded to go, like if someone goes ‘Oh we’re drinking over here’, ‘Oh yeah, she’s going, oh, he’s going’, you know, you don’t want to be left out...Yeah, you don’t want to be the loser. You don’t want to be like saying no and then be the one who wasn’t there...because you might feel like people are judging you like you think that you are better than them because you don’t choose to drink and all of that kind of stuff so they kind of separate you.” (Fg 1. Females).

“It’s really hard cause we’re like in high school now, we see like your family and friends drinking, in a way you see it as like, it’s cool. So you’re like ‘Nah, I don’t want to stop, I want to be on their buzz, I want to be like them’, yeah. When there is something happening I want to drink, I want to do this, yeah. So it’s kind of really hard to reduce it for kids our age especially.” (Fg 1. Females).

“They always do (shots) and then no one wants to be like, you know, everyone wants to be on top of everyone so, like ‘I can drink way more than you’.” (Fg 1. Females).

“Yeah, it’s just what they’re used to, like that’s what everyone else is doing, like they’re out there and they don’t have anyone else to hang out with unless they go to the parties.” (Fg 5. Mixed).
“They are influenced by the people around them and they are wanting to fit in and so they drink to fit in, and they think that if they drink they will get into the cool group.” (Fg 4. Females).

“Might feel left out….It’s like a key reason I guess, that stereotypical thing, like if you’re not drinking it’s like, ‘Oh ok, you’re not cool’.” (Fg 15. Mixed).

“If you are in like an environment where the people around you they like pressure and they don’t see why you want to stop then it’s harder ‘cause they don’t encourage you to stop.” (Fg 3. Mixed).

“It’s hard, I don’t know, like we would say that we were going to cut down on drinking and not drink anymore and stay away from all our friends, but then when the friends come to us it’s kind of hard to say no to them and stuff... it’s kind of like embarrassing to tell them, ‘No, I’m not drinking anymore’ ‘cause everyone knows us as drinking people.” (Int 3, Females).

Lack of self-confidence
Associated with difficulties in resisting social pressure to drink was a lack of confidence in social situations. Participants said that young people who lack self-confidence rely on alcohol to ease their anxiety in social situations.

“(When you’re young you have) problems trying to interact with your peers... you loosen up when you drink, sometimes in ways you don’t really want to.” (Fg 6. Females).

“Girls get more confident when they drink...They’re not as shy.” (Fg 5. Mixed).

“Cause if you think you might be shy and you want to meet heaps of people then you’d be like, ‘The only way I can do this is to get drunk’...So that’s what people think, they’ll be like, ‘Yeah, I’m going to get so drunk...like they don’t want it to be awkward.” (Fg 9. Females).

“I know some people that do it because...they have quite a lot of confidence when they are drunk as well. Yeah, so they are too shy to talk to girls or whatever it is, so they drink.” (Fg 10. Males).

“We just drink and then after that the truth comes out, yeah, ‘cause you know how when you’re drunk the truth comes out, yeah, and you say what you really want to say to everyone.” (Int 3, Females).

Normalisation of drinking
Unless people recognise that they are drinking too much, they will not see the need to reduce or quit drinking. Recognising a drinking problem is difficult due to the normalisation of drinking in youth culture. This was seen as a barrier to young people reducing/quitting drinking.

“The biggest one is figuring out that you’ve got a problem and that you are having too much. ‘Cause if you don’t know then it’s hard to stop and if you are around people that are doing exactly the same then it’s hard to realise it.” (Fg 3. Mixed).

“Like if you’re around a group of friends who all go out and drink like, there is no one telling you that it is like bad, they all think it is acceptable...Like you might not even realise you have a problem, you might just be oblivious to it.” (Fg 8. Females).

Pervasiveness of alcohol
The social pressure experienced by young people is exacerbated by pervasive messages about alcohol and media portrayals of drinking as desirable, ‘cool’ and contributing to social success.

“Yeah, in like music videos, everybody is drinking and like having a good time and you like feel that you’re missing out...yeah if you’re not drinking then you’re not having fun.” (Fg 2. Females).

“If there was less media influence, like every song has people drinking in it... And it’s not in a bad way it’s like in a good way, like they are smiling and everyone is happy...They don’t really show the bad effects of it.” (Fg 2. Females).

“They show some like that Heineken ad, where the girls are screaming out like ‘Oh shoes’ and then the guys are like screaming out ‘Alcohol!’ That Tui ad., those ads that advertise other alcohol, Lion Reds, Steinlarger, Heineken, (encouraging) you to buy.” (Fg 1. Females).

“’Cause someone always has drinks at school, like they always have alcohol but we never have food, none of us, we’re just like, only alcohol... and we just go around looking for food, someone always has a drink.” (Int 3, Females).

Contributing to the pervasiveness of alcohol was the ease with which alcohol may be obtained, another barrier to reducing or quitting drinking.
“They don’t even ask for IDs, like if you look old enough…they’ll give it to you. And you can just get your brother, or your cousin, or your friend that’s older, 18, they can just get alcohol for you. Someone who has an ID can get you it - oh, fake IDs as well.” (Fg 6. Females).

“It’s not that expensive, they put in as well. Like everyone shares…It’s like a chip in…Or they just, instead of buying like expensive alcohol bottles, they go straight for like a hot bottle (spirits), that’s like ten bucks…that is how cheap it is.” (Fg 1. Females).

Lack of family support
Lack of family support was a barrier to successfully reducing or quitting drinking. Poor parent-child relationships, negative role models and a lack of boundaries were contributing factors, as the following quotes exemplify.

“Like you’re not feeling safe to talk to (parents) about what’s troubling you, and so you just drink, and they just don’t understand why.” (Fg 2. Females).

“Well maybe (parents) are the reason why you are drinking. Say they have a few after work…That’s the way they’re brought up, around alcohol.” (Fg 11. Males).

“Parents can be too strict on you.” (Fg 11. Males).

“If the parent drinks themselves they drink too, and the child sees that and they think it’s okay.” (Fg 12. Mixed).

“It depends on what goes on around home. If your parents or older siblings drink and then you want to quit but then you see them having a great time you’re like ‘Well why should I quit?’” (Fg 12. Mixed).

My parents found out about it, - I used to smoke... and my parents found out about that and so they got um a bit aggro, they started threatening, like saying they’ll move me schools, move me to another country or something like that and I was like, and that kind of put me into drinking more.” (Int 3, Females).

Emotional problems, depression
Emotional problems and depression are barriers to cutting back or quitting drinking for young people who lack supports as they use alcohol to try to forget their worries or assuage negative feelings and depression.

“Young people get emotional really easily and then what they think about is alcohol...Yeah, it’s all they think about...They think it’s the only way out.” (Fg 1. Females).

“’Cause mostly like people I know nowadays, they only drink ‘cause they have problems. It’s mostly like, ‘Oh she’s depressed, I’m depressed, hey, you’re depressed too, let’s all go drink.’ ‘Let’s all drink our problems away’. It’s based on your mood actually, your mood and all that kind of stuff.” (Fg 1. Females).

“Get away from problems, ‘cause some people use it as like an excuse...just to take their mind off things. I know heaps that do that.” (Fg 2. Females).

“Sometimes it’s my emotions that like lead me to drinking, but other times it’s while I drink that my emotions get brought up.” (Int 1, Females).

“As much as our problems keep coming to us we keep on drinking to try and get them away... It’s kind of the point why we drink... It’s either that or everyone else is so depressed we’re just going to have a depressed circle and drink.” (Int 3, Females).

Alcohol addiction
Alcohol addiction was recognised as a barrier for young people that was difficult to overcome in a climate where drinking is a key way of being socially involved.

“It’s like once you’re addicted to alcohol almost you can’t do anything else. It’s like once you hear that someone’s drinking you’ll be like, ‘Oh’...you just want to join in, like you can’t help but say yes.” (Fg 1. Females).

“If you are an alcoholic if you drink too much if you drink so much that it becomes a habit...they keep saying that they will just have one more and they just keep on going.” (Fg 12. Mixed).
Lack of alternative social activities
A perceived lack of alternative social activities to drinking parties was identified as a barrier to reducing or quitting drinking. In the absence of alternative activities, by default, young people wanting to socialise ended up attending parties where drinking was the main activity.

“I think it is a lot that there is nothing, not much to do, once you get to like, once you get to 18 there is only, like there is town where you want to go and there is parties, but like that’s what you wait for, for the weekend, for a party or to go out somewhere.” (Fg 7. Females).

“It’s just what they’re used to, like that’s what everyone else is doing, like they’re out there and they don’t have anyone else to hang out with unless they go to the parties.” (Fg 5. Mixed).

“We don’t really have any sort of options to do at night”. (Fg 7. Females).

Other potential facilitators
Young people identified a diverse range of potential facilitators for reducing or cutting back on drinking. These fell into four main categories: information provision, alternative activities, alcohol restrictions, and support services.

Information provision
Young people recommended that more information should be made available to make youth aware of the risks and dangers of drinking alcohol.

“To make people aware of the consequences of alcohol, what will happen if you do drink too much, it’s an education point. It’s that knowledge of, that the consequences are there and they are possible.” (Fg 13. Mixed).

“If teenagers knew about the consequences that really could affect your life by alcohol, for example, I think all of us have learnt about the drug ‘P’ and from Year 9 we have learnt that, we’ve seen videos and what people can turn into by using that drug. So we need something like that to raise simple awareness.” (Fg 14. Males).

“It’s so hard because as much as I would like, want people to hear about how I feel about it, half of me like, I want people to see how I feel kind of trapped by like alcohol in a way and I’m so young, but I don’t think that I would ever stop (drinking), I think that it will always, I always go back to it in one way or another, but I want people to just know, I think, just know, like be told the truth about what teenagers do when they are drunk and like, how like, this affects them and how they’ll be like when they are 20 and their health and stuff. I think people just need to know that ‘cause everyone does, nobody takes anything seriously these days, you just pass it off.” (Int 1, Females).

This should begin in early adolescence.

“Start them off early...like in intermediate ‘cause that’s when we start, it’s not in college.” (Fg 6. Females).

“Just generally more education and understanding that kids are going to drink whether you tell them to or not, you just have to kind of have to work with how they drink. And maybe if it starts off at like an earlier age. Like I know people think like 10 and 11 is too young – it’s not...I know a lot of people did and it’s sort of like starting early. Parents can be like, ‘Oh no! They can’t be shown any of this stuff,’ but if it’s, like that’s when they are impressionable...and they can start getting an idea in their head like early on, like oh maybe I should wait, start drinking later.” (Fg 7. Females).

One way this can be achieved is through health classes at school. While young people do receive some information in health classes, participants felt it is not sufficient and is not always delivered appropriately. Young people believed that the messages needed to acknowledge that drinking in moderation was okay, that information needed to be provided on how much was a safe level to drink and the consequences of drinking. Allowing young people to discuss their experiences with alcohol in a class situation was also considered to be a useful strategy.

“Health we do (get information)...but no one listens...I wouldn’t say we get enough, I definitely wouldn’t say enough, like I wouldn’t know enough...and I think if a health class like says like you shouldn’t do it you know it’s just that mentality of well they’re saying I shouldn’t, but I want to because they are saying I shouldn’t, and like so, like instead of saying like, ’You shouldn’t
do this’, they should be like sort of saying, ‘We can understand, like it does happen, people do drink… this is what can happen’... rather than saying no... but also just like in moderation. ‘Cause I really think that that is the main thing. ‘Cause it’s not that we are drinking it’s actually how much we drink that is the problem.” (Fg 7. Females).

“And with the health class right, there could be a more active approach, not just writing it up on the board, like actually have class discussions.” (Fg 14. Males).

“Cause we just learn the facts (in health class). There wasn’t much information being told to us... Like how many drinks is too many for like girls and boys, and binge drinking and stuff, we didn’t really learn about how it’s really bad and how you can stop it and stuff.” (Fg 2. Females).

“(Need to) raise awareness...Like for smoking, they changed the social attitude towards smoking that it’s negative and we don’t get that much information about alcohol. All we know is that alcohol is bad for your liver. There isn’t much more information than that.” (Fg 14. Males).

Information could also be delivered through social marketing. Television was seen as a key medium for getting the messages across.

“I just think it needs to be advertised more, ‘cause nobody really knows, like you know everyone’s doing it, but you don’t know the consequences... you see crashes, you see crashes on TV about drink driving and you see like, people like not being able to talk and like choking on TV cause of smoking but you don’t see anything about just drinking.” (Fg 5. Mixed).

“The social media, the TV, that’s a major because that’s something that like as you come from intermediate up until Year 11 you watch a lot of TV, whereas in Year 12 and 13 you’re not as much into it and so you are kind of already filled with everything before then and so if alcohol is shown as a bad thing up until then, then you are more likely to not drink, even if you have like, even if your parents are drinking and stuff. Because by then you develop your own values and what you believe and stand for and that kind of stuff.” (Fg 14. Males).

“Maybe you could show like interviews on the media like on the news, so you could like show people that have quit and they could talk about what their life was like before and after drinking.” (Fg 14. Males).

“Also teenagers now, we don’t really get taught about the consequences of drinking like, it’s not really...You don’t think of the consequences and you’re just like ‘Oh nah I’m like invincible, nothing’s going to happen aye, I have my friends, I know where I’m going to stay,’ so it’s like ‘Oh I’ll be fine’. I think if we got taught about the bad things, like I watched a movie about it that like taught me about it...I can’t remember what it was called. I just know that this girl died from drinking too much.” (Fg 5. Mixed).

“I think that they should have more ads about like what alcohol can do. More serious ones though.... And give examples like with that guy (James Webster)...they should give examples of that so people are aware and they know.” (Fg 1. Females).

“The drinking (ads) are only focused on drink driving...There’s nothing just on teenage drinking or binge drinking. They only focus around the whole driving and drinking.” (Fg 5. Mixed).

The use of sport role models in social marketing messages was recommended.

“(Use) sport role models...you know like commercials and stuff, like that say, like if they found it hard, if they do that (drink), they struggle. ‘Cause you know how they do that smoking one... Sometimes it’s their role models that got them into drinking, like they see those rugby players and stuff drinking so they decide to do it as well.” (Fg 5. Mixed).

“They see their sport role models drinking and stuff they think like if they are like that good and they drink and nothing is wrong with their sport then they think ‘Oh well I may as well keep drinking’. Yeah, but it would be better if the role models like said they needed help.” (Fg 5. Mixed).

Young people had mixed feelings about the success of media messages that combine humour with delivery of a serious message about drinking. For the most part, they felt that a serious media campaign would be more successful.
“Like a TV ad... ‘cause a lot of people talk about ads and things like that, and it would help considering everyone watches TV after school, in the mornings. Like a serious ad, not the funny ones. Like the driving one, that’s not very serious... Yeah, more serious. They make it funny which makes everybody else think it’s funny. Yeah and they love that ad, the ghost chips one.”
(Fg 1. Females).

The shock factor was believed to be necessary to get the messages across to young people, although views were mixed as to whether graphic images of the consequences of drinking should be shown on TV. Some believed it was necessary, while others believed they would switch the TV off if images were too graphic.

“Yeah, those smoking ads are good, maybe they should do one like, like with the whole throat thing when you cut the lung and all that and what comes out... that’s gross stuff.” (Fg 1. Females).

“But the New Zealand ones that they show aren’t really like, they don’t wake anybody up, like if you watch the Australian ones or the American ones, they like scare you...they’re scary as.”
(Fg 5. Mixed).

“I think the drunk driving ones definitely do (work)...They were really powerful...It’s kind of the way they are done, if they’ve got a bit comedy, a bit of seriousness that kind of just makes you go, ‘Oh shit that’s kind of bad’, like I think that’s really important. Like it’s really important how they’re done. Like the drink driving one with the women who’s like ‘We’ve all got a problem, we need to talk about it’, it doesn’t really do anything for me... But the ghost chips one is really good... cause it’s got comedy but then it’s also kind of serious at the end. What was that horrible one, it was like you could barely watch it, it was like a crash...and the guy is like bleeding upside down...that was horrible...and it’s relatable.” (Fg 8. Females).

“(They should) not have the drastic endings always like with a car crash and everyone is like I don’t want to look at this ad. Make it look like you know it’s not that bad being...like the negative ending, they need more positive endings...it is more effective for teenagers, like for that ‘ghost chips’ one, like oh, me and my family watch that a lot, like it’s a goodie, we like rewind it like five times.”
(Fg 9. Females).

Speakers

Another strategy that young people believed would be effective in facilitating a reduction in drinking was the use of speakers who had first-hand experience in the dangers of alcohol to talk to young people in school.

“I also think what might help is... speakers to actually go to the school and a lot of speakers because we had students against drunk driving and we had an actual speaker come in...and talked to us like what is the statistics of drunk driving, and after that everyone was like I’m never going to drink and drive in my life...It would be good to have those continuously though like throughout the year so that you don’t like forget about it.” (Fg 9. Females).

“A drinking presentation (about) like the risks and like what happened, what may happen and then ask experienced people to come and talk what they’ve been going through.” (Fg 6. Females).

“I was talking to someone from another school and she said that they had someone come in, that had been like in a drink driving accident, and they had the like the car, and it was all smashed up and stuff and they had it like in front of them, and that kind of like slapped them in the face and showed them the effects.” (Fg 3. Mixed).

“I reckon have like school assemblies, where like people come in and talk to the kids about drinking, and I reckon if you give like examples of what’s happened to some people and the things that can happen, like the serious type.” (Fg 5. Mixed).

“We had a really good one the other day it was about being tired and driving and it was a woman who got hit by a girl our age and the girl our age died cause she had fallen asleep while she was at the wheel, and the woman who got hit had like major problems and she almost died and it was just, like she sat down on a chair just in front of us and just like talked to us. And I think that was really powerful.” (Fg 8. Females).

“I think that like, a lot of people, if they were truly like, maybe if they heard stories, like really graphic stories or like, say like, my experience of like, nearly like actually stabbing myself with a knife, if they heard things like that just from normal teenagers like them then maybe that would put them off or make them think about it...Yeah, having people that they can listen to and relate to and you know...
without having to go through it themselves and be like, “Ok I need to stop”, they should listen to someone else who’s already had, who’s already gone through the bad experiences.” (Int. 1, Females).

However, mixing the serious messages about drinking with humour was not always considered to be an effective strategy:

“Those speakers that come to school though and they just act stupid the whole time and try and be funny and when they get serious no one takes them seriously. You just laugh at it. They are trying to like, relate to us teenagers by making us laugh, yet when they get to the serious stuff, it just doesn’t have an effect on us.” (Int. 1, Females).

Alternative activities
As noted, a lack of alternative activities was viewed as a barrier to reducing or quitting alcohol. Parties were the main social events attended by young people which invariably involved alcohol. Thus, provision and promotion of alternative activities was suggested as a way of supporting a reduction in drinking among young people.

Alcohol-free events
Young people suggested that more alcohol-free events be made available to them.

“Maybe have, um, some weekly events not based on alcohol. Cause you know how some people have nothing else to do so they just go and party and stuff...They used to have those like raves and things. Have you ever heard of Splurge and things like that? ...And I think things like that are perfect because they are just on Saturday night, you can buy a ticket for like $20 and then...roll up with some mates and its non-alcoholic.” (Fg 10. Males).

“My sister goes to the um, like the underage, under 16 or something dance parties and stuff, like Splurge and stuff, they are alcohol free, that’s like the same sort of thing, just without alcohol.” (Fg 8. Females).

“Start a youth group...like always on a weekend, so that you don’t go out and drink. Like have some activities without alcohol.” (Fg 11. Males).

“If they had more socialising events to do, other things, then you would have something else to do... More events should be held like concerts or something, just something to go to instead... “Cause I mean a lot of people get bored at home and they are like ‘I want to go out and get wasted because there is nothing better to do with my night.’” (Fg 12. Mixed).

Support services
Young people had mixed views about the usefulness of support groups to facilitate reducing or quitting drinking. Those who thought a support group might be helpful suggested that they could be run by professionals and/or those who had experienced difficulties with drinking and had successfully reduced or quit drinking. Alternatively, these could be peer support groups.

“I think it should be professionals...and like people that have been alcoholics and don’t drink anymore.” (Fg 2. Females).

“Maybe even encouraging peers to talk in front of their group of friends about their experiences and that kind of tells their group of friends that the friend is trying to improve themselves so they won’t like try and bribe her to drink again...Like I feel like if you said, ‘I really don’t want to drink on your party on Saturday because I might do stupid things’, then I wouldn’t let you, because you’ve come to me and spoken to me.” (Fg 8. Females).

Alcohol restrictions
Young people suggested a variety of restrictions on alcohol to support young people to reduce or quit drinking. These included a ban on alcohol at sports events, increasing the price of alcohol, raising the drinking age, reducing the number of liquor stores, reducing liquor store hours of sale and reducing the allure of alcohol packaging.

“It’s probably the pricing that should change...It’s not that cheap but it’s still affordable...and that’s why everybody drinks, it’s easy.” (Fg 5. Mixed).

“I think the ah, the alcohol age should go up, as much as I personally wouldn’t want that, ‘cause like you know, I drink, but like I do think if you do put it up to like 21 then it should reduce the amount of school people that did it... I think it would make it harder to access it... You know ‘cause you kind of get fake IDs, you get people to
buy it for you that are older but you don’t know as many people that are 21 say as you would that are 18 when you are aged 15.” (Fg 7. Females).

“What if they decrease like the number of stores that sell alcohol...for some people if it’s really far then they will be like, ‘Oh nah, I can’t be bothered’... There is like one on every corner....Like one on actually every corner in this area. Some of them are in residential areas, so people just have to get out of the house and walk across the street.” (Fg 12. Mixed).

“They could like put a time frame on the liquor stores, like have it close at a certain time so that people after that time don’t go back... people go and get their boxes at like five and then finish their box when it’s like ten and so they go back and get another one. They could like close the doors at like seven or something so that people after that can’t go back and get more boxes.” (Fg 3. Mixed).

Maintenance supports
Young people identified two supports that might assist young people to maintain a reduction in or cessation of drinking. Continued engagement in substitute activities was considered to be a useful strategy as it provided a distraction and changed the focus of attention. One such activity, sport, also provided stress release.

“They could have something else... like something else that distracts them or something...Like exercise...or like a sport or something...that you can take your frustration out on, like kick boxing.” (Fg 2. Females).

“I reckon sport is so good like that, its stops me going out as much as I would.” (Fg 7. Females)

However, it was also acknowledged that sport may encourage drinking.

“Sometimes when like you’re playing sport and you really want to win and you lose you feel bad so you drink just to let your frustrations out so it can go both ways, it depends what your situation is.” (Fg 3. Females).

Secondly, providing on-going peer support was seen as an important way of helping young people to maintain a positive change in their drinking habits.

“Congratulate them. Show them what good they’re doing...React to their, um, good things...and just be there for them.” (Fg 6. Females).

“Their friends need to be really supportive. If you have a friend who makes a conscious decision to stop drinking...Like you didn’t force them, they chose on their own and stuff...Then you kind of should respect that and you should respect people’s decisions regarding stopping drinking.” (Fg 7. Females).

“Encourage them and not keep tempting them... Since the person liked drinking, don’t drink around them I guess.” (Fg 12. Mixed).
Summary

In summary, young people identified a variety of concerns around drinking. These fell into three main categories: social, cultural and contextual influences; health-related consequences of drinking; and other negative consequences. Of particular concern to young people was the social pressure to drink; in this regard, peer pressure and pressure to be part of the group were major influences on young people’s drinking habits. Compounding these concerns is the existence of a culture in which to drink excessively is seen as acceptable, which was seen to have a negative impact on how young people were drinking. These factors were exacerbated by ready access to alcohol. Although young people were aware of some health risks associated with drinking and other negative consequences, they did not believe adequate information was available to fully inform them of all the risks.

A range of personal qualities were associated with those who had successfully managed their drinking. According to young people, those who were successful were able to learn from experience (their own or others’) and resist peer pressure; they also possessed maturity, self-confidence, insight, mental strength and determination.

The main supports that young people had found useful in reducing or quitting drinking were peer support and family support. With regard to the latter, positive parent-child relationships were considered key to managing one’s drinking successfully. Strategies that had proved helpful for young people included substituting alternative activities in place of drinking or taking up activities that were not conducive to drinking, such as engaging in sport. Awareness of incidents involving alcohol that shocked young people had an influence on their alcohol consumption, reducing the amount that they drank for a time.

Barriers to reducing or quitting alcohol included social pressure, lack of self-confidence and the normalisation and pervasiveness of alcohol in the community. Lack of family support and emotional problems similarly acted as barriers to reducing or quitting drinking. Potential facilitators identified included the provision of information on the risks and consequences of drinking, the provision of speakers or media campaigns to provide such information, the provision of alternative activities such as alcohol-free events, support services and alcohol restrictions. Supports to assist maintenance of alcohol reduction included providing on-going peer support and encouragement to participate in alternative activities.
Summary and Implications

In this concluding section, we bring together the two arms of the study to draw out and discuss the main findings, identify the strengths and limitations, and draw conclusions and implications.

This study adopted a mixed methods approach in order to better understand young people who are concerned about their consumption of alcohol and to explore attitudes and beliefs about the sources and solutions to problem drinking in this age group. While a strength of a mixed methods approach is that the qualitative data can, in many instances, help to better understand the meaning of some of the findings identified in the quantitative analyses, with regard to this study, the two arms can be viewed as independent, albeit complementary, studies. Thus, unlike other mixed methods studies that address a common set of research questions, the qualitative and quantitative arms addressed distinct research questions.

The study was accomplished, in the first instance, via a secondary analysis of the Youth’07 survey data, whereby students who identified as current drinkers and were concerned about their drinking were compared across a range of variables with current drinkers who were not concerned about their drinking. A large qualitative study involving almost 100 young people was employed to explore, in depth, beliefs about the sources of concern about drinking, the barriers and facilitators to managing alcohol consumption and strategies to support young people to reduce or quit. A further strength of the study, which speaks to the validity of the findings, is the concurrence between the samples for the two arms of the study.

While the analysis of the Youth’07 data showed that concern about drinking differed as a function of ethnicity and socio-economic status, with Māori and Pacific young people and those from high deprivation areas being more likely to express concern, analysis of the composition of the focus group participants reveals that the voices of Māori were underrepresented. This aside, the focus groups were ethnically diverse and the majority of the students who participated came from high deprivation areas. This gives a level of confidence that the voices of the groups identified in the quantitative study as being concerned about their drinking were represented in the focus groups.

Further examples of concurrence between the two data sources include the following aspects.

Sources of Alcohol

In the survey, concerned drinkers identified ‘friends’ as being a key way of sourcing alcohol while the focus group/interview participants spoke at some length about the ease with which alcohol could be obtained. In general, they saw this as a result of the number of liquor outlets in their communities and the fact that it was not uncommon for young people to obtain alcohol from older friends or siblings or even from strangers approached outside these outlets who were willing to purchase alcohol on behalf of young people.

Drinking patterns

While the frequency and amount of alcohol consumed per session did not differ between those concerned and those not concerned about their drinking, those who were concerned were more likely to have reported binge drinking in the last 4 weeks. Binge drinking was identified as a significant issue by young people in the focus groups who expressed concern about the binge-drinking culture in society, in general, and amongst young people, in particular, where it appears to have become normalised.

As in the survey, focus group/interview participants identified friends as those with whom they were most likely to drink. This is not surprising given the major influence peers have in adolescents’ lives (Cruz, Emery, & Turkheimer, 2012).

Help seeking

The survey found that young people concerned about their drinking were no more likely to seek help from conventional sources, such as parents, teachers, school nurses or counsellors, than non-concerned drinkers. However, they were more likely to seek help from ‘other’ sources. Similarly, focus group/interview data suggest that young people do not see solutions to problem drinking necessarily being at the level of the individual but rather at a community and societal level. For example, some young people believed that what would be most helpful was if risky behaviours
associated with alcohol consumption were the focus of interventions at the societal level in much the same way smoking has been targeted. Others believed that communities could help by providing opportunities for young people to attend alcohol-free events such as concerts.

Concerns about drinking and potential risk factors
Focus group and interview participants appeared to be aware of the risks of binge drinking. However, they voiced frustration at their lack of knowledge about the long-term health risks of drinking. In terms of risk factors, they were more inclined to see risks associated with lack of self-confidence and peer pressure than with individual mental health issues (e.g. depression).

Implications
If we are to assist young people who are concerned about their drinking, or arguably, all young people, the findings of the study suggest a need to focus our efforts in four areas: managing social/peer pressure; addressing the pervasive messages around alcohol and its accessibility; facilitating family support; and provision of appropriate education on alcohol use. Each of these issues need to be focused beyond the level of the individual; many of the issues, we would maintain, can only be effectively addressed through community change. However, we acknowledge that this often requires generational shifts and, in the meantime, there is a need for action. This study sheds some light on where efforts might be focused.

Managing Social/Peer Pressure
Data from both arms of the study point to the urgent need for specific interventions to cope with social pressure to consume alcohol, often to excess. It is not surprising that the survey showed that young people concerned about their drinking were drinking with friends, given the weight of peer pressure experienced by the young people in the focus groups and interviews in the qualitative arm. Repeatedly, young people gave examples of instances where they felt pressured to drink, often to excess, or risked being socially excluded. Not surprisingly, they identified having the skills to resist peer pressure and being self-confident as being associated with being able to manage their drinking. While establishing self-confidence in a young person and the subsequent ability to withstand peer pressure has its genesis in early childhood, and is thus more difficult to establish in adolescence, the young people in the study did put forward some ideas that could be expected to help combat pressure to drink. These included the provision of alcohol-free activities, such as concerts, youth groups and peer support groups for those trying to cut down or quit. Further, given that it appears that a young person’s decision to not drink is likely to be respected when he/she has what their peers consider to be a valid excuse for not drinking, such as being the designated ‘sober driver’, then identifying and providing young people with a list of reasons for not drinking accepted by their peers might well be a simple but helpful strategy.

Pervasiveness of alcohol
A specific form of social pressure identified by the young people was that of the pervasive presence of alcohol in society. They spoke at length of the ways in which alcohol is constantly associated with good times and social acceptance, particularly in the media, for example, in music videos. They also described the incongruence apparent in some of the television advertisements specifically aimed at reducing drinking where, at the same time as a serious anti-drink message is being conveyed in the foreground, there are people in the background drinking and having a good time. On the subject of media campaigns, young people pointed out that the focus of the majority of these was on drink driving or involved messages they perceived as being directed at adults. In addition, they expressed firm opinions about the content and form of messages they believed would impact on young people with respect to drinking, which suggests that consulting young people about further campaigns could be beneficial to their ultimate success. Finally, an important factor associated with the pervasiveness of alcohol is its accessibility. Young people believed that ease of accessibility was a big factor in their ability to control their drinking. In every focus group, young people spoke of their concern at the number of liquor outlets in their neighbourhoods, the affordability of alcohol and how easy it was to procure even if you were underage. Such findings point to the need for intervention at a political level, that is, through local and national government.
Family support
Just as peers were seen as being both part of the problem and the solution to it, so too was family. Interestingly, while the survey findings did not indicate any significant difference in the levels of family connectedness between the concerned and unconcerned drinkers, young people in the qualitative study identified factors that might be considered representative of family connectedness as being central to young people’s ability to control their drinking. Of particular relevance was parents showing that they trusted their young people, while at the same time providing clear boundaries. However, young people were strongly of the opinion that both a laissez-faire and a highly restrictive attitude on the part of parents towards drinking were counterproductive. Such findings are not surprising given that such associations between parenting styles and risk-taking behaviour in young people are well established. It is interesting that young people themselves are able to identify this. While parenting programmes for parents of adolescents are comparatively rare, these findings suggest that access to programmes that offer parents guidance on how best to support their young people to manage their drinking behaviour would seem important.

Education
Young people identified a comparative lack of opportunity to learn about the health risks associated with alcohol use. Possibly due to the ‘normalisation’ of alcohol use by society, we fail, as a society, to place as much emphasis on educating young people about the health risks associated with its consumption as we do about other drugs; participants spoke about being more aware of the health risks associated with drugs such as ‘P’ than about alcohol. Further, they had some very definite ideas about what constitutes effective education strategies, including not being lectured to, but rather having interactive lessons that provide opportunities for discussion. They also felt that the message carried more weight if it was delivered by someone who had actually experienced the negative consequences of alcohol. There was a desire to be informed of the long-term consequences of alcohol consumption and not just those associated with drink driving and binge drinking. Young people strongly advocated for effective education to begin prior to secondary school as they noted that significant numbers of young people have begun drinking by the time they reach secondary school. Thus, it would appear that consulting young people about their information needs and how they would like this information delivered could be a relatively simple and low cost step in supporting young people concerned about their drinking.

Access
Students’ ambivalence towards drug and alcohol services was evident, with a preference for getting support from peers and family. Yet, students who were concerned about their drinking were significantly more likely to report experiencing difficulties accessing care from health professionals in the previous 12 months and having difficulty getting help with alcohol or drug problems. Health professionals and alcohol treatment services must engage peers and families to facilitate access to care and education. These findings, alongside the higher levels of self-reported concerns about drinking expressed by several disadvantaged groups (e.g. Māori and Pacific students, and those in more socioeconomically deprived situations) suggest important unmet needs for services and intervention strategies that require particular attention.

Conclusion
This study has provided a better understanding of those young people who are concerned about their drinking and who are trying to cut down or quit, and has provided a wealth of information about both the challenges and possible ways to intervene and support their efforts. Importantly, these insights have come from the young people themselves. This study has given them voice and the opportunity to identify the issues and propose the solutions themselves. They have identified that this is a complex issue that needs to be addressed on various levels, including at the level of the individual, the family and community. What is clear is that, if we are going to successfully support young people who are concerned about their drinking and/or are trying to quit or manage their consumption, these young people will need to be part of the solution. This study has shown that given the chance, young people relish the opportunity to contribute.
References


Worry About Alcohol Report

Appendices

APPENDIX 1: TABLE 1 – VARIABLES USED IN THE QUANTITATIVE ANALYSIS USING YOUTH 07 SURVEY DATA

<table>
<thead>
<tr>
<th>Variable name</th>
<th>Question</th>
<th>Categorisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>User name</td>
<td>What sex are you?</td>
<td>Male=1; Female=2</td>
</tr>
<tr>
<td>Age</td>
<td>How old are you?</td>
<td>Age in years: 13 or less, 14, 15, 16, 17 or older</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Which ethnic group do you belong to?</td>
<td>For students who indicated more than one ethnicity, the Ministry of Health’s prioritisation protocol was used to assign to one of the following: Māori, NZ European, Pacific Island, Asian, or Other</td>
</tr>
<tr>
<td>Socio-economic status</td>
<td>NZ deprivation index2006 AND/ OR</td>
<td>3 bands: according to whether they live in a neighbourhood of low (deciles 1-3), medium (deciles 4-7) or high (deciles 8-10) level of socio-economic deprivation.</td>
</tr>
<tr>
<td>Current drinker</td>
<td>Have you ever drunk alcohol (not counting a few sips)? AND</td>
<td>Must have answered ‘Yes’ or declined to answer</td>
</tr>
<tr>
<td>Concerned about their drinking</td>
<td>Have you ever tried to cut down or give up drinking alcohol?</td>
<td>Must have answered ‘a little’, ‘some’ or ‘a lot’ Must have answered ‘Yes’</td>
</tr>
<tr>
<td>Usual binge drink</td>
<td>How many alcoholic drinks do you usually have in one session - within 4 hours? (Count one drink as one small glass of wine, one can or stubbie, one ready-made alcoholic drink, e.g. rum and coke or one nip of spirits)</td>
<td>Usually have 5 or more drinks in one session</td>
</tr>
<tr>
<td>Frequency of alcohol consumption</td>
<td>During the past 4 weeks, about how often did you drink alcohol?</td>
<td>At least weekly</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>In the past 4 weeks, how many times have you had 5 or more alcoholic drinks in one session - within 4 hours?</td>
<td>Have drunk 6 or more alcohol drinks in one hour session at least once in last 4 weeks</td>
</tr>
<tr>
<td>Source of alcohol</td>
<td>When you drink alcohol how do you usually get it?</td>
<td>Must have selected at least one</td>
</tr>
<tr>
<td>Drinking company</td>
<td>When you drink alcohol, who do you usually drink with?</td>
<td>Friends, family, other people, by myself</td>
</tr>
<tr>
<td>Reasons to drink</td>
<td>Why do you choose to drink alcohol? To relax, get drunk, have fun, forget about things, because my friends do, enjoy parties, make me feel more confident, because I am bored, none of these</td>
<td>Must have selected at least one</td>
</tr>
<tr>
<td>Where they would go for help</td>
<td>If you had problems or concerns due to alcohol or drug use, who would you go to, to get help?</td>
<td>School guidance counsellor, friends, teachers, parents, school nurse, family doctor, drug and alcohol service, other, I wouldn't look for help</td>
</tr>
<tr>
<td>Difficulty in accessing health professionals</td>
<td>In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other health care worker) about your health, but you weren’t able to?</td>
<td>Must have answered ‘Yes’</td>
</tr>
<tr>
<td>Difficulty in getting help with stopping drug/alcohol use</td>
<td>In the last 12 months have you had any difficulty getting help for any of the following?</td>
<td>Must have selected ‘help with stopping drug or alcohol use’</td>
</tr>
<tr>
<td>Experienced alcohol-related problems</td>
<td>Had friends or family tell you to cut down your alcohol drinking?</td>
<td>Had at least one problem with alcohol or have friends or family tell them to cut down on drinking</td>
</tr>
<tr>
<td>Parents drink</td>
<td>Which of the following do your parents or parent use in your home alcohol (e.g. beer, wine, spirits, etc.)?</td>
<td>Parents use of alcohol in home</td>
</tr>
<tr>
<td>Friends drink</td>
<td>Which of the following do your friends use alcohol (e.g. beer, wine, spirits, etc.)?</td>
<td>Friends use of alcohol</td>
</tr>
<tr>
<td>For beer to drink regularly</td>
<td>Which of these do you think it is okay for people your age to use regularly-alcohol (e.g. beer, wine, spirits, etc.)?</td>
<td>Think it is okay for people my age to use alcohol regularly</td>
</tr>
<tr>
<td>Bullied weekly</td>
<td>This year how often have you been bullied in school?</td>
<td>Bullied at school at least weekly in the last year</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>How do you usually feel – happy, lonely, like hiding from people, sad, like hurting myself, I am no good, I am bad, mad about things, bored, like nothing I do helps anymore?</td>
<td>Symptoms of depression based on the Raynolds Adolescent Depression Scale adapted for use in NZ. A score of 28 or less, or answering all 4 critical questions in a specified way, indicates risk of depression.</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>During the last 12 months have you seriously thought about killing yourself (attempting suicide)?</td>
<td>At least once in last 12 months</td>
</tr>
<tr>
<td>People in school care</td>
<td>How much do you feel that people at school care about you? (like teachers, coaches or other adults)</td>
<td>Some or a lot</td>
</tr>
<tr>
<td>Parents consider it important to attend school</td>
<td>How important is it to your parents or the people who act as your parents that you go to school every day?</td>
<td>Important or very important</td>
</tr>
<tr>
<td>Student considers it important to attend school</td>
<td>How important is it to you to be at school every day?</td>
<td>Very important or somewhat important</td>
</tr>
<tr>
<td>Parents’ awareness of students friends</td>
<td>How much do your parents (or the people that act as your parents) really know about who your friends are?</td>
<td>A lot</td>
</tr>
<tr>
<td>Parents’ awareness of student whereabouts</td>
<td>How much do your parents (or the people that act as your parents) really know about where you go after school?</td>
<td>A lot</td>
</tr>
<tr>
<td>Spiritual belief/religious faith</td>
<td>How important to you are your spiritual beliefs or religious faith?</td>
<td>Very important</td>
</tr>
<tr>
<td>Attends place of worship</td>
<td>How often do you attend a church/mosque/temple/shrine (or other place of worship)?</td>
<td>Attend place of worship at least once a week</td>
</tr>
<tr>
<td>Plans</td>
<td>What do you plan to do when you leave secondary school?</td>
<td>Training or education = 1 Start work or get a job = 2 Start family, do nothing or no plans = 3</td>
</tr>
<tr>
<td>Family connectedness scale</td>
<td>A ten item whānau/family connection scale (α = 0.84) previously developed, identified factors that might theoretically constitute whānau/family connectedness *</td>
<td>Family connection score, range 12-45. Higher is better</td>
</tr>
</tbody>
</table>
Qualitative Procedural Documents

Qualitative Document 1. Interview recruitment poster

Are you worried about your drinking?
Have you tried to drink less or stop?
Have you successfully cut down or stopped drinking?

A recent study with young people showed that many secondary students were worried about their drinking, had tried to cut down or give up, OR had successfully cut down or stopped drinking.

The Centre for Child and Family Research is very interested in hearing young people’s worries about their drinking and how they have tried to, or successfully cut down and/or given up.

We would like to invite you to take part in a focus group with other young people with similar experiences. All information you provide the researchers will be treated confidentially and nobody will be able to identify you or what you have said in any reports or publications out of this study.

The focus group discussion will be held at a neutral venue and some food will be provided. A movie ticket will also be given to those who participate.

If you would like to be involved, please take one of the tear-off papers below and contact us.

Principal researcher:
Associate Professor Robyn Dixon
Faculty of Medical and Health Sciences
The University of Auckland
Phone: +64 9 923 7388
Email: r.dixon@auckland.ac.nz

Approved by The University of Auckland Human Participants Ethics Committee, on 05/03/2012 for 3 years to 05/03/15. Reference Number: 2012/7949
Qualitative Document 2: Interview Schedule

Introduce self and research, run through PIS.

- **Tell me a little bit about yourself.** (Prompts: Live at home with your parents, sisters/brothers, older/younger. What are you in to? Do you play sport?)

- **Tell me a bit about your drinking.** (Prompts: How much would you drink? When would/do you drink like that – with friends, on your own? How often? How did/does it make you feel at the time? How did you feel later/the next day?)

- **Why are you concerned about your drinking?** (Anything else?) (Are others concerned about your drinking? Who? Tell me about that.)

- **Have you tried to reduce your drinking or give up altogether?**
  
  If ‘yes’ - What did you do?
  
  - How did it go?

  **What helped you to reduce/quit?** (Anything else?)

  **What made it hard to reduce/quit?** What got in the way? (Anything else?)

  *If you were to try to reduce or quit again, or help someone else to, what do you think would help (make it easier)?*

  **What do you think would help you/young people like yourself to be able to drink moderately (within reasonable limits) or to not drink at all?** Who or what could help?

  **Is there anything else you can tell me on this topic?**
Qualitative Document 3. Focus Group Protocol

‘HOW TO BEST SUPPORT TEENS WHO ARE CONCERNED ABOUT THEIR DRINKING OR HAVE BEEN SUCCESSFUL IN REDUCING OR QUITTING ALCOHOL’

(FG Goal: To uncover how best to support young people to successfully reduce or quit drinking in order to develop resources and programmes.)

(Go round group and gather age, ethnicity info)
Focus group discussion questions: Thinking about those who have reduced or given up drinking, whether it be yourself or a friend...

1. Why are young people like you concerned about their drinking?

2. Thinking about those who have been successful in reducing or quitting drinking – what is it about them that has made this possible? (Probe: What personal qualities do they have that have enabled them to do this?)

3. What things have helped to reduce or quit drinking? (Probe: What sorts of things (people, activities, strategies, etc) have enabled them to do this?)

4. What things have got in the way of them reducing or quitting drinking?

5. What other things might help young people to reduce or quit drinking? (Probe: What could be done to support young people to reduce/quit? Who or what could help make this happen?)

6. What (other) assistance could be provided to help young people maintain reduced drinking or non-drinking?

Thank you…Give MOVIE PASS
‘HOW TO BEST SUPPORT TEENS WHO ARE CONCERNED ABOUT THEIR DRINKING OR HAVE BEEN SUCCESSFUL IN REDUCING OR QUITTING ALCOHOL’

PARTICIPANT INFORMATION SHEET

Date:

My name is Robyn Dixon and I am a researcher at the Centre for Child and Family Research in the School of Nursing at the University of Auckland.

I would like to invite you to take part in an interview about how best to support teens who are concerned about their drinking or have been successful in reducing their drinking or quitting alcohol altogether.

Background to the research project

The Youth 07 report: The Health and Wellbeing of Secondary School Students in New Zealand and Young People and Alcohol (2011), reported that 10.7% of students who were current drinkers were worried sometimes or a lot about how much they drank and 12.3% had tried to cut down or give up. The Alcohol Advisory Council of New Zealand (ALAC) has contracted us to conduct this research to seek further information and understanding about how best to support young people who are concerned about their drinking and/or who have tried to cut down or give up, or have successfully reduced or given up drinking alcohol. This will help in the design and delivery of effective programmes and resources as well as the development of appropriate policy that supports young people who are concerned about their drinking.

Continued over page...
We would like to invite you to take part in this research if:

- You worry either sometimes or a lot about how much you drink, and/or
- You have already tried to cut down or give up alcohol, or
- You have successfully reduced or given up alcohol,

**What will happen if I agree to take part in the study?**

If you agree to take part in this study, then you will be invited to be interviewed by one of our researchers. In the interview you will be asked to discuss your thoughts and opinions about drinking and reducing or quitting drinking. The interview will be held at a time and place that is suitable to you. It is expected that the interview will take between 20 and 40 minutes and, with your permission the discussion will be digitally recorded. Refreshments (e.g. fruit juice and snacks) will be provided and you will be offered a koha (e.g. movie pass) in recognition of the time you have given to the study.

**Will anyone be able to tell what I have said?**

All information you provide the researchers will be treated confidentially and nobody will be able to identify you or what you have said in any reports or publications that arise out of this study.

**Will I be able to withdraw my information?**

You may withdraw your information up to 30 days after the interview. You are free to withdraw from the interview at anytime and can pass on questions you do not wish to answer.

**What will happen to the information gathered in this research?**

The digital recordings and the electronic transcripts will be stored on a password-protected computer. Hard copies of transcripts will be kept in locked file cabinets. All identifying information collected from this study will be kept separate from data in a locked file cabinet at the University. Electronic data will be kept for 6 years. Once the required 6 year data storage period has passed, electronic data will be erased from computers. Paper transcripts will be shredded and destroyed.

The information gathered will be used to help people design and deliver effective programmes and resources to support young people who are concerned about their drinking.

In addition, we hope to present the findings at conferences and to publish them in journals so that people involved in supporting young people will have increased awareness of their experiences, needs and successes.
We will also provide a summary of the main study findings for all those who participated. If you would like a copy of this summary you will be asked to provide the postal or email address to which you would like the summary sent. On the consent form, which is provided with this information sheet, there is a space for you to write your address.

**What can I do if participation in the interview causes me to worry or be upset?**

We are aware that thinking and talking about concerns about drinking can sometimes lead to people feeling worried and upset. We recommend the following agencies and online information should you want to seek support:

- Your school counsellor and/or local medical clinics and GP services
- 0800 787 797 (Alcohol Drug Helpline)
- CADS (Community Alcohol & Drug Services) website: [http://www.cads.org.nz/Youth.asp](http://www.cads.org.nz/Youth.asp)

Thank you for thinking about taking part in this project. We would greatly appreciate your help and hope that you will agree to participate.

If you have any questions, or would like to discuss the study further, please call or email Robyn Dixon.

**Researcher:**

Associate Professor Robyn Dixon
The University of Auckland
Faculty of Medical and Health Sciences
Private Bag 92019
Auckland
Ph (09) 3737599 ext. 87388
Email: r.dixon@auckland.ac.nz

**Head of School:** Associate Professor Judy Kilpatrick, School of Nursing, The University of Auckland, Private Bag 92019, Auckland, Ph: 3737 599, ext. 82897

**For ethical concerns contact:** The Chair, The University of Auckland Human Participants Ethics Committee, Office of the Vice Chancellor, Research Office, Level 2, 76 Symonds Street, Auckland. Tel: (09) 373-7599 ext. 87830

Approved by the University of Auckland Human Participants Ethics Committee, on 05/03/2012 for three years, Reference Number: 2012/7949
CONSENT FORM

FOR YOUNG PEOPLE PARTICIPATING IN AN INTERVIEW

THIS FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Project title: “How to best support teens who are concerned about their drinking or have successfully reduced or given up alcohol”

Name of Researcher: Robyn Dixon

I have read the Participant Information Sheet and have understood what the research is about and why I am suitable to take part in this study. I have had the opportunity to ask questions and to have them answered to my satisfaction.

- I agree to take part in this research
- I understand that I am free to withdraw from participating at any stage during the interview
- I understand that I can withdraw any information I provide within 30 days of the interview
- I agree to the interview being digitally recorded
- I understand that data will be kept for 6 years, after which it will be destroyed

Name: ____________________________________________________________

Signature: ___________________________ Date: _________________________

If you would like a summary of the findings of the study please provide your details below:

Postal or Email address for summary of findings:

_______________________________________

Approved by the University of Auckland Human Participants Ethics Committee, on 05/03/2012 for 3 years from 05/03/2012, Reference Number: 2012/7949
Date:

My name is Robyn Dixon and I am a researcher at the Centre for Child and Family Research in the School of Nursing at the University of Auckland.

I would like to invite you to take part in a focus group about how best to support teens who are concerned about their drinking or have been successful in reducing their drinking or quitting alcohol altogether.

Background to the research project

The Youth 07 report: The Health and Wellbeing of Secondary School Students in New Zealand and Young People and Alcohol (2011), reported that 10.7% of students who were current drinkers were worried sometimes or a lot about how much they drank and 12.3% had tried to cut down or give up. The Alcohol Advisory Council of New Zealand (ALAC) has contracted us to conduct this research to seek further information and understanding about how best to support young people who are concerned about their drinking and/or who have tried to cut down or give up, or have successfully reduced or given up drinking alcohol. This will help in the design and delivery of effective programmes and resources as well as the development of appropriate policy that supports young people who are concerned about their drinking.

Continued over page...
We would like to invite you to take part in this research if:

- You worry either sometimes or a lot about how much you drink or
- You have in the past worried about how much you drink, or
- You worry or have worried about how much a friend drinks.

**What will happen if I agree to take part in the study?**

If you agree to take part in this study, you will be invited to a focus group discussion with other young people who worry about their drinking and/or have already tried to cut down or give up, or have successfully reduced or given up alcohol. There will be between 6 and 8 young people, aged between 16 and 18 years, in each group. In the focus group you will be asked to discuss your thoughts and opinions about drinking and reducing or quitting drinking. The focus group will be held at school outside class time. It is expected that the focus group will take between 40 and 60 minutes and, with permission from everyone in the group, the discussion will be digitally recorded. Refreshments (e.g. fruit juice and snacks) will be provided and you will be offered a koha (e.g. movie pass) in recognition of the time you have given to the study.

**Will anyone be able to tell what I have said?**

While we cannot guarantee confidentiality or anonymity when people meet for a discussion in a group, everybody who takes part in the focus group will be encouraged to keep the information shared confidential. All information you provide the researchers will be treated confidentially and nobody will be able to identify you or what you have said in any reports or publications that arise out of this study.

**Will I be able to withdraw my information?**

Due to the nature of focus group discussions you will not be able to withdraw your information after participation. However, you are free to withdraw from the focus group at any time without giving a reason and are free to choose whether or not to participate in the discussion. The Principal has given an assurance that whether you decide to participate or not will not in any way affect your standing in the school.

**What will happen to the information gathered in this research?**

The digital recordings and the electronic transcripts will be stored on a password-protected computer. Hard copies of transcripts will be kept in locked file cabinets. All identifying information collected from this study will be kept separate from data in a locked file cabinet at the University. Electronic data will be kept for 6 years. Once the required 6 year data storage period has passed, electronic data will be erased from computers. Paper transcripts will be shredded and destroyed.

The information gathered will be used to help people design and deliver effective programmes and resources to support young people who are concerned about their drinking. In addition, we hope to present the findings at conferences and to publish them in journals so that people involved in supporting young people will have increased awareness of their experiences, needs and successes.
We will also provide a summary of the main study findings for all those who participated. If you would like a copy of this summary you will be asked to provide the postal or email address to which you would like the summary sent. On the consent form, which is provided with this information sheet, there is a space for you to write your address.

**What can I do if participation in the focus group causes me to worry or be upset?**

We are aware that thinking and talking about concerns about drinking can sometimes lead to people feeling worried and upset. We recommend the following agencies and online information should you want to seek support:

- Your school counsellor and/or local medical clinics and GP services
- 0800 787 797 (Alcohol Drug Helpline)
- CADS (Community Alcohol & Drug Services) website: [http://www.cads.org.nz/Youth.asp](http://www.cads.org.nz/Youth.asp)

Thank you for thinking about taking part in this project. We would greatly appreciate your help and hope that you will agree to participate.

**Whether or not you agree to participate, please complete the attached form and return it to me in the stamped addressed envelope provided.**

If you have any questions, or would like to discuss the study further, please call or email Robyn Dixon.

**Researcher:**

Associate Professor Robyn Dixon  
The University of Auckland  
Faculty of Medical and Health Sciences  
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**Head of School:** Associate Professor Judy Kilpatrick, School of Nursing, The University of Auckland, Private Bag 92019, Auckland, Ph: 3737599, ext. 82897

**For ethical concerns contact:** The Chair, The University of Auckland Human Participants Ethics Committee, Office of the Vice Chancellor, Research Office, Level 2, 76 Symonds Street, Auckland. Tel: (09) 373-7599 ext. 87830

Approved by the University of Auckland Human Participants Ethics Committee, on 05/03/2012 for three years,  
Reference Number: 2012/7949
CONSENT FORM FOR YOUNG PEOPLE PARTICIPATING IN A FOCUS GROUP
THIS FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Project title: “How to best support teens who are concerned about their drinking or have successfully reduced or given up alcohol”

Name of Researcher: Robyn Dixon

I have read the Participant Information Sheet and have understood what the research is about and who is suitable to take part in this study. I have had the opportunity to ask questions and to have them answered to my satisfaction.

I agree to take part in this research.  I do not agree/am not eligible to take part in this research.

I understand that I am free to withdraw from participating at any stage during the focus group
I understand that I cannot withdraw any information I provide
I agree to the focus group being digitally recorded
I agree not to disclose anything discussed in the focus group
I understand that whether I take part or not, this will in no way affect my standing in my school.
I understand that data will be kept for 6 years, after which it will be destroyed

Name: ____________________________________________________________

Signature: ___________________________ Date: _________________________

If you would like a summary of the findings of the study please provide your details below:
Postal or Email address for summary of findings:

_______________________________________

_______________________________________

PLEASE RETURN THIS COMPLETED FORM IN THE ENVELOPE PROVIDED.

Approved by the University of Auckland Human Participants Ethics Committee, on 06/08/2012 for 3 years from 05/03/2012, Reference Number: 2012/7949