



national drug research institute

Alcohol, Risk and
Harm Reduction:
Drinking Amongst
Young Adults
in Recreational
Settings in Perth



Preventing
harmful drug use
in Australia





Funded by the National Drug Strategy

WHO Collaborating Centre for the Prevention of Alcohol and Drug Abuse

Tier 1 Research Centre

www.ndri.curtin.edu.au

Street Address:

National Drug Research Institute
Curtin University of Technology
Health Research Campus
Level 2, 10 Selby Street, Shenton Park,
Perth, Western Australia, 6008

Postal Address:

National Drug Research Institute
Curtin University of Technology
GPO Box U1987
Perth, Western Australia, 6845

Telephone: (08) 9266 1600

Facsimile: (08) 9266 1611

Email: ndri@curtin.edu.au

ISBN 1 74067 598 3

CRICOS Provider Code: 00301J (WA), 02637B (NSW)

**Alcohol, Risk and Harm Reduction:
Drinking Amongst Young Adults in
Recreational Settings in Perth**

Jocelyn Grace, David Moore & Jeremy Northcote

**National Drug Research Institute
Curtin University of Technology**

March 2009

CONTENTS

CONTENTS	1
LIST OF TABLES	3
ACKNOWLEDGMENTS	5
EXECUTIVE SUMMARY	7
INTRODUCTION	11
RESEARCH METHODS.....	15
Direct observation of young adults	15
Interviews with young adults.....	17
Interviews with stakeholders.....	21
Analysis	21
Dissemination and feedback.....	22
YOUNG ADULTS AND THEIR DRINKING PRACTICES.....	23
The centrality of drinking	23
The diversity of drinking subcultures	26
Risk practices	29
Awareness of risk and potential harm	34
Strategies to avoid risk and reduce harm	36
Planning transport	36
Avoiding specific venues	37
Sticking together	37
Avoiding or diffusing arguments and fights	38
Consuming food and water	39
Taking care when using other drugs	40
Summary.....	41
STAKEHOLDER VIEWS ON DRINKING AMONGST YOUNG ADULTS	43
Venue managers	43
Causes of ‘trouble’	43
Responses to ‘trouble’	45
Changes in legislation and regulation	47
Summary.....	47
Other stakeholders	48

Contents

Youth drinking culture, drugs and health promotion	48
Harm reduction via regulation of venues	49
Summary.....	50
CONCLUSION	53
REFERENCES.....	55

LIST OF TABLES

Table 1: Sociodemographic Characteristics of Groups and Participants Observed During Fieldwork (n=69).....	18
Table 2: Sociodemographic Characteristics of Interview Subsample (n=31) ..	19
Table 3: Stakeholder Interview Sample	21
Table 4: Alcohol and Other Drugs Consumed by Fieldwork Sample.....	27

ACKNOWLEDGMENTS

The research outlined in this report was funded by the AER (Alcohol Education & Rehabilitation) Foundation. The National Drug Research Institute (NDRI) receives core funding from the Australian Government Department of Health and Ageing. We are deeply indebted to the young adults involved in the research – as peer research assistants and research participants – and the policy, practice and industry stakeholders who agreed to be interviewed. We also thank NDRI colleague Richard Midford, several of the interviewed stakeholders and the AER Foundation for providing feedback on an earlier draft of the report.

EXECUTIVE SUMMARY

This report has been written primarily for policy makers and practitioners. Its purpose is to contribute to the evidence base guiding interventions to reduce alcohol-related harm amongst young adults. The report outlines some of the key findings arising from a three-year qualitative research project focusing on drinking amongst young adults in Perth, Western Australia. The research project involved participant observation in eight networks of young adults (aged between 18-25 years old), in-depth interviews with a subsample of participants, and stakeholder interviews with venue managers, policy makers and staff from alcohol and other drug agencies.

We found that drinking alcohol was central to social interaction across the eight groups of young adults observed and interviewed in the study. In other respects, however, there was considerable diversity between them – in how much alcohol they consumed, their tastes in venues and music, whether they also used drugs other than alcohol and their risk practices. While few of the interviewed participants had ever felt themselves to be in danger of being harmed when going out drinking, they were not unaware of the risks associated with doing so, as demonstrated by the range of strategies they employed to reduce harm. They also acknowledged the negative physical effects of alcohol and other drug consumption, and took some measures to minimise them. The strategies used to avoid harm focused around transport (ie, not drinking and driving) and mutual reliance between friends, with female participants being most consistent in employing these strategies.

The interviewed venue managers expressed the view that the two main causes of problems amongst their young patrons were: (1) the use of drugs other than alcohol (eg, methamphetamines) and (2) conflict between men because venue ‘regulars’ sometimes clashed with those defined as ‘outsiders’, and because of competition over access to limited numbers of women. Venue managers employed a number of strategies for reducing conflict and dealing with problems, including organising their venues to avoid the creation of large, overcrowded spaces; using security cameras to identify, monitor and ban troublemakers; and employing experienced, non-aggressive security staff. An issue that concerned some managers was the difficulty they had in

employing regular, skilled security staff. Some larger suburban hotels were taking measures to reduce and deal with problems outside their venues at closing time by voluntarily introducing ‘lockouts’ and/or providing buses to move patrons out of the area. None of those interviewed expressed concern at recent legislative changes that made training on the ‘responsible service of alcohol’ mandatory for all bar staff and management, and tightened guidelines on ‘responsible promotion of liquor for consumption on premises’. However, it would be naïve to assume that all venues were fully complying with these regulative changes.

Policy and practice stakeholders raised a number of key issues, including the importance of addressing, via long-term education and health promotion campaigns, the widely held perception amongst young adults that their levels of drinking were ‘normal’ and unproblematic. In the short-term, they felt that raising awareness of potential alcohol-related harm amongst young adults should be the primary focus, via information and messages that address their immediate well-being and safety when drinking, and the potential impact of combining alcohol with other drugs. Changes to licensing laws, and government and industry cooperation in ensuring compliance, were seen as positive steps in reducing alcohol-related harm. However, some expressed concern about the extent to which new legislation, regulation and guidelines would be enforced, in particular whether responsible service polices would be adequately policed. Opinion was divided on the effectiveness of ‘lockouts’ to reduce street crowding and reduce pressure on public transport. They emphasised that effective harm reduction strategies needed to be targeted appropriately, which required cooperation between government agencies, non-government organisations (NGOs) and industry. General concern was expressed about the high availability of alcohol, the concentration of venues in particular areas, thus making them ‘hotspots’ for alcohol-related problems, and the lack of public transport. The use of illicit drugs, particular methamphetamine, was believed to be compounding these problems.

As with harm minimisation approaches to illicit drug use, identifying and reinforcing the strategies that are currently being used by young adults may hold potential for reducing alcohol-related harm. Those identified in this study include:

- planning transport, having a designated driver or using public transport;
- actively preventing, trying to prevent, and chastising friends for drink-driving;
- avoiding venues with violent reputations, and choosing venues where staff and patrons are relaxed and friendly;
- staying with, and looking after, friends and partners, including avoiding and defusing arguments and fights amongst friends, other patrons and/or security staff;
- eating before drinking and later in the night;
- drinking water between alcoholic drinks;
- if taking drugs, taking care in procuring them, and understanding their effects (eg, dehydration) and the risks associated with combining them with alcohol.

There is an urgent need for culturally appropriate, evidence-based strategies that can be communicated in credible and effective ways to young adults. Delivering messages that acknowledge the agency of young adults, and that are relevant to them is an essential complement to approaches that seek to reduce alcohol-related harm by reducing the overall availability of alcohol, improving the safety of licensed premises and providing adequate and safe public transport.

INTRODUCTION

The use of alcohol is a central feature of Australian society. However, while there are social and economic benefits associated with this use, there is also serious and substantial harm. Drinking can result in a range of acute harms (eg, vehicle accidents and violence) and chronic harms (eg, cirrhosis, cancer and depression) (Rehm & Room 2005; World Health Organization 2004). In addition to its impact on individuals, families and communities, alcohol use is estimated to have cost approximately \$15.3 billion in 2004-05 (Collins & Lapsley 2008).

Alcohol is a major contributing factor to mortality and morbidity amongst young Australians (Chikritzhs & Pascal 2004), with the National Health and Medical Research Council (2001) identifying young adults between 18 and 24 years as being 'at risk' with respect to alcohol use. 'Binge drinking' (a controversial and imprecise term but defined here as heavy sessional drinking to intoxication) is common (Drugs and Crime Prevention Committee 2006). Over 45% of people aged between 18 and 24 years drink at levels (ie, according to the 2001 NHMRC guidelines, 5 or more drinks for males and 3 or more drinks for females per occasion, at least once a month) that place them at 'risk' or 'high risk' of experiencing acute alcohol-related harms, such as road injury and violent assault (Chikritzhs et al 2003), with approximately 18% doing so on a weekly or fortnightly basis (Clement et al 2007). For both males and females, this is more than double the rate of the national average (Chikritzhs et al 2003, Clement et al 2007).

Research has also found that young Australians aged between 14 and 24 years are 3-4 times more likely to experience alcohol-related disturbances (such as physical and verbal abuse, property damage or loss, and fear-related situations) than other age groups (Makkai 2001). Young adult males are particularly prone to alcohol-related injury (Steenkamp, Harrison & Allsop 2002), making up 52% of all drink-drivers involved in serious road crashes (Chikritzhs et al 2000) and 32% of hospitalisations for assaultive injuries (Mathews et al 2002). The proportion of young women hospitalised for alcohol-related injury and disease has increased markedly in recent years (Chikritzhs et al 2003). The Australian National Survey of Mental Health and

Wellbeing found that 60% of people with ‘alcohol dependence’ were in the 18-34 year old age group (Lindsay 2005). Regular intoxication is also associated with memory loss, blackouts, sexual risk-taking, impaired brain development and cognitive deficits (Bonomo 2005; Lubman, Yucel & Hall 2007).

The rising prevalence of heavy drinking amongst young adults has produced numerous expressions of concern from national and state policy makers and advocacy groups (eg, Alcohol and other Drug Council of Australia 2003). Victoria’s Drugs and Crime Prevention Committee (2006, p.57) expressed concern over the ‘apparent “normalisation” of binge drinking culture(s)’, as did the authors of the 2006-2009 National Alcohol Strategy who remarked that ‘too many Australians now partake in “drunken” cultures rather than drinking cultures’ (Ministerial Council on Drug Strategy 2006, p.4). In February 2008, the AER Foundation released the results of a national survey, which indicated a growing ‘culture of fear’, particularly amongst young people in relation to excessive alcohol use (AER Foundation Media Release, 5 February 2008). In March 2008, Prime Minister Kevin Rudd announced a \$53 million package to address the issue via grants to community groups and sporting clubs, education campaigns and diversion and early intervention programs (*The Age*, 10 March 2008). In April, the federal government introduced a new volumetric tax on ready-to-drink (RTD) alcohol products, with the stated intention of reducing the incidence of ‘binge drinking’ amongst young people. An education campaign targeting youth binge drinking began in November 2008 with a series of television, print, radio and internet advertisements.

While there is extensive evidence of the prevalence of heavy drinking amongst young Australians, less is known about its social contexts and cultural meanings. Although this type of qualitative data is essential to further develop the evidence base on the cultural aspects of drinking and to inform public health responses, Australia lacks a well-developed tradition of such research (but see Moore 1990; de Crespigny et al 1999; Lindsay 2003, 2005). Rather, studies of alcohol use and related harm amongst young Australians fall into two main categories. First, there are ‘predominantly descriptive epidemiological studies’ (Commonwealth of Australia 2002), such as the national and state surveys and other indicators cited above. These have been important in providing data on patterns of use and related mortality and morbidity.

Introduction

Second, there is mainly quantitative research on the effects of environmental settings on the drinking practices of young adults, which has demonstrated an association between environmental factors and harm (eg, Homel, Tomsen & Tommeny 1992; Stockwell, Somerford & Lang 1992; Graham, Schmidt & Gillis 1996; Commonwealth of Australia 2001). For example, young adults who drink alcohol at excessive levels at licensed premises have been identified as most likely to be involved in alcohol-related road accidents (Stockwell 2001).

Despite epidemiological evidence of substantial alcohol-related morbidity and mortality amongst young Australians, and of the nexus between drinking environments and harm, there has been little qualitative research on *drinking cultures*. As Roche and Stockwell (2002, p.58) have observed: ‘Research into consumption patterns, and the psycho-social motivators for drinking, have been less well examined among this group [young adults] than might be expected’. While reducing the overall availability of alcohol (eg, through raising price, reducing outlet density, regulating alcohol promotion) and regulating licensed venues may be important measures in reducing heavy drinking amongst young adults, they may not be sufficient in the absence of interventions that target drinking cultures (Drugs and Crime Prevention Committee 2006). This applies particularly to heavy drinking that takes place away from licensed venues. Thus, there is a need to understand the ‘socio-cultural determinants of alcohol consumption by young people’ and to identify ‘strategies to foster safer drinking practices in this group, including strategies for young people to regulate their own consumption’ (Commonwealth of Australia 2002, p.10). This gap in the evidence base was also noted by the Drugs and Crime Prevention Committee (2006) when it called for further research on the ‘cultures’ of alcohol consumption, including qualitative research on ‘binge drinking’.

This qualitative study was designed to further our knowledge and understanding of the drinking cultures of young adults. We aimed to:

1. Describe the social contexts and cultural meanings of drinking and related harm amongst young adults (ie, 18-25yo) at nightclubs, hotels, outdoor music events and private parties;

2. Understand the specific circumstances in which binge drinking and related risk practices occur; and

3. Inform harm reduction strategies that address the social and cultural contexts of young adults' drinking.

RESEARCH METHODS

The research was guided by three principles. First, the use of alcohol by young adults, like the use of any drug, is shaped by complex interactions between pharmacology, attributes of individual drinkers and the historical, social, cultural, economic and policy contexts of drinking (MacAndrew & Edgerton 1969; Zinberg 1984). Second, qualitative research, with its focus on the ‘emic’ or insider perspective, and its inductive and iterative approach, can provide unique data on the cultures of alcohol use and is particularly useful in the exploration of emerging trends (Rhodes & Moore 2001), such as the identified increase in ‘binge drinking’ amongst young adults. Third, policy and practice responses need to be sensitive to the cultural contexts of alcohol use if they are to reduce harm (Room 1985).

The research involved five interconnected stages:

1. Direct observation of young adults in leisure settings;
2. In-depth interviews with young adults;
3. In-depth interviews with relevant stakeholders (eg, policy makers, practitioners, youth workers and managers of licensed venues);
4. Analysis of data from field observation and interviews; and
5. Dissemination of research findings and feedback from key stakeholders on the implications for policy and practice.

Direct observation of young adults

Direct observation of the drinking practices and related activities of young adults at pubs, clubs, private parties and outdoor music events began in October 2005, following the recruitment of project staff and receipt of ethics approval from Curtin University of Technology’s Human Research Ethics Committee. Data collection was conducted by a team of 11 peer research assistants, following a series of training workshops. Sampling issues were a primary concern in recruiting the peer research assistants. Because previous research had indicated that university students were amongst the most prevalent binge drinkers (Roche & Watt 1999), 10 of the peer research assistants were students recruited through our own university networks. It

was also considered more likely that university students, particularly those studying social sciences such as sociology, would have the necessary skills to make detailed observations and record events more accurately than most young adults. As part of the selection process, applicants completed a brief questionnaire and attended an interview, both of which focused on their drinking patterns, social networks, leisure venues and preferred music styles. We then purposively sampled from the available social networks of applicants to achieve a reasonable spread across variables identified as important in previous studies (eg, Lindsay 2005): drinking style (ie, occasional heavy versus regular heavy), the gender composition of the social networks (ie, mainly male, mainly female or mixed), types of leisure venue (ie, pubs, clubs, parties and music festivals; ‘commercial’ versus ‘niche’ venues), their geographical location (ie, suburban versus inner-city) and musical taste (eg, dance, alternative, live).

The peer research assistants were trained to calculate the number of ‘standard drinks’ (ie, 10grams of alcohol) in various forms of alcohol (eg, glasses and bottles; wines, beers and spirits), to explain the project and obtain written consent from their participating friends, to administer a short pre-activity questionnaire, and to make detailed observations and recordings of the context and activities taking place. They were also instructed to obtain additional information from participants within the following two days (eg, did they drink more after the peer research assistants had left? how did they get home? how many drinks did they think they had drunk during the evening? how did they feel the morning after?), and to compile their reports, either alone or in conjunction with another peer research assistant. The reports focused on the social, cultural and spatial contexts of drinking practices and included extensive details of consumption (eg, type of drink and rates of drinking), the social networks involved (eg, age, gender and social relationships), the activities (eg, changes of venues and social interactions, including conflicts, conversations and mode of transport home) and the settings (eg, venue type, numbers of patrons and the behaviour of venue staff).

Fieldwork was completed in March 2007 and produced 123 field reports covering the drinking of eight distinct social groups comprising 69 young adults (see Table 1 for characteristics of the fieldwork sample). The sample was ethnically diverse, featuring young adults from Anglo-Australian, European, Asian and African backgrounds. It

included university students, employed professionals, white-collar workers and tradespeople. Given the potential limitations of the method used to recruit the peer research assistants and participants, this level of diversity was better than might have been expected. While most of the peer researchers were university students, in many cases their close friends were people they had grown up with, attended school with, or had met through contact outside the university environment. They also lived in a variety of geographic locations throughout the Perth metropolitan area. Although the participants in this study cannot be said to be representative of the entire population of 18-25 year olds in Perth, the aim of purposive sampling in qualitative studies is to generate findings about the nature and interpretative processes involved in the social phenomenon under study (Liamputtong & Ezzy 2005).

Interviews with young adults

The second stage of data collection began in June 2006 and was also completed in March 2007. A subsample of 31 young adults, drawn from the eight groups being observed in the fieldwork component, provided written consent to be interviewed using a semi-structured, in-depth approach (see Table 2 for characteristics of the interview subsample). Those approached to take part in these interviews were the participants who had been reported on most frequently in each of the eight groups. The interviews complemented the direct observation by focusing on drinking biographies, current drinking patterns, motivations for drinking and the cultural meanings constructed through, and reflected in, drinking practices and related activities. The interviews were digitally recorded and professionally transcribed.

Table 1: Sociodemographic Characteristics of Groups and Participants Observed During Fieldwork (n=69)

Group	Gender of peer research assistant	Number of participants*	Age	Gender of group	Ethnic background	Occupation	Preferred venue types
1	Male	4	23-25	Male	European	Student & hospitality	City & suburban pubs & clubs
2	Male	9	22-24	Male	European	Student & education	Suburban pubs & home parties
3	Male	19	19-21	Mixed	Anglo-Aust African	Student	City & suburban pubs & clubs & university venues
4	Female	4	23	Female	European SE Asian European	Professional	City pubs, clubs and bars & outdoor events & parties
5	Female	5	20-24	Mixed	Anglo-Aust South Asian	Student & professional	City pubs and clubs & outdoor events
6	Female	12	18-25	Mixed	Anglo-Aust	Administration, hospitality, business & professional	City clubs & outdoor events
7	Female	5	20-23	Female	Anglo-Aust European	Student & professional	City pubs & clubs & private parties
8	Female	11	24	Male	Maori South Asian	Student & trades	Pubs, bars & home

* Number of people who agreed to be observed by a peer researcher on one or more occasions.

Table 2: Sociodemographic Characteristics of Interview Subsample (n=31)

Group	Gender	Age	Ethnicity	Education	Employment	Residential arrangements	Income \$ p.a.
1	M	23	Anglo-Croatian	Full-time (FT) study	Part-time (PT) service FT hospitality FT hospitality	Shared house Parental home Parental home Living with girlfriend	11-30,000
	M	23	Croatian				21-30,000
	M	25	Croatian-Polish				31-40,000
2	M	23	Welsh-Italian	FT study	PT casual retail PT FT education	Parental home Shared house With sibling	11-20,000
	M	24	Anglo/German/ French	PT study			21-30,000
	M	24	Macedonian	Undergraduate degree			31-40,000
3	F	20	Anglo-Kenyan	FT study	PT hospitality PT hospitality PT retail PT hospitality	Parental home Parental home Parental home Parental home Living with boyfriend Lives alone	0-10,000
	M	20	Anglo-Australian	FT study			0-10,000
	F	19	Anglo-Spanish	FT study			0-10,000
	M	20	Anglo-Polish	FT study			11-20,000
	F	20	Anglo-Australian	FT study			11-20,000
	M	21	Ugandan	FT study			0-10,000
4	F	23	Anglo-Australian	PT study	FT government Self-employed FT health professional FT health professional	Shared house Parental home Parental home Parental home	41-50,000
	F	23	Chinese	Undergraduate degree			31-40,000
	F	23	Chinese- Vietnamese	Undergraduate degree			61-70,000
	F	23	Chinese- Vietnamese	Undergraduate degree			31-40,000
5	F	21	Anglo-Australian	Undergraduate degree	Marketing Retail	Parental home Parental home Lives alone	40,000
	M	22	South Asian	FT study			0-10,000
	F	23	Anglo-Australian				31-40,000

Table 2: (continued) Sociodemographic Characteristics of Interview Subsample (n=31)

	Gender	Age	Ethnicity	Education	Employment	Residential arrangements	Income \$ p.a.
6	F	18	Anglo-Australian		FT personal assistant	Parental home	31,000 Australia
						Share house	41,000 UK
	F	19	Anglo-Australian		FT retail/hospitality	Parental home	31- 40,000
	M	25	Anglo-Australian	Undergraduate degree	FT paralegal	Shared house	Australia & UK
	M	22	Unknown (adopted)		FT self-employed	Parental home	21-30,000
	F	20	Anglo-Australian		FT secretarial	Lives alone	41-50,000
	M	22	Anglo-Australian		Self-employed	Parental home	31-40,000 UK
						Shared house	
						Parental home	21-30,000
7	F	22	Anglo-Australian		FT education	Parental home	21-30,000
	F	23	Anglo-Australian		FT health professional	Parental home	41-50,000
	F	20	Anglo-Italian	FT study	PT hospitality/service	Shared unit	0-10,000
	F	20	Anglo-Australian	PT study	PT retail	Parental home	0-10,000
	M	24	Anglo-Indian	Undergraduate degree	FT education	Parental home	41-50,000
	M	24	Anglo-Maori		Trade	Parental home	21-30,000

Interviews with stakeholders

The third stage of the study, conducted between April and December 2007, entailed semi-structured, in-depth interviews with 25 relevant stakeholders (see Table 3 for description of stakeholder sample). These interviews explored issues relating to the management of alcohol-related risks in and around licensed venues, the appropriateness of current licensing regulations, and some of the key issues emerging in the ongoing analysis of the observational and interview data. They were conducted in two phases. First, we approached the managers of the 20 licensed venues most popular with participants during the fieldwork period (taking into account a variety of locations and types of venues). 10 agreed to be interviewed, including the managers of six hotels and four nightclubs in inner-city Perth and Fremantle, as well as in suburban locations. The second phase involved a further 15 interviews with stakeholders working in alcohol- and/or youth-related policy, state and local government, social work, law enforcement, health services and industry. During these interviews, there was a particular focus on the interviewees' areas of expertise and interest with respect to alcohol use and related harm amongst young adults. These interviews were also digitally recorded and professionally transcribed.

Table 3: Stakeholder Interview Sample

Type of stakeholder	Number interviewed
Hotel managers	6
Club managers	4
Industry representative	1
Local council employees	4
State government employees	4
NGOs: alcohol and youth policy and/or service sector employees	4
Health promotion officers, university-based alcohol harm reduction project	2
Total	25

Analysis

The inductive analysis focused on the social contexts and cultural meanings of heavy drinking and related harm amongst young adults. Qualitative data analysis involved three core processes: description, classification and connection (Gifford 1998). The

123 field reports and 31 interview transcripts involving young adults, and the 25 interview transcripts involving stakeholders, were coded according to key issues and themes, with the coding informed by the findings of previous studies and regular discussions amongst the project team. Both open and axial coding were used to classify data, and data were then examined for regularities in the relationships between and within categories and for variations and contrasts (Strauss & Corbin 1998).

Dissemination and feedback

Finally, a public seminar was held at the National Drug Research Institute (on 10 April 2008) in order to present the findings to a wide range of stakeholders, including those with expertise in the alcohol and other drug sector. Research findings were also disseminated via several articles in professional and community publications and through conference presentations to the youth and alcohol and other drug sectors. In addition, a draft of this report was circulated to colleagues, stakeholders and the AER Foundation for comment.

YOUNG ADULTS AND THEIR DRINKING PRACTICES

A number of key themes emerged from the fieldwork and interview data:

- The centrality of drinking to participant social interactions during leisure-time;
- The identification of a number of diverse drinking subcultures based on patterns of drinking, preferred music and venues, and whether alcohol was regularly or occasionally supplemented by illicit drugs;
- The diversity of alcohol-related risk practices between and within the eight groups (eg, drink-driving, levels of drinking and concurrent alcohol and illicit drug use);
- A general awareness of potentially harmful situations and of the need to take measures to avoid them;
- The existence and regular deployment of well-developed strategies for avoiding alcohol-related harm, and mutual reliance between friends, particularly between young women, in implementing these strategies.

These key themes are described below in more detail, using examples and quotations from the fieldwork reports and participant interviews.

The centrality of drinking

The fieldwork reports and in-depth interviews provide clear evidence that drinking (and, to a lesser extent the consumption of other drugs) is central to the social lives of the research participants. Not surprisingly, given the Australian context, when those interviewed were asked why they drank, their answers emphasised alcohol's pivotal role in socialising – in facilitating conversation, enhancing pleasurable activities, increasing confidence (particularly when interacting with members of the opposite gender) and creating a friendly atmosphere. Consider the following examples:

I find that I don't like going out and not drinking. You feel a bit self-conscious and ... even if you have just one or two, it just makes you feel a lot more confident and you don't worry too much. (Male, 20yo: Interviewed 4/12/06)

I think people wouldn't quite be so outgoing and wouldn't interact as much, they'll probably just stick to their own friends and stuff. If you're going somewhere where you don't know a lot of people like I think it makes you sort of meet people a bit more. (Female, 23yo: Interviewed 23/09/06)

Maybe because, not because everyone else is doing it but because it sort of, if everyone else is drinking and you're not, [it's] always sort of a bit harder to relate, nothing's as funny as everyone else thinks. (Male, 23yo: Interviewed 27/10/06)

Drinking alcohol when socialising with friends to relax and/or celebrate was considered 'normal' by all participants; indeed, for most it was considered an 'essential' component of enjoyable leisure activities. Some participants had established rituals or traditions around drinking, which were significant in affirming the bonds between members of their core group. For example, for some groups drinking 'shots' (30 ml of one or two undiluted spirits or liqueurs in a shot glass) had become an established part of evening repertoires and of celebrating special occasions. Shots provided a rapid path to intoxication and were often consumed at the start of an evening, as well as being interspersed with other drinks throughout the night. For example:

'Shit on the Grass' [a mixture of Midori and Baileys Irish Cream] is the shot that E, K and I always have if we're planning on having shots. We tried them at a friend's party a couple of years ago and it's almost like a tradition to have them when we intend on having a big night. (Field report, 14/01/06)

D returns with a big smile on his face. He has a bottle of Rakija. It's from Croatia and the alcohol percentage is unknown [approximately 40%] because it was put in a bottle with a different label [...] I finish my [C]ougar can, D pours

3 shot glasses of Rakija and we proceed to wish J luck in his [forthcoming] marriage. (Field report, 26/11/05)

Drinking shots and/or other forms of alcohol before going out to licensed venues was common to all groups. Participants would meet at a friend's place, have a few drinks (and, in some cases, take other drugs) and then take a taxi or public transport to a venue. This practice served several ends. It was a way of saving money, of ensuring an adequate level of intoxication prior to going out, of making plans regarding transport and creating the right mood amongst participants. For example, this group of participants spent an hour together in preparation for watching a 2006 World Cup soccer match at a popular venue in Northbridge:¹

Pre-venue: E, R and I, met up with other friends at their house at 9pm. My friends [...] were having pre-world cup drinks at their house before we went to location to watch Australia vs Brasil [sic] on a special night at the [venue]. ... Immediately I had a soda, E and R both were hyped up for a great night and bought a 12 pack of Tooheys New stubbies. E, R and I were expecting a really exciting and fun night out. E and R planned to drink heaps and have a memorable night out. They both had work on the next day, but didn't care they were willing to suffer. ... Was an exciting atmosphere everyone was really looking forward to the game, they were all out to have a good night, even though everyone had to work the next day it didn't seem to effect [sic] the mood.

At 9:22 E grabbed another beer, both E and R were both eating chips, general conversation about who will win, by how much, who's better, who's on the fences so on and so forth. At 9:24 R opened another beer. At 9:25 E opened another beer. Bec, E, Eddy and I went outside to have a smoke [...]

¹ The young adults in this study frequented hotels and clubs in a number of areas of Perth, including the inner-city area of Northbridge, which has the highest concentration of licensed venues catering to 18-24 year olds in Perth. Fremantle, the port city, also has a number of venues popular amongst this demographic. Other venues popular with people in this age range are located in suburbs near the city, and in beachside and inland residential suburbs. They include small bars, and large hotels and nightclubs.

Alcohol, risk and harm reduction: drinking amongst young adults in recreational settings in Perth

At 9:39 R had his 4th Beer, when E came back in from the cigarette he opened another beer this was at 9:41 his 5th beer. R started to call and get a cab for everyone to get into Northbridge from her house is in [inner-northern suburb]. I was designated driver, so was ready to take another 2 people in my car [...]. The Cab turned up at 10:02 we were all on our way to the location. R took the rest of his beer and drank it in the car; this was at 10:05. We arrived at the location at 10:22pm. (Field report, 18/06/06)

Another common reason for drinking offered by participants was its use in relieving stress and helping them to relax following work or study:

I guess to an extent there can be stress relief; like coming home from work and had a bad day ... I don't know – sit down and have a glass of wine. (Female, 21yo: Interviewed 27/07/06)

Yeah, relaxing and socialising as well, with people from work you know. (Male, 24yo: Interviewed 16/12/06)

It is a big social thing. It's I guess still a way to unwind after a ... at the moment, I think I'm working about 50 hours a week. So, I guess, you just need to let go a bit over the weekend. (Female, 23yo: Interviewed 28/08/06)

While drinking alcohol was central to socialising in all of the studied groups, there was also considerable diversity with respect to their drinking subcultures, which were based on patterns of drinking, preferred type of music and venue, and whether alcohol was regularly or occasionally supplemented with other drug consumption (diverted prescription and/or illicit).

The diversity of drinking subcultures

While drinking above recommended consumption levels was reported for the majority of participants in all groups, on most occasions on which they were observed, the amounts consumed varied considerably between and within groups (see Table 4). Although men were, on the whole, the highest consumers of alcohol, some women drank at similar levels. Other women drank at much lower levels than their male and some of their female peers. What was considered 'normal' drinking also varied

between groups. For example, a male peer research assistant from one group, who had attended parties held by another group, commented at a research team meeting that he was amazed by how much they drank. Similarly, while the consumption of drugs other than alcohol was an accepted practice amongst the members of five of the studied groups, members of the other three groups avoided such use, with some voicing firm anti-drug sentiments in interviews.

Table 4: Alcohol and Other Drugs Consumed by Fieldwork Sample

Group	Gender of group	Range of standard alcoholic drinks	Concurrent use of other drugs
1	Male	5 to 13.5	Yes
2	Male	17 to 30	Yes
3	Mixed	0 to 19 (men)	No
		0 to 7 (women)	No
4	Female	2 to 19	Yes
5	Mixed	5.5 to 17.5 (men)	No
		9 to 13 (women)	No
6	Mixed	4 to 36.5 (men)	Yes
		3 to 17 (women)	Yes
7	Female	3.5 to 21	No
8	Male	4 to 22.5	Yes

The drugs other than alcohol reported as being consumed by members of the five groups included cannabis, ecstasy, dexamphetamine ('dexies') and methamphetamine ('speed'). While usually taken in addition to alcohol, on a few occasions at outdoor music events participants took one or more of these drugs but did not drink alcohol. Different drugs consumed by the participants were associated with different events and venues. Ecstasy was consumed by those going to outdoor music events and nightclubs, methamphetamine and dexamphetamine consumption was reported at private parties, and cannabis was observed being smoked at home, in cars and on the street outside venues.

Although there was some variation in what people in different groups drank, beer amongst men and spirits – vodka for women, bourbon for men – were the most commonly consumed drinks across all groups. The young men drank more beer than the women, who drank more wine and liqueurs (eg, cocktails). Other spirits and

liqueurs, in mixed drinks and shots, were popular with both men and women. The most popular shots were Tequila and liqueurs such as Jägermeister, Midori and Sambuca. Disposable income was clearly a factor in choice of drinks, and those who were employed drank considerably more cocktails, shots and bottled wine. Students with limited disposable income looked for cheaper ways of reaching their desired level of intoxication, drinking beer and inexpensive cask wine (known amongst some groups as 'goon') at home before going out, and/or going to venues offering free or reduced-price drinks.

Drinking with the intention of becoming intoxicated was certainly the norm amongst most participants in all groups. However, not all the participants set out with this intention on every occasion of field observation. Before each of the 123 fieldwork episodes on which the peer research assistants reported, participants were asked how much they intended to drink and why. Celebration was the most common reason given for intending to drink heavily – for example, birthdays, the end of exams and reunions with friends returning from overseas. On other occasions, simply wanting to get drunk and have fun was felt to be reason enough. The intention to drink in moderation was usually associated with having to drive and/or with having to work or fulfil other obligations the following day (eg, a family event, participation in sporting activity or study). 'Being tired' was also a reason given for intending to drink moderately. On a few occasions, participants said that they did not intend to drink at all because they were the 'designated driver,' planned to consume another drug instead (eg, ecstasy at outdoor music events), wanted to save money or simply did not feel like drinking.

Apart from the amount of alcohol (and other drugs) they consumed, the most defining characteristic of each group was the type of music and venue they preferred, the two going hand-in-hand (see also Lindsay 2005). For example, those who participated in live music – as either audience members or performers – frequented a few select small hotels and live music venues, and outdoor music events. Those who preferred electronic music favoured clubs and outdoor music events. Larger venues, where recordings of rock, pop or hip-hop music were played over speakers, attracted a more general audience rather than those with a specific interest in music, and for whom the opportunity to meet friends and/or members of the opposite gender was the main objective. Many of those interviewed said they were attracted to particular venues

where they felt comfortable with the other patrons and liked the particular music and location. A number of participants, for example, said that they never visited venues in Northbridge, preferring those with which they were familiar, which were attended by like-minded patrons and where they could meet people they knew (see Table 1 for preferred venue types across the eight groups).

During the research period, a number of the participants (in particular, those in the 22-25 year old range) made the transition from studying to professional employment, from being single to entering a stable relationship and/or from living with their parents to establishing their own place of residence. Some of those interviewed commented that their drinking and other drug consumption had declined, mainly due to work responsibilities and feeling the physical effects of alcohol and other drug use more as they aged. Even some of the 20–21 year olds interviewed said that they went out less frequently and, when they did go out, were home earlier than had been the case when they were younger. For example:

We thought about going [out] a couple of weeks ago but people were tired and I find that we're not staying out as late as we used to. I think maybe we're older and you get over it a bit. When you're 18 and it's all exciting ... when we both turned 18 my friend and I would see how long we could stay out but now maybe it's because you can stay out as long as you like – you think 'we can always go out next weekend instead'. (Female, 20yo: Interviewed 26/03/07)

Risk practices

As noted above, drinking to intoxication was common in most groups and, when intoxicated, some participants engaged in risk practices. These included drink-driving, becoming embroiled in fights and arguments, and putting themselves at risk of possible physical injury (eg, falling asleep in a public place and placing themselves at risk of assault).

Four participants, all of whom were male, were reported drink-driving on a number of occasions. On several occasions, they had consumed considerable amounts of alcohol and, in some cases, other drugs as well. For example, a male participant drove home from Northbridge after consuming nine standard drinks and taking a 'Brown Marble'

(ecstasy pill). On another occasion, a male participant drove home from a friend's house after consuming 14 standard drinks. When interviewed, he explained that, in his view, he was being 'cautious' in that he was 'only' driving a short distance in his local suburbs on a relatively quiet mid-week night. A number of those who drank and drove felt this to be a risk worth taking, but would not risk driving any sizeable distance when going out on a weekend night. On these occasions, they used public transport. Some participants were, however, recorded driving under the influence of alcohol in situations where the risk of their being caught by the police was higher (ie, driving on main roads, driving on weekend nights) and in some cases under the influence of other drugs as well as alcohol, despite the disapproval of their friends. Not only did their friends not condone this activity, they also actively sought to prevent them from doing so, and chastised them if they did.

When heavily intoxicated, some participants put themselves at risk of physical injury. In a field report on an evening out in Northbridge, a young man got out of the taxi in which he and his friends were travelling after asking the driver to stop. The next day, the peer research assistant (his sister), who had recorded him as having consumed approximately 35 standard drinks, asked him what had happened following his exit from the taxi:

He said he passed out in a park near [a Northbridge hotel] and woke up around 5.00am or so and realised he had no phone but still had his wallet, walked home and slept till 4.00pm. I asked him how he felt when he woke up at home he said he was pissed off about losing his phone but had a great night and was not feeling the best. (Field report, 29/12/05)

On another occasion, at a private party, the sister of one of the peer research assistants concocted a highly alcoholic punch, while her friend had prepared vodka jelly shots. They were recorded consuming 21 and 18 standard drinks, respectively, the sister being one of four people at the party who were later reported as having vomited following heavy drinking.

Excessive drinking was understood by participants to sometimes fuel verbal or physical conflict between people. Friends and couples were recorded arguing, usually

late in the night or in the early hours of the morning, after having been drinking for several hours. For example, one peer research assistant reported arguing with her boyfriend on several occasions, and wrote:

L and I get grumpy at each other. Arguing about something stupid neither of us knows anything about. He brought up something he'd heard on the radio and I may have taken it the wrong way. We'd been getting along all night. Must be getting drunk. (Field report, 11/03/06)

Similarly, another peer research assistant reported an argument between one of the male participants and his girlfriend during which the woman stormed off on her own after midnight in central Fremantle. The boyfriend, who had consumed 11.5 standard drinks, the peer research assistant and other friends eventually found her and they went home together by train. The peer research assistant wrote:

The next day AR's girl apologized and she knew that she had gone nuts over nothing and he has vowed not to go drinking again because these arguments seem to happen each time they go out together and get drunk. (Field report, 7/04/06)

Another peer research assistant reported conflict between two women at a private party:

12.40 The new girl is picking a fight with Honey in the shed, they stay in there for about 20 minutes discussing something. Both girls are very drunk. Gay is showing the new girl's boyfriend something in the backyard.

12.45 Honey comes out and finds her glass which was next to the couch. There is a little below half left and she drinks it. Then she pours herself some more vodka ¼ glass and puts in lift [lemon drink]. She sips it and gets back up and dances. Gay and the new girl's boyfriend are back and chatting about politics on the couch. Gay has stopped drinking. Someone keeps changing the music. The new girl is sitting by herself looking pissed off. (Field report, 31/12/05)

Physical fights were reported between research participants and other youth in only two of the groups, and in neither case was the participant the aggressor. However,

some of the men interviewed told of past fights they had been in or had managed to avoid. The main causes of fights identified by them were jealousy over women, rivalry between football teams associated with previous participation in inter-school sport, and aggressive bouncers. For example, one participant said that he and a friend had been followed by bouncers after leaving a venue because, as he put it, he had been 'a smart arse' earlier in the night:

I don't like to generalise but a lot of them are sort of, because they're working long hours late at night, a lot of them are on sort of speed or something like that so they're always easily angered ... the exit was in like an alleyway and they followed us down this alleyway so we just gave it legs and got out of there.

(Male, 23 yo: Interviewed 27/10/06)

Amongst the female participants, aggression tended to be expressed verbally but there was one female participant, Jenny, who was reported as getting into a physical fight, and she was observed on other occasions engaging in altercations with strangers or her boyfriend. The physical fight, between Jenny and a man she had known at secondary school, took place in a pub shortly after midnight. The peer research assistant recorded that, on this occasion, Jenny had consumed 10 standard drinks and described the incident in the following way:

That guy from school then comes over and palms Jenny in the face and pushes her. MD then say's [sic] 'fuck off mate', guy from school (W) hits MD, then, Jenny's hits W. There is a bit of scuffle and security come quickly and put Jenny's arms around her back and kicks [sic] her out. I join her ... W then also gets kicked out and hits MD again out the front, MD hits him back and Jenny's gets involved. Jenny is pretty much throwing punches left right and centre. The fight moves onto the road and I get Jenny and pin her up on a wall to settle her down. W then comes over and pushes Jenny, she falls on the ground and gets back up pretty quick. While this is happening E comes out and tells me to contain my friend, which I am doing. But then I just let her go as I have never liked W and he shouldn't have started shit. E then gets in the first cab that comes

to go home. MD gets Jenny and stops her from fighting. W leaves with a bleeding nose and who knows what else. (Field report, 12/01/07)

Taking drugs other than alcohol, either instead of or in combination with alcohol, was another potentially risky practice engaged in by a number of participants. The methamphetamine consumed by some participants was said to have substantially increased their levels of alcohol consumption, while ecstasy was reported by others to have marked negative after-effects. At a private party where speed and alcohol were consumed, two male participants drank until 4am, consuming approximately 30 standard drinks each. The peer research assistant for this group explained:

But speed is massive ... [it] increases your drinking ability two-fold. It muffles the effects of alcohol. So you can keep drinking, drinking and drinking, you don't get tired, you don't get drunk, so you just keep on drinking and drinking. (Male, 24yo: Interviewed 22/11/06)

A participant from another group interviewed talked about combining alcohol with other drugs:

I think dexie [dexamphetamine] [can] actually ... cancel out the affect of alcohol really, so I can just keep knocking them back without even feeling anything. Like, if I go out and I have one or two through the night I can just keep drinking, being totally straight, almost. So it is really weird. ... With ecstasy it's water, or Red Bull. You don't even want to really touch alcohol. I don't know why that is. ... Speed is sort of like dexie – it sort of cancels it out. So, I could drink a lot more if I have speed. (Female, 23yo: Interviewed 15/06/06)

In several of her field reports, one peer research assistant recorded the responses of her participants when asked how they felt on the days after taking drugs other than alcohol. In one report, written after having attended an outdoor music event at which the participants took ecstasy but drank no alcohol, she reported:

I meet up with Honey the next day. She comes over at 12.00 and we chat for a while. She says she is absolutely dead tired and brain dead and just 'spaced out'.

Different feeling from a hangover – where you are just feeling ‘sick’. Stays tired for the next day. She says she’s starting to feel normal again on Tuesday. (Field report, 8/01/06)

While approximately 20% of the field reports contain references to the consumption of drugs other than alcohol, there were no reported instances of participants requiring medical attention or being subject to acute harm (eg, car accidents or physical violence) while under their influence. In neither the reports nor the interviews did those participants who took prescription and/or illicit drugs express the view that doing so was risky. They did, however, acknowledge the side-effects of illicit drugs, and took these and other factors (eg, work commitments) into account when deciding whether or not to use them.

Awareness of risk and potential harm

Amongst those interviewed, very few said that they had ever felt in danger of being harmed when out drinking with their friends. Those who had felt endangered had only felt this way on a limited number of occasions. Several of the men interviewed said that they were aware that attending certain venues increased the chances of being involved in a violent encounter. For example:

I’ve been in those [potentially violent] clubs and that’s why I don’t like them. Sometimes I feel like something is going to happen. But I haven’t had any incidents or anything, but I still get a sort of feeling. (Male, 23yo: Interviewed 16/12/06)

Another young man told of being beaten up for talking to a young woman at a nightclub: ‘I was really upset after that because I didn’t know what had happened. Someone just came up and hit me from behind’ (male, 23yo: Interviewed 27/10/06). This man also described several occasions on which he had felt that he might be assaulted by bouncers. Another young man described being ‘beaten up’ by his ex-girlfriend’s jealous boyfriend, who allegedly attacked him because he was talking to the woman. Another man expressed concern that, while drinking at local suburban

hotels, he was in danger of violent attack by former members of rival rugby teams from private schools. On one such occasion, his concerns proved to be well-founded:

Big, big, big guy. Like, had me by the collar and had his fist raised but one of my friends just ran in and pushed him over. So like I was this close to having my jaw broken. (Male, 20yo: Interviewed 19/10/06)

All but one of the young women interviewed said that they had never felt at risk of being harmed when out drinking. As one explained:

Never in harm. I've always drunk with people I have felt safe with. ... I've always been around people that will look after me, I could rely on No, we're quite good at looking after each other, because there will always be one of us, or a couple of us that aren't as drunk as the others. (Female, 23yo: Interviewed 15/06/06)

One woman said that, when attending nightclubs in Northbridge and Fremantle, she sometimes felt uneasy when refusing dance offers from men from 'different countries':

Then they'll be like 'Why not?' and they'll be like quite aggressive about it and like guys coming up and like grabbing you as they walk past and things like that. (Female, 20yo: Interviewed 26/03/07)

The risk associated with drink-driving mentioned most often by those interviewed was being caught by the police and losing their licence (as opposed to being involved in a car accident or being injured). With respect to less acute and immediate harms, participants reported experiencing negative physical effects from drinking alcohol including vomiting, tiredness and headaches and, in the case of illicit drugs, feeling affected by them for several days after use.

Strategies to avoid risk and reduce harm

All of the participants in this study employed risk avoidance and harm reduction strategies, some more consistently than others. As we have seen, the women were less likely to take risks, more careful about avoiding harm, and therefore less likely to be in danger of physical harm. In addition, the women participants not only took measures to ensure their own safety and that of their female friends but also acted to protect their male friends and partners from harm.

Planning transport

In order to avoid drink-driving when attending licensed venues, all of the young women who participated in this study, and most of the young men, planned their transport in advance. Some men relied on their girlfriends to plan public transport or to act as the designated driver. Female participants were more likely than males to have a designated driver who, in addition to driving friends home, was also responsible for taking care of them throughout the event. Men were less concerned about how they got home. They sometimes took taxis together, got lifts with friends on the spur of the moment or, in some cases, walked long distances alone. The greater self-care displayed by young women seems apparent in the following quotation:

I will not get in the car with them [her brother's male friends], because they're alcoholics. Even if they say that they're fine to drive, chances are most of them wouldn't even have licences anyway. (Female, 23yo: Interviewed 26/10/06)

Preventing drink-driving when having private parties – which are often not close to public transport – requires taking additional precautions. For example, at one private party, the host was reported as saying:

I encourage the boys to park their cars on my lawn and leave the keys in the house, therefore eliminating the temptation to drive... Several people ask if they can sleep here, on couches, and we say that is fine. Indeed – normal. (Field report, 4/11/05)

Similarly, one of the peer research assistants and her older sister hosted a party at their parents' home (the parents having agreed to stay with friends for the night). Of the party preparations, she wrote:

We went to a friend's house to borrow mattresses to cater for all the drunken people who would be sleeping over. Last of all, there was a bit of grocery shopping to do. We bought nibblies for the party and bacon, hash browns and eggs for breakfast the next day. (Field report, 11/03/06)

The next morning, she reported that none of those attending the party had driven home after having too much to drink, and that most guests had slept over.

Avoiding specific venues

As described above, most participant groups had a regular set of venues that they frequented. When interviewed, a number said that they avoided particular kinds of venues in which they did not feel comfortable because of the clientele. For some, this included any venue located in Northbridge; for others it was those venues that they considered to be 'druggy' or 'bogan'. As one woman explained:

Yeah you can sort of tell, like I don't know, drugs are a big thing that I just don't want to be associated with. (Female, 22yo: Interviewed 24/09/06)

Asked why he chose to attend particular venues, one young man explained: 'Yeah, it's the familiarity, it's the people and the music' (male, 20yo: Interviewed 14/12/06). Certain venues had reputations for being frequented by people who were relaxed and friendly, and so they felt safe when they visited them. For example, the boyfriend of one of the peer research assistants said he had never found himself in a risky situation in venues where he and his friends went – 'there have never been any fights or anything like that' (male, 22yo: Interviewed 26/06/06).

Sticking together

All of the young women interviewed said that they never went out drinking alone. When meeting friends at a venue or when travelling home alone, they would not drink

more than a moderate amount and used taxis. One young woman said:

Oh, I never go out for a big night if I'm not with people that I know would look after me. We always make sure that there's a guy with us. We never – because usually it's like a bunch of girls and only one or two guys, but we never go with strangers or anything. (Female, 23yo: Interviewed 1/04/07)

The field reports confirmed the views articulated during interviews. None recorded any of the women going home alone, allowing their female friends to be separated from the group or being left behind at a venue.

Men were generally less concerned about staying together, but nevertheless still took care of each other and their female companions most of the time. In field reports, male participants usually stayed together, having organised designated drivers, or shared taxis or public transport, whether the socialising group consisted of just men or was of mixed gender. There were, however, some exceptions. For example, one man said, in an interview, that when he was out with his male friends, they would sometimes leave someone behind at a venue if they couldn't find them when the taxi they were sharing arrived.

Avoiding or diffusing arguments and fights

According to all of the young men interviewed, they did their best to avoid physical conflict, defusing situations, being friendly and trying not to attract the attention of, or to provoke, those likely to become aggressive. As one explained:

Sometimes you can get in a situation that can get a bit dodgy, but yeah, I tend to avoid all those situations anyway. [Jokingly] I'm far too pretty to get into any of that. (Male, 24yo: Interviewed 25/11/06)

Despite these young men having strategies for avoiding fights, they also said it was not always possible to anticipate threats and so take measures to avoid them. The following incident involving one participant's boyfriend is one such case:

1.15[am] Ar gets into a fight with another person at the club. The other guy started on him. P tries to hold them apart but the guy starts kicking P so Ar and P start punching and kicking the guy. J sees and runs in and starts kicking and punching the guy too. Security comes and J has the guy thrown out.

According to Ar and P, the guy was Asian. He looked like one of those typical Asian gangsta's [sic] that you see hanging around Northbridge. Anyway when Ar walked past one time, he said the guy just stared at him and was giving him attitude. But nothing happened. Later on in the night when Ar walked past again he unintentionally bumped into him. The guy started yelling at him 'what's your fucking problem...rah rah rah' and started pushing Ar. P stepped in between them to stop anything from happening because they didn't want any trouble. Then the Asian guy started kicking P. So P punched him in the face and Ar punched him too. A couple of other guys - the Asian guys [sic] friend jumped in. ... Ar lost his wallet and keys in the fight and spent the night looking for it. He was really upset for the whole night. Honey [Ar's girlfriend] freaked out and went home. She was really upset at Ar because she thought he started the fight. She thought that it could have been avoided. That Ar didn't have to punch the guy. But according to P and Ar this wasn't the case. (Field report, 12/03/06)

The extent to which aggressive and/or violent behaviour is the result of alcohol (and/or other drug) consumption is unclear in such cases. Other contributing factors include social and interpersonal dynamics, attitudes toward violence and the degree to which physical settings facilitate conflict.

Consuming food and water

Across the eight groups, there was a general understanding of the need to eat before drinking. Fast food featured in the majority of reports, often being bought and consumed on the way to or from venues, or being delivered to homes prior to going out or while drinking at home. At most of the private parties described in the field reports, food was provided. For one group, food was as central to many of their social events as alcohol and other drugs:

2.10 Me and my brother start cooking the meat. Food includes: Chicken wings, Marinated lamb, sausages, beef shish kebabs and prawns. People start picking and eating at the meat and salads. Drinks start to get poured. (Field report, 21/06/06)

When asked about food, a participant in this group said:

We just like to eat. I love to ... I eat before I drink because I just ... I like to eat, and even afterwards – after a boozy night, we'll ... I'll get hungry. (Female, 23 yo: Interviewed 15/06/06)

For other groups, however, eating was generally seen as a necessary, practical activity rather than being as central to their socialising as drinking alcohol.

There were numerous entries in field reports about drinking water between alcoholic drinks, in the form of individual glasses or shared jugs. At outdoor music events, whether consuming alcohol and/or other drugs, participants were reported to have eaten food and drunk water periodically throughout the day. Many of those interviewed mentioned eating and drinking water as ways to reduce the negative side-effects of their alcohol and/or other drug use.

Taking care when using other drugs

The different drugs consumed by research participants were associated with different events and venues. At outdoor music events, participants were careful not to become dehydrated when taking ecstasy and dancing for long periods:

3.10 Get into Summerdayze [sic] and walk around for a while checking things out.

3.30 Honey takes her first 'half' – a beige dome [pill]. Within about half an hour, you can slowly see her speaking more rapidly and she won't shut up. – But it's not gradual, it's quite a sudden onset.

4:15 The high kicks in – Eyes become heavy lidded – that’s what the sunglasses are for. Her jaw randomly spasms. Next two hours is mainly just dancing with some intermittent talking with some of the group. Most of the group has split up now. We stay at the main stage. Would have gone through approximately 1 1/2 750ml PUMP Water bottles during this time. (Field report, 8/01/06)

Statements made by a number of interviewees indicated a high level of awareness about the effects of drugs, and interviewees explained how they took into account the period of time required to recover when deciding whether to use them on any particular occasion. Balancing after-effects with other responsibilities sometimes led to decreased use. For example:

These days, special occasions, Big Day Out, I might jump on it [take drugs] again or New Years Eve or something like that – but honestly four times a year at the most. I think you will find if you ask a lot of my friends, our recovery time is horrible, and I just can’t think straight for a good week after, so I avoid those kinds of things these days. (Male 24yo: Interviewed 18/12/06)

Caution was also exercised in relation to using specific drugs (eg, crystal methamphetamine) and purchasing drugs. One peer research assistant reported:

We just sit, chatting to friends who are trying to organise some type of drugs to take for the evening. K and C do think about having some, but decide not to as we don’t know who we would be getting them off. (Field report, 15/04/06)

Summary

Drinking alcohol was central to social interaction across the eight groups of participants observed and interviewed in this study. In other respects, however, there was considerable diversity between them – how much alcohol they consumed, their tastes in venues and music, whether they used drugs other than alcohol and their risk practices. While few of the interviewed participants had ever felt themselves to be in danger of being harmed when out drinking alcohol, they were not unaware of the risks associated with doing so, as demonstrated by the range of strategies they employed to avoid harm. They also acknowledged the negative physical effects of alcohol and

other drug consumption, and took some measures to minimise them. The strategies used to avoid harm focused around transport (ie, not drinking and driving) and mutual reliance between friends, with female participants being more consistent in employing these strategies than males.

STAKEHOLDER VIEWS ON DRINKING AMONGST YOUNG ADULTS

Before considering the key themes that emerged in the interviews with stakeholders, it is important to note that changes were made to the (WA) Liquor Licensing Act (1988) in December 2006 and implemented in May 2007. The field observations and interviews with young adults were conducted between October 2005 and March 2007 (ie, prior to the implementation of these changes), while the stakeholders were interviewed between April and December 2007 (ie, during and following implementation). The changes to the Act introduced mandatory training on the 'responsible service of alcohol' for all bar staff, licensees and managers (Department of Racing, Gaming and Liquor, 2007a). They also made the provision of free water to patrons mandatory in licensed premises. Other changes to the Act included the introduction of tighter guidelines on 'responsible promotion of liquor for consumption on premises', which prohibited promotions that offered free or cheap drinks and other practices that 'encourage the irresponsible consumption of alcohol' or 'create an incentive for patrons to consume liquor more rapidly' (Department of Racing, Gaming and Liquor 2007b, p.1). A new category of licence, the Small Bar Licence, and a new system for assessing applications for licenses, which involved a Public Interest Test, were also created (Department of Racing, Gaming and Liquor, 2007c). The Small Bar License allowed the sale of liquor for consumption on premises only, which were allowed a maximum capacity of 120 people at any one time (Department of Racing, Gaming and Liquor, 2008).

Venue managers

As noted in the Methods section, ten venue managers were interviewed. In particular, they were asked about their understandings of and responses to the causes of 'trouble' (eg, violence) amongst the young patrons of their venues. They were also asked about the impact of the changes to the Liquor Licensing Act on their venues.

Causes of 'trouble'

Venue managers identified several causes of trouble in their venues. First, most felt

that illicit drug use (especially the use of methamphetamine) was very common; they thought it virtually impossible to prevent people from using such drugs before entering licensed venues. However, there was less consensus as to the extent to which this drug use posed problems. Some managers felt that drug use was a relatively minor issue whereas others expressed the view that it was a serious problem. For example, one manager said that he thought that ‘the scary drugs’ (in particular, methamphetamine) were much more of a problem than alcohol:

It’s the drugs. If everyone just came here and just drank alcohol, we would have it a lot easier’.² (Interviewed 31/04/07)

Other causes of trouble identified by venue managers included the ratio of men to women inside a venue and the presence of ‘outsiders’, people with ‘bad attitudes’ or drunken patrons. For example, one of the managers of a popular suburban hotel said:

If we have trouble it’s usually because we’ve got too many males in the venue and people get in[to] fights. Because there isn’t [sic] enough females ... they’re competing over the same people. (Interviewed 15/06/07)

The manager of a small inner-city hotel, well known for its relaxed atmosphere, diverse patrons and live music, said they rarely experienced any trouble. However, when they did, he felt the main causes were people with ‘a lot of attitude’ or those reacting badly to a combination of alcohol and other drugs.

The manager of a popular suburban nightclub said that the main cause of trouble in his venue was the presence of ‘non-regular’ male patrons – from other suburbs, rural areas or interstate. The ‘regular’ male patrons (many of whom were university students) became territorial, and the competition over women became more intense than usual.

² While not discounting the contribution of illicit drug use to creating ‘trouble’ in licensed venues, we also note the vested interest of managers in shifting the focus from alcohol (their main source of revenue) to illicit drugs.

Responses to ‘trouble’

Venue managers articulated a number of strategies to prevent or reduce the prevalence of trouble in their venues. Some of these responses were mandated by legislation. For example, refusing to serve intoxicated people and offering them water to drink was part of established responsible service protocol. Having an adequate number of security officers for the capacity of the venue was also a legal requirement. To complement these mandatory requirements, some managers had also developed additional strategies. For example, the manager of a large nightclub explained how the spatial arrangement of the venue reduced the likelihood of conflict arising between different groups of patrons:

We have multiple rooms on multiple levels playing different styles of music ... different socio-economic groups of people can't mix, OK, and so what happens is water finds its own level so you find certain people hang around at that bar like that style of music and people who hang around at this bar like this style of music, and so on. (Interviewed 27/04/06)

Another strategy for reducing problems involved the use of security monitors and security staff to identify and react quickly to trouble. The manager of a large Northbridge nightclub explained that he had security cameras set up around the venue that he monitored from his office, but also from his home on nights when he was not at the club. Their policy was that, at the bar staff's discretion, patrons were 'cut off' (no longer served drinks), given water and, if necessary, asked to leave by security staff. Effective communication between bar staff, security and the manager was central to their strategy for dealing with trouble; they were 'all linked up by radios' (interviewed 14/06/07).

Banning patrons who caused trouble was a third strategy commonly used by venue managers as both a management strategy and deterrent. The manager of one suburban nightclub felt that banning patrons was an effective mechanism for discouraging misbehaviour:

The good thing about removing people from here is they've got nowhere else to go and they feel dumb and stupid because they stand outside and everybody else is inside. The same as banning kids for a few weeks. (Interviewed 07/05/07)

Another strategy for reducing trouble focused on the best ways in which to manage the expulsion of unruly or violent patrons. Several managers stated that when their security staff broke up a fight, they were careful to ensure that the parties involved left the venue at different times so as to reduce the chances of their meeting outside. Some larger venues employed security staff to patrol the area surrounding the venue as well as inside and at the entrance in order to reduce disturbances and, therefore, complaints from local residents.

Another strategy used by some venues to reduce problems at closing time was the voluntary 'lockout'. This meant that, after a certain time, no more people were allowed into the venue; they could only leave, so there was a 'trickle effect' onto the street rather than large numbers of potentially rowdy patrons at closing time. The manager of one large beachside hotel said that, following the introduction of a voluntary 'lockout' at the venue, complaints from local residents had been greatly reduced.

The availability of transport was also a major issue in ensuring the safety of young adults. Perth had a critical shortage of taxis at peak times, and regular bus and train services from Northbridge ended at 12am and 2am, respectively, whereas larger licensed venues closed at 3am. Several strategies had been implemented by venue management and the government to try to alleviate the problem. Two large suburban hotels that attracted large crowds of young adults provided free buses after closing. In one case, the buses took patrons to the nearest train station; in the other, the buses ran to Northbridge or to another suburb where there was a nightclub popular with the hotel's patrons.

A number of managers also raised a more general issue: the increasing difficulty in finding experienced security staff able to diffuse potentially violent situations without recourse to intimidation or aggression towards patrons. Smaller venues found it even more difficult to get good security staff. They were obliged by legislation to use a

registered security company. However, because larger venues were supplied with security staff first, the smaller venues were provided with whatever staff remained. This meant that there was no continuity of security staff, something many of the managers interviewed said was important in minimising trouble with patrons.

Changes in legislation and regulation

None of the interviewed venue managers expressed concern over or opposition to the changes involving the introduction of 'responsible service' training. Indeed, some felt that these changes made it easier for their staff to refuse to serve intoxicated patrons and to refuse entry to known troublemakers. All hotel managers said that they had always made free water available in their venues, so the introduction of this mandatory requirement had not affected them. However, two of the four nightclub managers interviewed expressed opposition to this change on the grounds that providing free water only served to attract patrons who used illicit drugs; they did not want to attract patrons who drank only the free water and did not purchase drinks.

Summary

The main problems identified by venue managers were the use of illicit drugs instead of or with alcohol, and conflict between men because they felt territorial about a venue or were competing for the attention of limited numbers of women. Venue managers described a number of strategies they employed for reducing conflict and dealing with problems, including organising their venue so as not to have large, overcrowded spaces; using security cameras to identify, monitor and ban trouble-makers; and employing experienced, non-aggressive security staff. An issue that concerned some of those interviewed was the difficulty they had in employing regular, skilled security staff. Managers of some larger suburban hotels were taking measures to reduce and deal with problems outside their venues at closing time by voluntarily introducing 'lockouts', and/or supplying buses to move patrons out of the area. None of those interviewed expressed concern at having to implement training on the 'responsible service of alcohol' or comply with the tighter guidelines on 'responsible promotion of liquor for consumption on premises'. However, it would be naïve to assume that all venues were complying with these legislative changes.

Other stakeholders

A number of key themes emerged during interviews with policy makers and practitioners. Here, we report those that are relevant to the fieldwork and interviews with young adults, and the interviews with venue managers: that is, the centrality of drinking to ‘youth culture’, the use of drugs other than alcohol, the potential role of health promotion in changing drinking cultures and/or reducing alcohol-related harm, the regulation of licensed venues and other harm reduction strategies.

Youth drinking culture, drugs and health promotion

The 15 stakeholders interviewed acknowledged that for the majority of young adults, excessive drinking was considered to be a normal part of their social and cultural lives, and was not perceived by them as problematic. As one stakeholder said:

It’s part of their culture, there’s a general, you know even amongst adults I’ve seen, adults laughing at their kids’ excessive drinking ... we’ve got to change the culture. Young people won’t just change themselves we’ve got to change everybody’s attitude around this. (Interviewed 14/11/07)

Some stakeholders also felt that excessive drinking had increased amongst young women, and that they now drank ‘to be on par with the practices or behaviour of men ... to compete with men ... to meet and match’ (interviewed 14/11/07). The concurrent use of alcohol and other drugs was also a matter of concern for those involved in harm reduction for young adults, with certain combinations (eg, benzodiazepines and alcohol) presenting considerable risks of which many young adults were unaware.

A number of stakeholders felt that a greater focus on alcohol-related harm in education and health promotion campaigns was required. In the long-term, such campaigns should aim to change the perception that excessive drinking was normal and acceptable. In the short term, these campaigns should focus on raising awareness about the risks associated with excessive drinking, including unsafe sex, drink-driving and inter-personal conflict, as well as the interactions between alcohol and other drugs. Aware that young adults were not necessarily concerned about the long-term impact of drinking on their health, most stakeholders advocated a pragmatic approach

that focused on messages likely to resonate with young adults. These included providing relevant information and messages addressing young adults' immediate needs and safety when drinking. Suggestions for future campaigns included greater involvement of young adults in developing and delivering messages through peer education, and the use of humour.

Harm reduction via regulation of venues

Legal and regulatory changes to licensed environments were seen by most stakeholders as positive moves in the effort to reduce alcohol-related harm. However, some of those interviewed also expressed concern about whether compliance was being effectively enforced, and some voiced scepticism over the industry's willingness to comply. As one stakeholder put it, while the changes are 'all good strategies, they rely on managers and staff actually adhering to them' (interviewed 14/11/07). Other stakeholder felt confident that the high level of inter-departmental and industry cooperation would ensure compliance with the new regulations and guidelines. One example identified by these stakeholders as positive was the collaboration between government and NGOs to reduce harm during 'school leavers' celebrations. Stakeholders were divided on the value of introducing 'lockouts' to reduce street crowding and pressure on public transport. While mandatory 'lockouts' had been imposed in areas of Queensland, at the time of the stakeholder interviews there was no plan to follow suit in Perth. Lockouts remained voluntary or could be imposed on individual venues on a case-by-case basis.

The size of venues was also seen as a significant factor in creating alcohol-related problems, with fewer problems thought to be associated with smaller venues. However, the introduction of the new Small Bar Licence had been controversial, with some arguing that it would increase alcohol-related harm by increasing the density of venues. For example, one stakeholder said, with reference to Northbridge, 'I think the Small Bar License would probably be a good thing – if those big barny-type venues were replaced with smaller venues ... but not have the large venues *and* the smaller venues' (interviewed 27/07/07). The size of venues was also an issue in areas other than Northbridge. As one stakeholder explained, many problems were related to overcrowding:

Go to a nightclub, or a pub where there's 500 people in an area where you should probably only have 300, you can't tell whether any of them are drunk, and they're dancing. All sorts of stuff would go down, and you wouldn't even be able to see it. (Interviewed 13/12/07)

The high density of licensed premises in Northbridge attracted large numbers of young people, who moved between venues throughout the night and who congregated on the streets at closing times. It also made for a highly competitive environment for licensed venues, which, in the eyes of some stakeholders, had resulted in 'activities that are not responsible', such as discounting of drinks and inappropriate advertising.

Like the venue managers, policy and practice stakeholders identified the lack of taxis and other public transport as greatly contributing to the problems in Northbridge and other 'hotspot' locations. They also expressed the opinion that while the introduction of late-night bus services by the state government had made little difference in addressing the lack of late-night transport options for young adults in Northbridge, their introduction in Fremantle appeared to have been more successful. The concentration of large venues, together with the lack of public transport, made Northbridge a 'hotspot' for alcohol-related problems, including violent assaults.

Summary

Policy and practice stakeholders raised a number of key issues, including the importance of addressing, via long-term education and health promotion campaigns, the widely-held perception amongst young adults that their levels of drinking were 'normal' and unproblematic. In the short-term, they felt that raising awareness of potential alcohol-related harm amongst young adults should be the primary focus, via information and messages that addressed their immediate well-being and safety when drinking, and the potential impact of combining alcohol with other drugs. Changes to the licensing law, and government and industry cooperation in ensuring compliance, were seen as positive steps in reducing alcohol-related harm. However, some expressed concern about the extent to which new legislation, regulation and guidelines would be enforced, in particular whether the policing of compliance with responsible service guidelines in venues was adequate. Opinion was divided on the effectiveness of 'lockouts' to reduce street crowding and reduce pressure on public transport.

Effective harm reduction strategies needed to be targeted appropriately, which required cooperation between government agencies, NGOs and industry. General concern was expressed about the high availability of alcohol, the concentration of venues in particular areas, thus making them 'hotspots' for alcohol-related problems, and a lack of public transport. The use of illicit drugs, particular methamphetamine, was believed to be compounding these problems.

CONCLUSION

Recent work in alcohol policy has advocated a mix of whole-population measures to reduce overall alcohol availability (eg, higher retail prices, shorter trading hours), measures regulating the design and density of licensed venues, and longer-term approaches to reducing the cultural acceptability of intoxication. In addition to pursuing these important strategies, the findings of this study – which are consistent with an emerging body of research in Australia (de Crespigny et al 1999; Lindsay 2005; Sheehan & Ridge 2001) and Europe (eg, Harnett et al 2000; Jørgensen et al 2007; Measham 2004, 2006; Measham & Brain 2005; Szmigin et al 2008) – raise several issues that might also be considered in future health promotion campaigns targeting young adults.

The young adults in this study saw their drinking as pleasurable and as central to their socialising. Interventions aimed at reducing alcohol-related harm need to acknowledge pleasure and the other benefits of drinking. Young adults negotiate complex contradictions between a market-driven society that emphasises excess and consumption (eg, alcohol promotion and liberal licensing regimes), and the social regulation of that excess (eg, public health campaigns and the privatisation of public space). Calls for moderation and restraint are culturally at odds with the contemporary emphasis on deregulation and conspicuous consumption. Young adults negotiate these contradictions through what has been called ‘calculated hedonism’ (Szmigin et al 2008) or a ‘controlled loss of control’ (Measham 2006). Young adults balance the desire for ‘having fun’, ‘letting go’ and ‘taking risks’ within the constraints imposed by study, work and family, and try to avoid risking their social and cultural credibility when drinking (eg, by becoming aggressive). Our findings, like those of Jørgensen et al (2007), suggest that most young adults have developed strategies to ensure their own personal and social safety and that of their friends (even if they are not always effective).

While there was widespread acceptance of a ‘culture of intoxication’ amongst young adults, the findings also suggest that they were well aware of alcohol-related harms,

often on the basis of first-hand experience. This fundamentally experiential approach needs to be recognised in public health strategies, for messages that are discordant with the views of young adults are likely to be ineffective. It also suggests that peer education approaches might be a potentially effective method (Bleeker & Silins 2008).

As with harm minimisation approaches to illicit drug use, identifying and reinforcing the strategies that are currently being used by young adults may hold potential for reducing alcohol-related harm (see also Jørgensen et al 2007). Those identified in this study include:

- planning transport, having a designated driver or using public transport;
- actively preventing, trying to prevent, and chastising friends for drink-driving;
- avoiding venues with violent reputations, and choosing venues where staff and patrons are relaxed and friendly;
- staying with, and looking after, friends and partners, including avoiding and defusing arguments and fights amongst friends, other patrons and/or security staff;
- eating before drinking and later in the night;
- drinking water between alcoholic drinks;
- if taking drugs, taking care in procuring them, and understanding their effects (eg, dehydration) and the risks associated with combining them with alcohol.

There is an urgent need for culturally appropriate, evidence-based strategies that can be communicated in credible and effective ways to young adults. Delivering messages that acknowledge the agency of young adults, and that are relevant to them is an essential complement to approaches that seek to reduce alcohol-related harm by reducing the overall availability of alcohol, improving the safety of licensed premises and providing adequate and safe public transport.

REFERENCES

- Alcohol and other Drug Council of Australia. (2003). Policy Positions: Alcohol. http://www.adca.org.au/policy/policy_positions/1.2%20Alcohol%202003.pdf; retrieved 13/3/2008.
- Bleeker, A.M. & Silins, E. (2008). Faith, love and theory: Peer-led interventions for party drug users. In Moore, D. & Dietze, P. (eds), *Drugs and Public Health: Australian Perspectives on Policy and Practice*. Melbourne: Oxford University Press.
- Bonomo, Y.A. (2005). Adolescent alcohol problems: Whose responsibility is it anyway? *Medical Journal of Australia* 183: 430-432.
- Chikritzhs, T., Catalano, P., Stockwell, T., Donath, S., Ngo, H., Young, D. & Matthews, S. (2003). *Australian Alcohol Indicators, 1990-2001: Patterns of Alcohol Use and Related Harms for Australian States and Territories*. Perth: National Drug Research Institute.
- Chikritzhs, T. & Pascal, R. (2004). *Trends in Youth Alcohol Consumption and Related Harms in Australian Jurisdictions, 1990-2002*. Perth: National Drug Research Institute.
- Chikritzhs, T., Stockwell, T., Heale, P., Dietze, P. & Webb, M. (2000). *Trends in Alcohol-Related Road Injury in Australia, 1990-1997*. NAIP Bulletin No.2. Perth: National Drug Research Institute.
- Clement, S., Donath, S., Stockwell, T.R. & Chikritzhs, T. (2007). *Alcohol Consumption in Australia: National Surveys from 1989 to 2004*. Perth: National Drug Research Institute.
- Collins, D.J. & Lapsley, H.M. (2008). *The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05*. National Drug Strategy Monograph Series. Canberra: Australian Government Department of Health & Ageing.
- Commonwealth of Australia. (2001). *Alcohol in Australia: Issues and Strategies*. Canberra: Commonwealth of Australia.
- Commonwealth of Australia. (2002). *National Alcohol Research Agenda*. Canberra: Commonwealth of Australia.

- de Crespigny, C., Vincent, N. & Ask, A. (1999). Young women's social drinking in context – pub style: A study of decision making and social drinking of young women in urban South Australia. *Contemporary Drug Problems* 26(3): 439-56.
- Department of Racing, Gaming and Liquor. (2007a). Policy: Mandatory Training. <http://www.orgl.wa.gov.au/>; retrieved 13/03/2008.
- Department of Racing, Gaming and Liquor. (2007b). Policy: Industry Guidelines – responsible promotion of liquor for consumption on premises. <http://www.orgl.wa.gov.au/>; retrieved 2/07/2007.
- Department of Racing, Gaming and Liquor. (2007c). Public Interest Test Not a Deterrent to Small Bars. <http://www.orgl.wa.gov.au/>; retrieved 18/03/2008.
- Department of Racing, Gaming and Liquor. (2008). License Types: Hotel/Hotel Restricted/ Tavern/Small. <http://www.orgl.wa.gov.au/>; retrieved 23/06/2008.
- Drugs and Crime Prevention Committee. (2006). *Report on Inquiry into Strategies to Reduce Harmful Alcohol Consumption*. Melbourne: Parliament of Victoria.
- Gifford S. (1998). Analysis of non-numerical research. In C. Kerr, R. Taylor & G. Heard (eds), *Handbook of Public Health Research Methods*. Sydney: McGraw-Hill.
- Graham, K., Schmidt, G. & Gillis, K. (1996). Circumstances when drinking leads to aggression: An overview of research findings. *Contemporary Drug Problems* 23: 493-557.
- Harnett, R., Thom, B., Herring, R. & Kelly, M. (2000). Alcohol in transition: Towards a model of young men's drinking styles. *Journal of Youth Studies* 3(1): 61-77.
- Homel, R., Tomsen, S. & Tommeny, J. (1992). Public drinking and violence: Not just an alcohol problem. *Journal of Drug Issues* 22(3): 679-697.
- Jørgensen, M.H., Curtis, T., Christensen, P.H. & Grønbaek, M. (2007). Harm minimization among teenage drinkers: Findings from an ethnographic study on teenage alcohol use in a rural Danish community. *Addiction* 102: 554-559.
- Liamputtong, P. & Ezzy, D. (2005). *Qualitative Research Methods* (2nd edition). Melbourne: Oxford University Press.
- Lindsay, J. (2003). 'Party hard', 'party sometimes' or 'shopping': Young workers' socializing patterns and sexual, alcohol and illicit drug risk taking. *Critical Public Health* 13(1): 1-14.
- Lindsay, J. (2005). *Drinking in Melbourne Pubs and Clubs: A Study of Alcohol Consumption Contexts*. Melbourne: Monash University

- Lubman, D., Yucel, M. & Hall, W.D. (2007). Substance use and the adolescent brain: A toxic combination? *Journal of Psychopharmacology* 21(8): 792-794.
- MacAndrew, C. & Edgerton, R.B. (1969). *Drunken Comportment*. London: Nelson.
- Makkai, T. (2001). Alcohol and disorder in the Australian community: Some results from the National Drug Strategy Household Survey. In Williams, P. (ed.), *Alcohol, Young Persons and Violence*. Australian Institute of Criminology Research and Public Policy Series. Canberra: Australian Institute of Criminology.
- Matthews, S., Chikritzhs, T., Catalano, P., Stockwell, T. & Donath, S. (2002). *Trends in Alcohol-Related Violence in Australia, 1991/92-1999/00*. NAIP Technical Report No.5. Perth: National Drug Research Institute.
- Measham, F. (2004). The decline of ecstasy, the rise of 'binge drinking' and the persistence of pleasure. *Probation Journal* 51(4): 309-326.
- Measham, F. (2006) The new policy mix: Alcohol, harm minimisation, and determined drunkenness in contemporary society. *International Journal of Drug Policy* 17: 258-268.
- Measham, F. & Brain, K. (2005). 'Binge' drinking, British alcohol policy and the new culture of intoxication. *Crime, Media, Culture* 1(3): 262-283.
- Ministerial Council on Drug Strategy. (2006). *National Alcohol Strategy*. Canberra: Commonwealth of Australia.
- Moore, D. (1990). Drinking, the construction of ethnic identity, and social process in a Western Australian youth subculture. *British Journal of Addiction* 85: 1265-1278.
- National Health & Medical Research Council. (2001). *Australian Alcohol Guidelines: Health Risks and Benefits*. Canberra: Australian Government Publishing Service.
- Rehm, J. & Room, R. (2005). The global burden of disease attributable to alcohol, tobacco and illicit drugs. In Stockwell, T., Gruenewald, P.J. , Toumbourou, J.W. & Loxley, W. (eds.), *Preventing Harmful Substance Use: The Evidence Base for Policy and Practice*. New York: John Wiley & Sons.
- Rhodes, T. & Moore, D. (2001). On the qualitative in drugs research. *Addiction Research and Theory* 9(4): 279-299.
- Roche, A. & Stockwell, T. (2002). Prevention of alcohol-related harm: Public policy and health. In Commonwealth of Australia, *National Alcohol Research Agenda*. Canberra: Commonwealth of Australia.
- Roche, A. & Watt, K. (1999). Drinking and university students: from celebration to inebriation. *Drug and Alcohol Review* 18: 389-399.

- Room, R. (1985). Foreword. In Bennett, L.A. & Ames, G.M. (eds), *The American Experience with Alcohol: Contrasting Cultural Perspectives*. New York: Plenum.
- Sheehan, M. & Ridge, D. (2001). 'You become really close ... You talk about all the silly things you did, and we laugh': The role of binge drinking in female secondary students' lives. *Substance Use and Misuse* 36: 347-375.
- Steenkamp, M., Harrison, J. & Allsop, S. (2002). *Alcohol-Related Injury and Young Males*. Canberra: Australian Institute of Health & Welfare.
- Stockwell, T. (2001). Acute alcohol related harm in Australia. Paper presented at the National Workshop on Developing National Priorities for Alcohol Research, 27-28 March 2001, Adelaide.
- Stockwell, T., Somerford, P. & Lang, E. (1992). The relationship between licence type and alcohol-related problems attributed to licensed premises in Perth, Western Australia. *Journal of Studies on Alcohol* 53(5): 495-498.
- Strauss, A.L. & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (2nd ed.). London: Sage.
- Szmigin, I., Griffin, C., Mistral W., Bengry-Howell, A., Weale, L. & Hackley, C. (2008). Re-framing 'binge drinking' as calculated hedonism: Empirical evidence from the UK. *International Journal of Drug Policy* 19(5): 359-366.
- World Health Organization. (2004). *Global Status Report on Alcohol*. Geneva: WHO.
- Zinberg, N.E. (1984). *Drug, Set, and Setting*. New Haven: Yale University Press.



www.ndri.curtin.edu.au

NDRI
national drug research institute